



PATIENT

Gracey Galloway

SPECIES

Canine

BREED

Mixed breed dog

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

49 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Ahsley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

13596

DATE

3/9/26

PRESENTING CLINICAL SIGNS

- Anorexia
- Pale MM
- Weakness, ataxia
- Radiographs suggest mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.36 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.33 cm at cranial pole) (0.38 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.

The right adrenal gland is normal in size (0.82 cm at cranial pole) (0.45 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.

Spleen

The spleen is normal in size (1.10 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to slightly prominent in size with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. In the mid-abdominal region, a >5.5 cm heterogeneous mass appears to be arising from a small intestinal segment. There is complete loss of the normal layering pattern in this region. The mesentery effacing the serosal surface is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated.

Lymph nodes

A cluster of enlarged rounded hypoechoic mesenteric lymph nodes are visualized, one of the nodes measuring >8 cm. Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Small intestinal mass effect. Neoplasia (i.e., round cell tumor, adenocarcinoma, leiomyosarcoma, other) is suspected with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present. The regional lymphadenopathy is most concerning for infiltrative neoplasia with a lower possibility of lymphadenitis or lymphoid hyperplasia.

Secondary Findings:

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic parenchymal changes are nonspecific and could be secondary to parenchymal remodeling, inflammatory disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia, fibrosis and/or other hepatopathy. Correlation with the patient's liver values is recommended.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspirates of the bowel mass and enlarged mesenteric lymph nodes +/- spleen +/- liver (assuming normal clotting status). 25-gauge needles should be used. Depending on results, consultation with a board-certified oncologist may be indicated.



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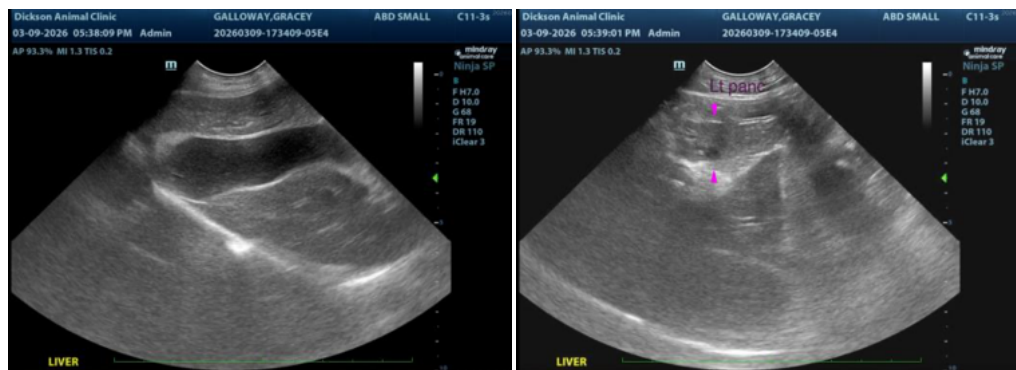
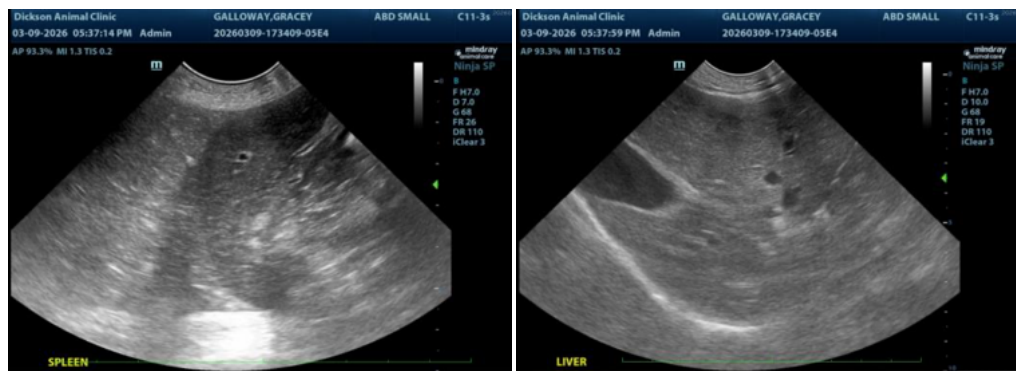
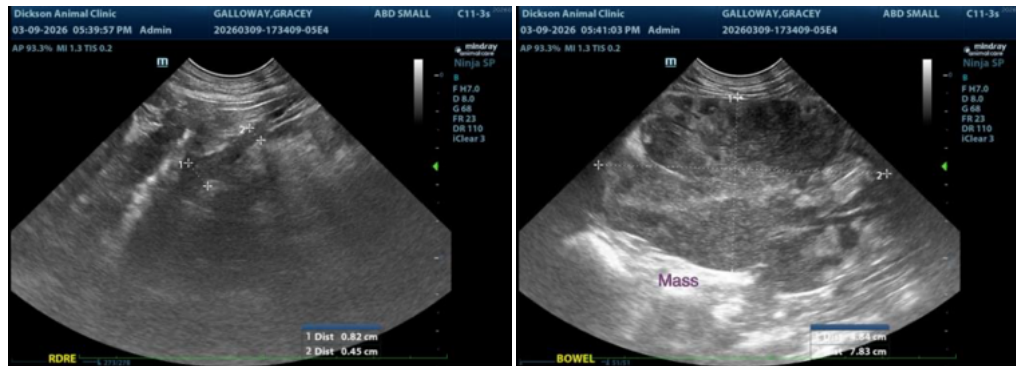
Dr. Hovis

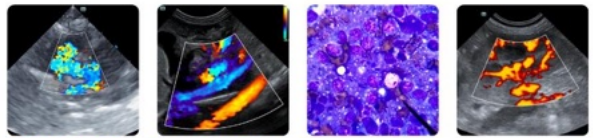
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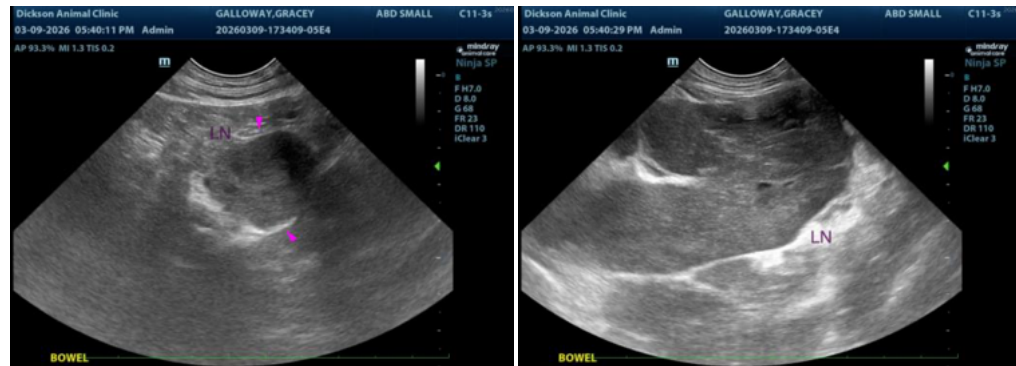
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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