

**DATE PRESENTING CLINICAL SIGNS**

8.1.2022 6/22/22: Vomiting past few months, responded to Rx initially. 7/22/22: Vomiting every 2 days, sometimes with blood. 7/30/22 Vomiting bile daily. Weight Loss 6/24: 74.7 7/22: 69.8. Poor Appetite. PE is unremarkable.

**PATIENT**

Roxy Himmer Current Medications: Prilosec: 1 ONCE daily for 10 days, Provable: not currently on, Apoquel 16mg: 1 twice daily for allergic dermatitis.

**SPECIES**

Lab Results: CBC/Chem/UA Normal.

Canine

Stat report: Emergency exam today; stat report was offered but declined by owner.

Sedation: \* *The **cranial abdomen** could not be fully evaluated due to patient discomfort\*.*

**BREED**

Imaging Performed By: Andi Parkinson, BS, RDMS.

American Bulldog

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX****Urinary System**

Spayed Female

The **urinary bladder** wall is 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 cystourethral junction is normal.

**AGE**

8 years

The **left kidney** is normal size (6.36 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.

**WEIGHT**

69.8 lbs

The **right kidney** is normal size (6.64 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.

**INTERPRETED BY****Adrenal Glands**

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(Small Animal  
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One still image of the left **adrenal gland** is available for interpretation. The gland is normal in size (0.45 cm at cranial pole) (0.43 cm at caudal pole) (2.26 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.

**HOSPITAL NAME**

Bel Air VH

The **right adrenal gland** is normal size (0.64 cm at cranial pole) (0.66 cm at caudal pole) (2.48 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.

**REFERRING VET**

Dr. Schmidt

**Spleen**

The **spleen** is normal in size (1.41 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.

**INVOICE**

11299

**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** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

#### ***Gastrointestinal***

The **gastric lumen** is moderately fluid distended and hypomotile. The gastric wall in the region of the fundus/greater curvature is severely thickened (up to 2.10 cm), irregular, and hypoechoic with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining gastric wall is normal in thickness with a normal layering pattern and appropriate mural detail. 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***

There is no evidence of free fluid.

#### ***Lymph nodes***

(See "Other" category)

#### ***Other***

A 1.57 cm hypoechoic nodule is observed in the right cranial quadrant.

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

- The thickened gastric wall is concerning for infiltrative neoplasia. Top differentials include round cell neoplasia (i.e., lymphoma), adenocarcinoma, leiomyoma/leiomyosarcoma. Gastric ileus and adjacent peritonitis is present.
- The echogenic nodule in the right cranial quadrant is thought to represent a prominent lymph node. However, a nodule within the mesentery or pancreas cannot be completely excluded.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Consider a fine-needle aspirate of the thickened gastric wall, if accessible and if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive or if the region is not accessible, endoscopic, or surgical biopsies may be necessary to get a definitive diagnosis. If surgical biopsies are pursued, the echogenic nodule in the right cranial quadrant should also be sampled.



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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