



PATIENT

Lily Dowling

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

10 years

WEIGHT

14 pounds

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Banfield Pet Hospital
Leesburg

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10258ag

DATE

03/31/2022

PRESENTING CLINICAL SIGNS

History: Possible Cushing's disease, drinking more than usual, and intermittent vomiting/diarrhea. Currently on metronidazole, cerenia, and pro-pectalin.

Abnormal PE/Chem/CBC/UA Results: (03/26/2022) U/A: USG 1.032, Trace WBC, OCC Epithelial cells, and granular casts. (03/25/2022) CHEM: ALKP 505. CBC: PCT 0.49, MPV 11.4, HGB 18.1, Lymphocyte 0.93, Eosinophil 0.1. (01/13/2022) T4: 4.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.22 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. At least one small cortical cyst is visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.35 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small nonobstructive nephroliths were visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged in size (0.65 cm at cranial pole) (0.66 cm at caudal pole) (1.93 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged size (0.75 cm at cranial pole) (0.61 cm at caudal pole) (1.56 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.59 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several varying sized irregular hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is



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normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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Gastrointestinal

SPECIES

The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. Towards the pyloric antrum, 3.87 cm x 2.59 cm irregular heterogenous mass is occupying the majority of the gastric lumen. The mass appears to extend into the pylorus. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

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Pancreas

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The right limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The pancreatic duct is not overtly dilated. The parenchyma is hyperechoic relative to surrounding omental fat and mottled in appearance. No focal lesions are observed. The mesentery effacing the serosal surface is mildly hyperechoic.

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Free Abdomen

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

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Primary findings:

- Gastric mass near the pyloric antrum/pylorus. Neoplasia (i.e., adenoma, adenocarcinoma, stromal tumor, leiomyosarcoma, round cell tumor) is suspected with a lower possibility of a benign process.

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Secondary findings:

- Mild bilateral adrenomegaly
- Mild chronic nonspecific age-related renal changes with nonobstructive nephrocalcinosis.
- The pancreatic changes are consistent with age related remodeling/fibrosis. Low grade inflammation may also be present, particularly if a patient is uncomfortable on cranial abdominal palpation.
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a low possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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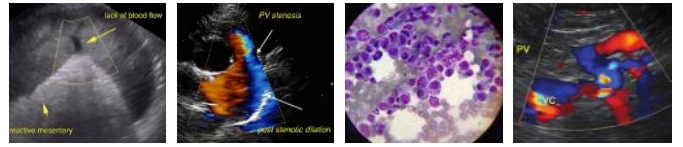
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- If there is no evidence of pulmonary metastatic disease, an upper GI endoscopy with biopsies of the gastric mass or an abdominal exploratory with mass removal or debulking can be considered. If surgery is to be pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.

