



PATIENT PRESENTING CLINICAL SIGNS

Pepper Davis History: had an episode a month ago where she vomited frank blood 3 times in 24 hours. Treated with a course of sucralfate and omeprazole. 7 days ago, she started having diarrhea and did vomit 4 times as well. No blood noted in the vomit.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry panel: no significant findings. Chest radiographs: no significant findings.

BREED

Boston Terrier Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Spayed Female

The left kidney is normal in size (6.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

AGE

8 years

The right kidney is normal in size (6.70 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT

40.2 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.43 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (*Small
Animal Internal Medicine*)

The right adrenal gland is in normal size (0.73 cm at cranial pole) (0.73 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Sheldon

Spleen

The spleen is normal in size (1.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Advanced PetCare of
Oakland

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.

REFERRING VET

Dr. Sheldon

The gall bladder is moderately distended. The wall is normal in thickness. An echogenic to mineralized aggregation of gravity dependent mineralized sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE Gastrointestinal

12380

The gastric lumen is mildly distended with fluid, chyme and soft, shadowing material. In the region of the fundus, an approximately 3.50 cm heterogenous vascular mass is arising from the mucosal surface. The remaining gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is

DATE

3.9.23

patent. 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. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric mass. Neoplasia (i.e., adenocarcinoma, round cell tumor, other) is suspected, with a lower possibility of a severe inflammatory process.

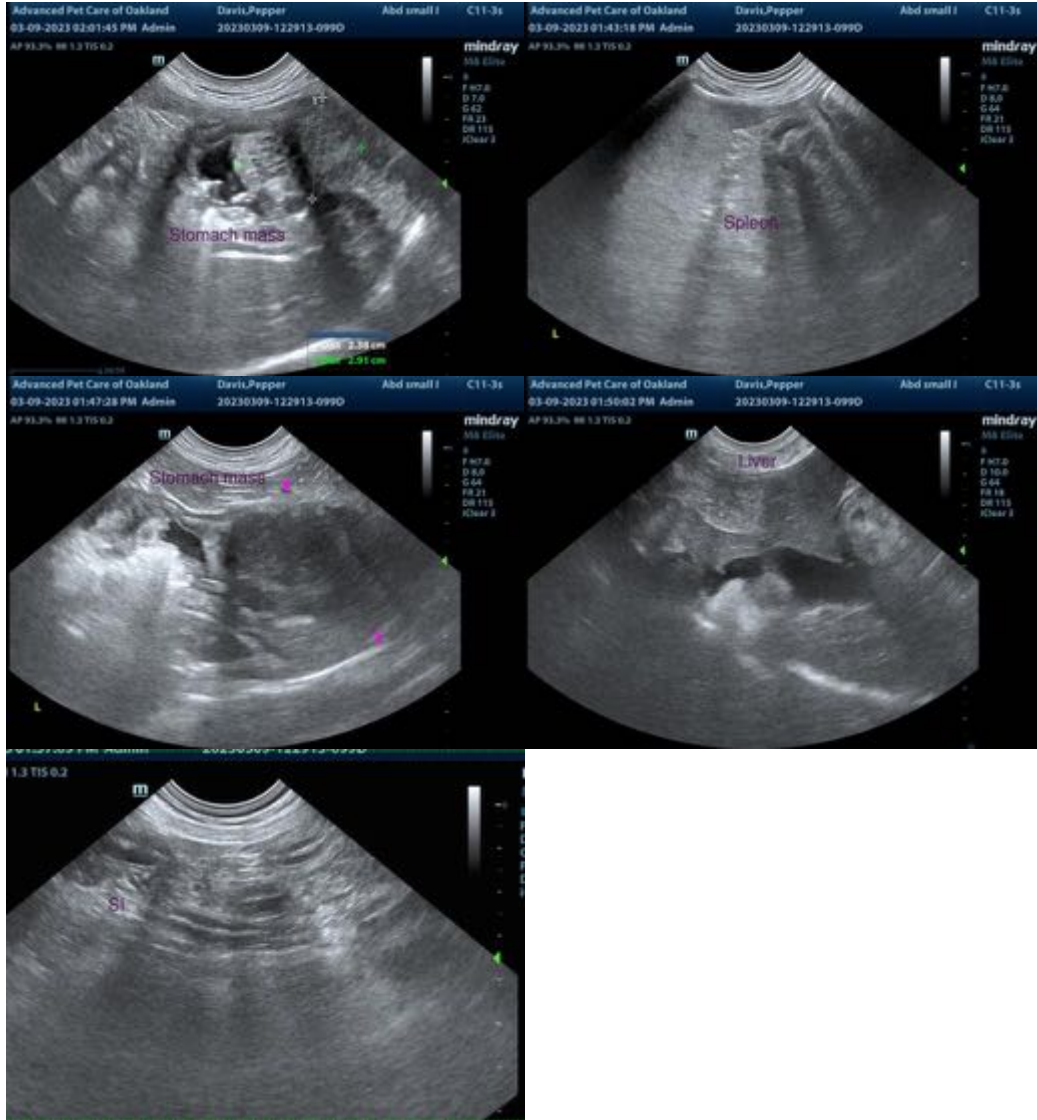
Secondary Findings

- Gall bladder sludge, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the gastric mass, if accessible and if clotting status is appropriate. Care should be taken to avoid vascular regions. If there is no evidence of pulmonary metastatic disease, consider endoscopic biopsies of the mass or an abdominal exploratory with mass removal or debulking and submission for histopathology.





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.

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