



**PATIENT PRESENTING CLINICAL SIGNS**

Jack Bouyet History: Reason for Ultrasound: anorexia; chronic intermittent vomiting Current Meds: Cerenia 60mg SID, Famotidine 20mg BID

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC/Superchem = normal ACTH: Pre = 3.4 Post = 13.4

**BREED**

Mixed

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Neutered Male

The prostate is normal in size (1.29 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

10 years

The left kidney is normal in size (7.11 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 2.13 cm cortical cyst is observed at the caudal pole. Small, nonobstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

48.8 lbs

**INTERPRETED BY**

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

The right kidney is normal in size (6.87 cm in length) with a slightly irregular. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Carlos Abdul-Chani

**Adrenal Glands**

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.61 cm at caudal pole) (2.60 cm in length) 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.

**HOSPITAL NAME**

Byram AH

The right adrenal gland is in normal size (1.62 cm at cranial pole) (0.68 cm at caudal pole) (2.73 cm in length) 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.

**REFERRING VET**

Carlos Abdul-Chani

**Spleen**

The spleen is normal in size (1.82 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**

14255

**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.

**DATE**

8.28.23

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 fluid-distended. The gastric wall is normal to severely thickened (up to



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10.90 cm) and irregular with loss of the normal layering pattern in the thickened regions. The mesentery effacing the serosal surface of the stomach is hyperechoic. The pyloric outflow tract appears 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 colonic wall is normal. There is no evidence of an obstructive pattern.

### Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### Free Abdomen

There is no obvious evidence of free fluid. A 0.95 cm lymph node is observed in the cranial abdomen.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The gastric wall thickening is concerning for a infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a severe inflammatory process cannot be completely excluded. Adjacent peritonitis is present.
- The prominent cranial abdominal lymph node is likely reactive. However, emerging neoplasia is also possible.

### Secondary Findings

- Bilateral chronic renal changes with nonobstructive nephrocalcinosis
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the thickened portion of gastric wall (if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, endoscopic or surgical biopsies of the gastrointestinal tract may be necessary to get a definitive diagnosis.

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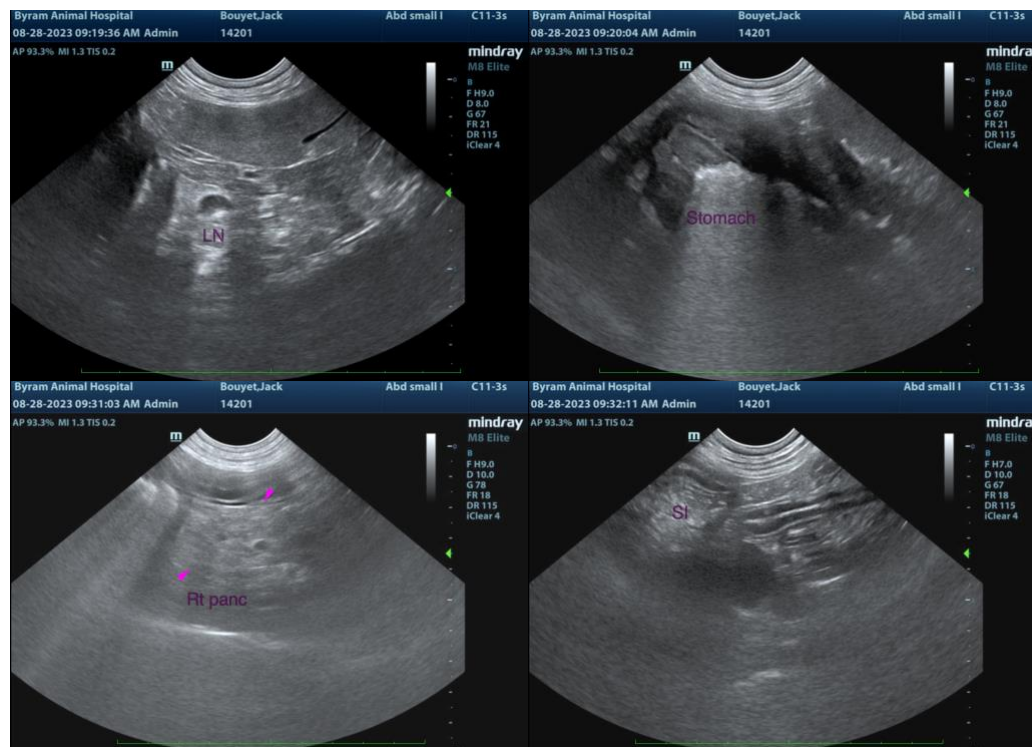
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)