



PATIENT PRESENTING CLINICAL SIGNS

Allie Becker Recent history of bilious vomiting. Initially responsive to famotidine but is no longer responsive. Reduced appetite today. No diarrhea. Bloodwork unremarkable.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Boston terrier mix

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

SEX

The left kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Female, spayed

AGE

12 Yr. old

The right kidney is normal size (4.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

16.2 lbs.

Adrenal Glands

INTERPRETED BY

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.48 cm at caudal pole) (1.64 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.

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(Small Animal Internal
Medicine)

The right adrenal gland is normal size (0.68 cm at cranial pole) (0.45 cm at caudal pole) (1.79 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.

IMAGING PERFORMED BY

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Spleen

The spleen is normal in size (0.89 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.90 cm irregular/ill-defined, hyperechoic nodule/area is observed at the craniomedial aspect. Splenic vasculature is normal.

HOSPITAL NAME

Sun Dog Cat Moon

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. A 0.91 cm heterogeneous nodule is observed in the region of the right medial lobe. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris, most of which is gravity-dependent and some of which is suspended, is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Kelsey Pruitt

INVOICE

13501

DATE

Gastrointestinal

7/6/22



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The gastric lumen is not distended. The gastric wall is diffusely thickened (up to 1.08 cm) with suspected loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The ileocecolic junction and colonic wall are normal. The lumen of the descending colon contains granular appearing fecal material. No obstructive disease is noted.

Pancreas

The left limb/base is prominent to enlarged with slightly 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.

Free Abdomen

There is no evidence of free fluid. A 0.71 cm medial iliac lymph node is visualized. In addition, a 0.75 cm jejunal lymph node is seen.

Other

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

**An. Ultrasound-guided FNA of the gastric wall was performed at the end of the study using a 25-gauge needle.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastric wall changes could be consistent with infiltrative neoplasia (i.e., lymphoma, mast cell disease, adenocarcinoma). Alternatively, a severe inflammatory process is possible. Adjacent peritonitis is present.
- The pancreatic changes are suggestive of mild to moderate acute or chronic pancreatitis.
- The liver nodule could be consistent with a neoplastic lesion (i.e., adenocarcinoma). Alternatively, a regenerative nodule cannot be completely excluded. The diffuse hepatic parenchymal changes are non-specific and trend toward the benign (i.e., age-related remodeling, regenerative nodular hyperplasia with a lower possibility of a more pathologic process).

Secondary Findings:

- Bilateral, chronic age-related renal changes with non-obstructive nephrolithiasis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The hyperechoic splenic nodule/area trends toward the benign (i.e., myelolipoma) with a low possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If gastric wall cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI should also be considered.
- While awaiting test results, consider symptomatic care (i.e., omeprazole, sucralfate, Cerenia, bland diet).





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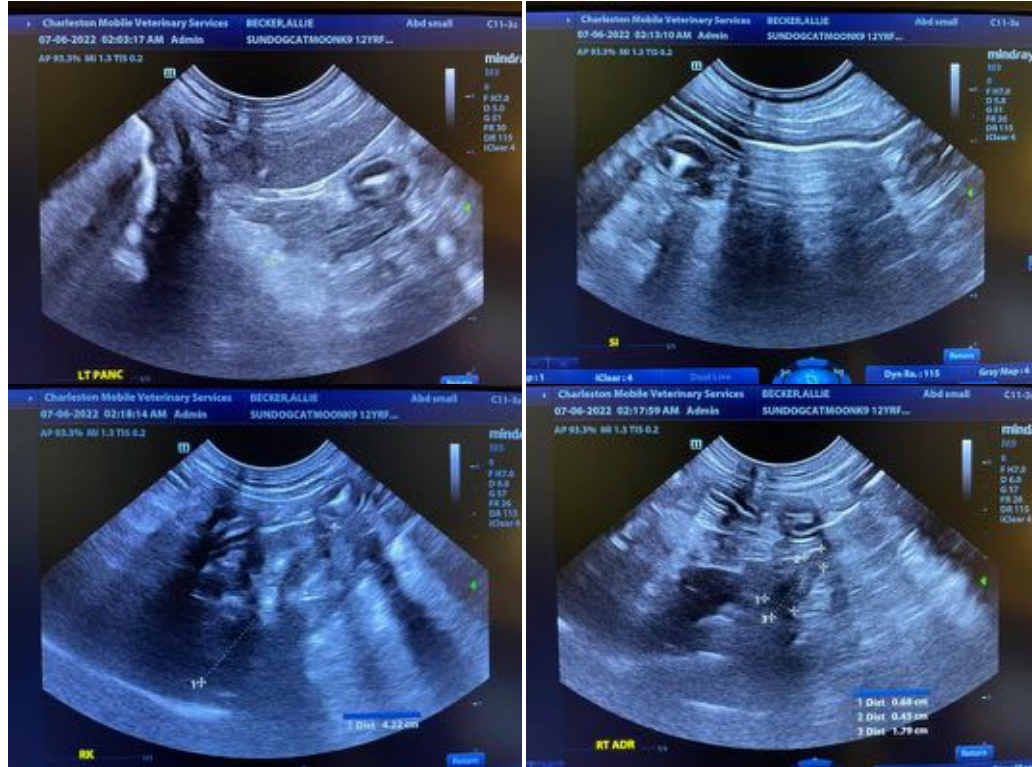
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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