



PATIENT

Allie Becker

SPECIES

Canine

BREED

Fr. Bulldog/Boston
Terrier Mix

SEX

Spayed Female

AGE

6.25.2010

WEIGHT

14.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Kelsey Pruitt

INVOICE

11253

DATE

7.22.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: anorexic. weight loss
Current Medications: entyce, cerenia

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 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 size (3.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.44 cm at cranial pole) (0.41 cm at caudal pole) (1.70 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 (0.70 cm at cranial pole) (0.63 cm at caudal pole) (2.00 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 (0.92 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.

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 normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly to moderately fluid-distended and hypomotile. The mesentery effacing the serosal surface is hyperechoic. The gastric wall in the region of the fundus is diffusely thickened (up to 1.77 cm), irregular and hypoechoic with loss of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The wall of the descending colon is mildly



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thickened (up to 0.49 cm) with retention of the normal layering pattern. There is no evidence of an obstructive pattern.

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Pancreas

The left limb of the **pancreas** is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic. Trace peripancreatic effusion is present.

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Free Abdomen

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

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Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe gastric wall thickening (previously observed). The gastric wall thickness has progressed since the previous sonogram. Neoplasia (i.e., adenocarcinoma, round cell tumor, other) is considered likely with a lower possibility of an inflammatory process. Gastric ileus is present. Adjacent peritonitis is also present.
- There is evidence of mild to moderate acute pancreatitis, possibly secondary to the gastric wall changes.
- The colonic wall thickening could be consistent with inflammation, hypertrophy or emerging neoplasia.

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Secondary Findings

- Minor bilateral, chronic, age-related renal changes with nonobstructive nephrolithiasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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Given that the previous cytologic evaluation of the gastric wall was inconclusive, endoscopic, or surgical biopsies are recommended. Surgical biopsies are more likely to yield a definitive diagnosis, as full-thickness biopsies can be obtained with this approach. In the meantime, supportive care for acute pancreatitis is recommended.

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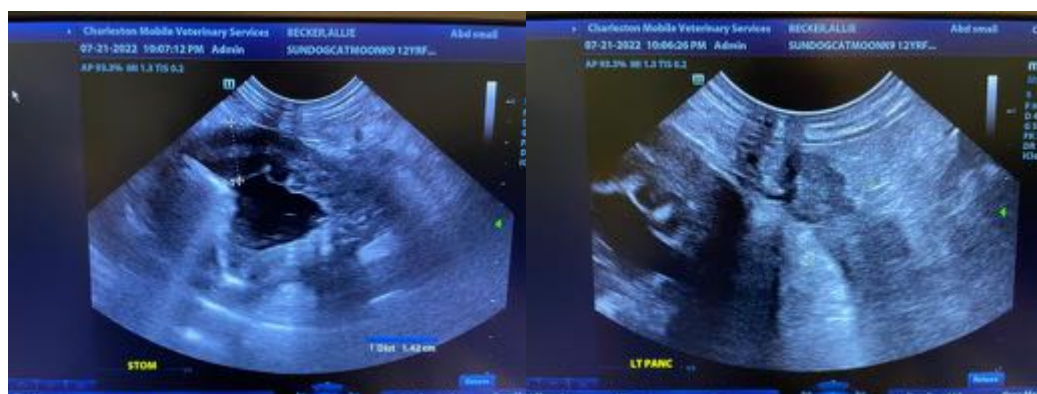
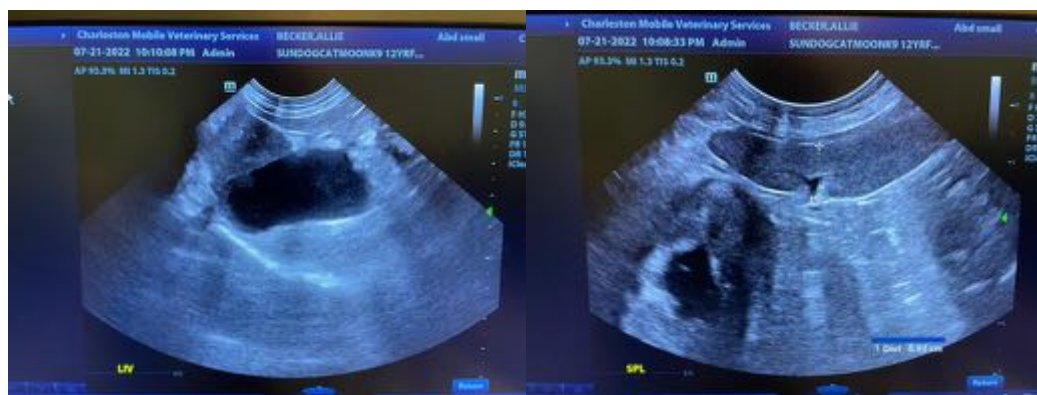
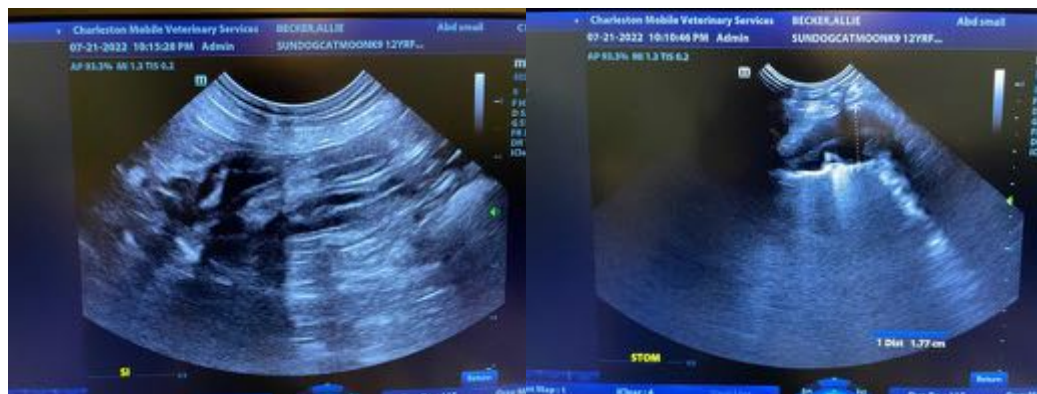
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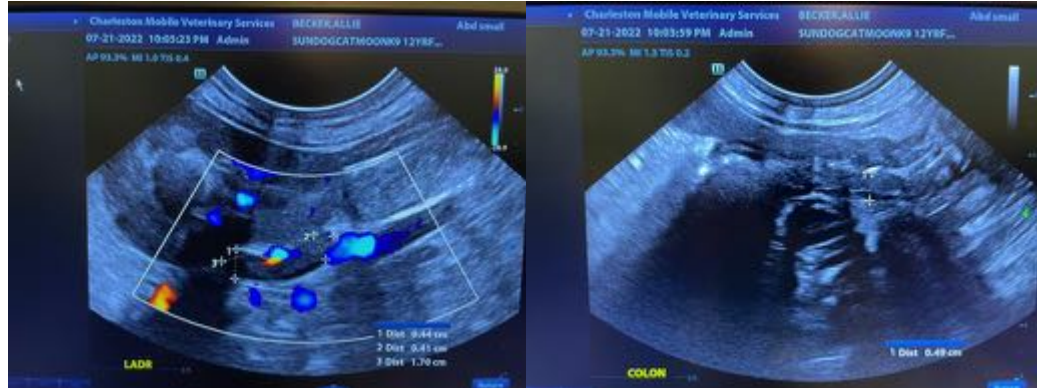
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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