

**DATE PRESENTING CLINICAL SIGNS**

5/24/22

5/2/22 presents for weight loss.

PATIENT

Cricket Gilley

Current Medications: Proin ER 145mg SID.

Lab Results: WNL.

Radiographs: Concern for abdominal mass.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed By: Stephanie Pearce RDCs, RVT.

SPECIES

Canine

BREED

Doberman

SEX

Female, spayed

AGE

5/18/2014

WEIGHT

89.4 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Pet Wellness Center

REFERRING VET

Dr. Twardus

INVOICE

13426

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. The region of the trigone is normal.

The left kidney is normal size (8.19 cm in length); normal shape and architecture with 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.

The right kidney is normal size (8.08 cm in length); normal shape and architecture with 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 size (0.70 cm at cranial pole) (0.67 cm at caudal pole) (2.84 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 normal size (0.95 cm at cranial pole) (0.54 cm at caudal pole) (2.90 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 (2.56 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.85 cm hypoechoic nodule is observed approximately mid-spleen. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally fluid distended. The gastric wall is normal to moderately thickened (up to 0.92 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is moderately distended with ingesta and gas and appears hypomotile. Within the jejunal lumen, an

approximately 2 cm irregular shadowing structure with a ridged appearance is observed proximal to this structure. The mesentery effacing the serosal surface in this region is mildly hyperechoic. The lumen is moderately dilated and hypomotile. Distal to the structure the small intestinal lumen is empty. The remaining small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

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

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

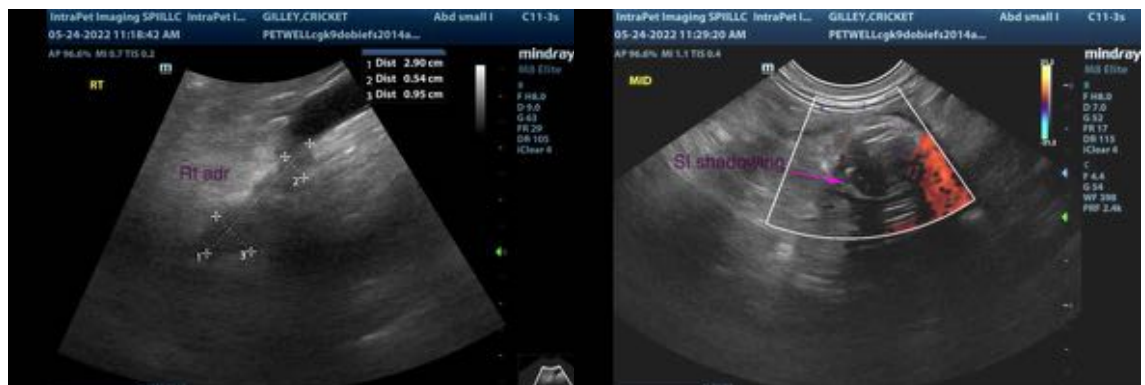
- The shadowing jejunal structure could be consistent with a foreign body or less likely, an intraluminal mass. A concurrent obstructive pattern is present. Mild adjacent peritonitis is suspected.

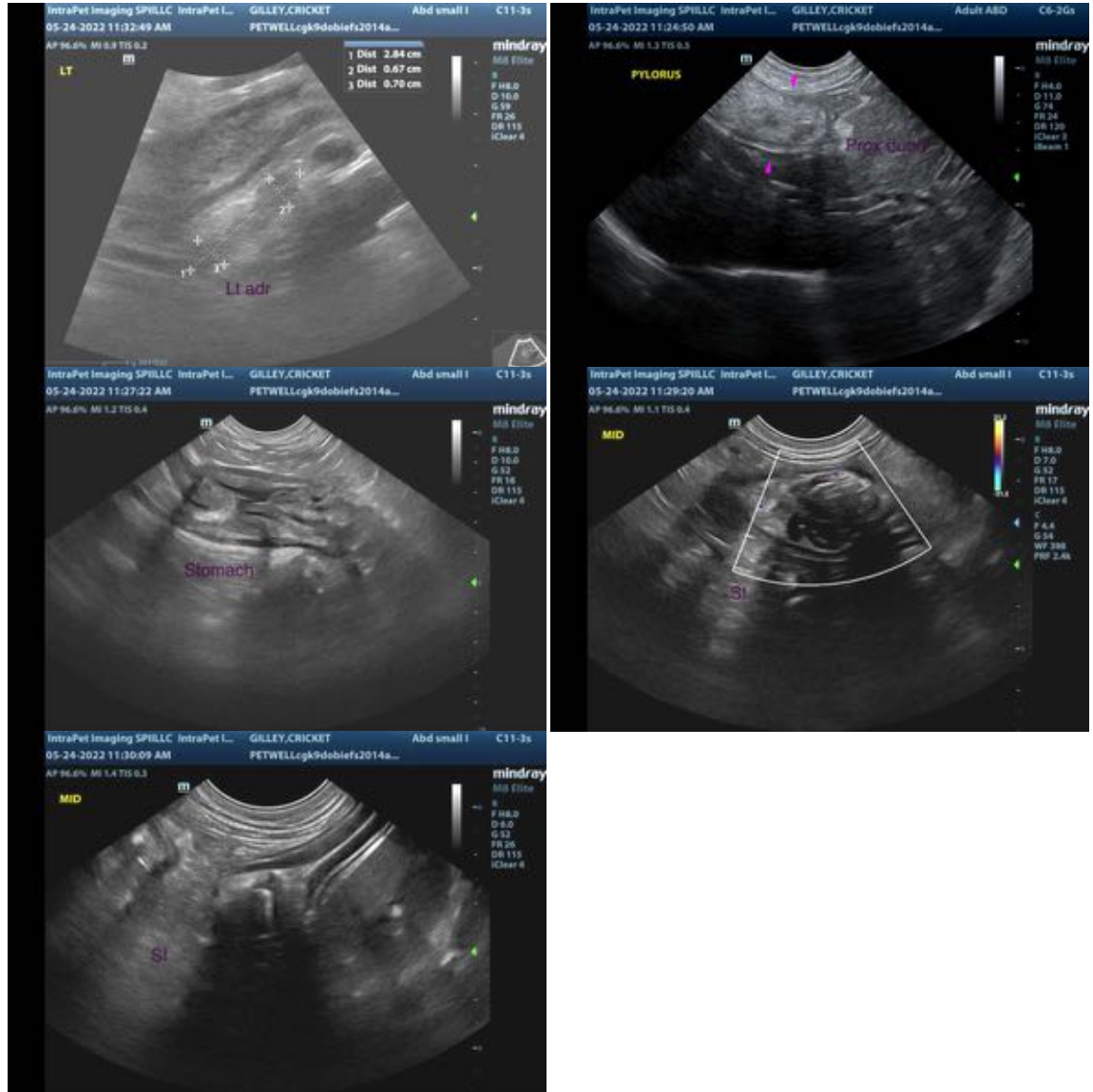
Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs are recommended to assess cardiopulmonary status. If clear, an abdominal exploratory is recommended to evaluate for a jejunal foreign body or mass. If warranted, GI biopsies should be obtained at the time of surgery.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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 ACVIM (*Small Animal Internal Medicine*)
 Andrea.nicastro@sonopath.com