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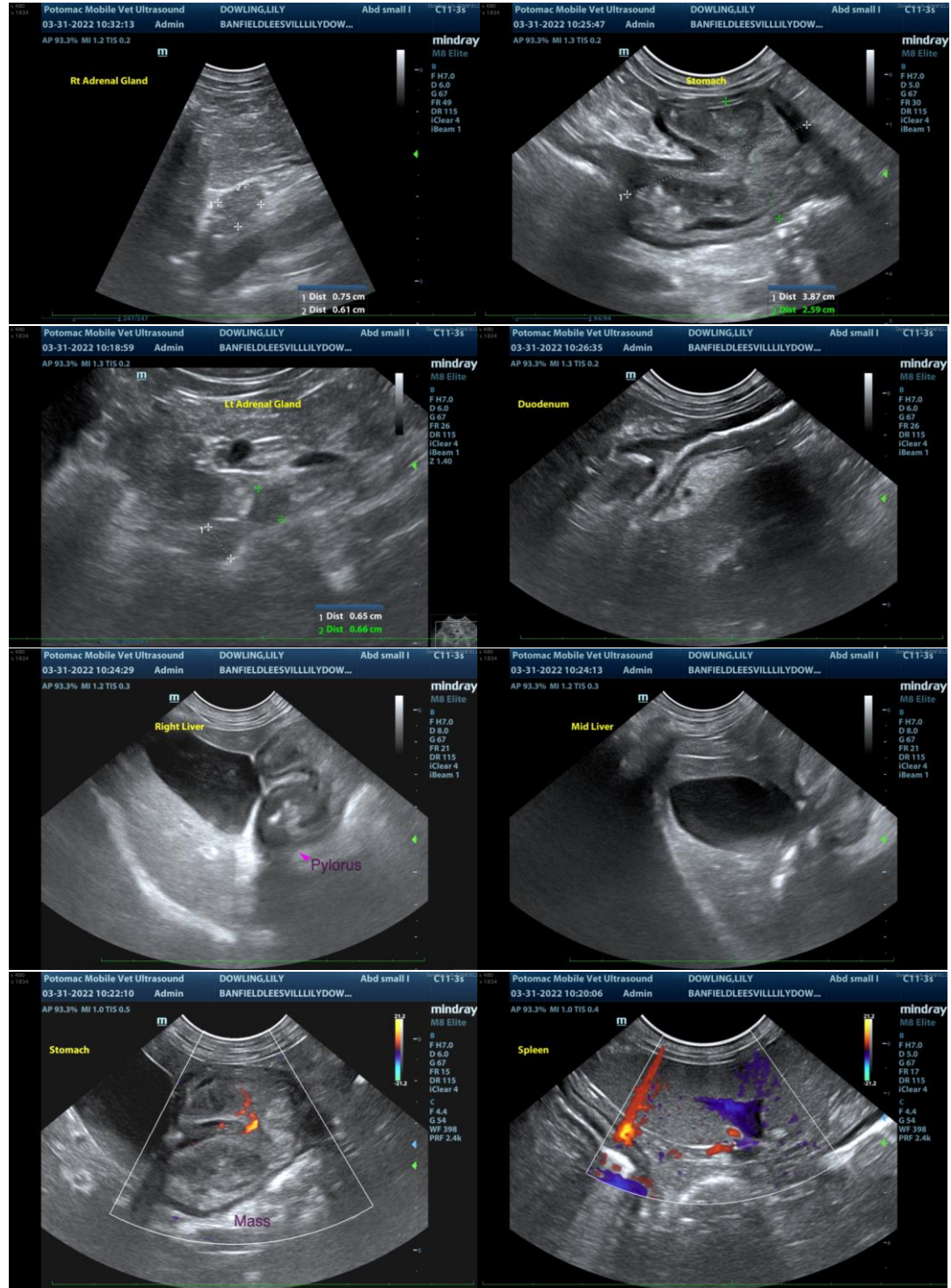
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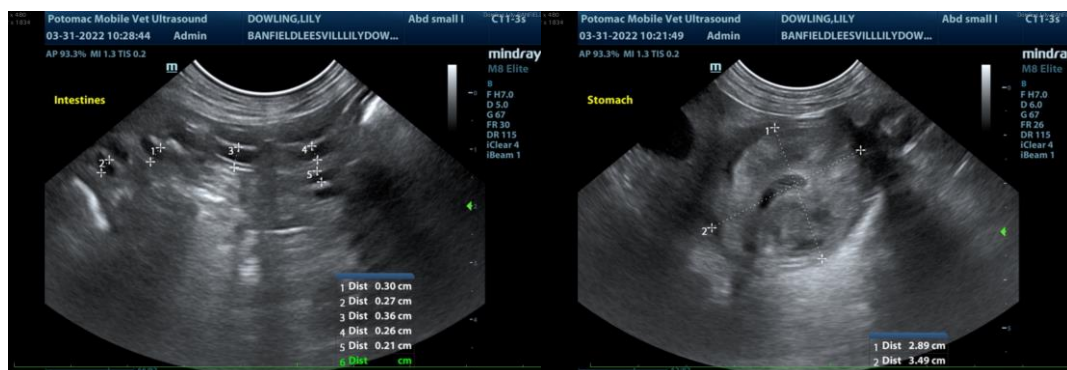
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com