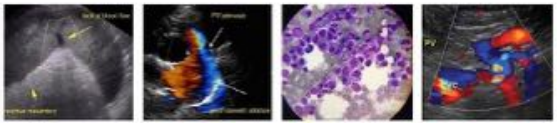
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT
Boomer Taylor

SPECIES
Canine

BREED
Border Collie

SEX
Male, neutered

AGE
9 Yrs.

WEIGHT
16.5 kg.

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

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
Yates AH

REFERRING VET
Dr. Merkel

INVOICE
12982

DATE
2/8/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting since Sept 2021, initially started after drinking pond water. Never really resolved. Longest stretch of time without vomiting is 3 weeks. No response to Omeprazole, hypo diet and cerenia seems to help somewhat.
Abnormal PE/Chem/CBC/UA Results: Albumin 26(27-39) rest of bloodwork WNL. CPL normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The prostate is normal in size (1.32 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is subjectively normal size; normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of 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 (0.57 cm at cranial pole) (0.66 cm at caudal pole) (2.50 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 (1.46 cm at cranial pole) (0.63 cm at caudal pole) (1.73 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.

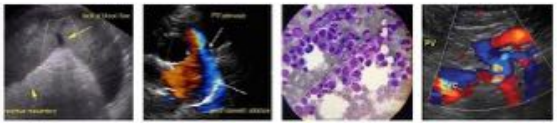
Spleen

The spleen is normal in size (1.42 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 lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT

Boomer Taylor

SPECIES

Canine

BREED

Border Collie

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

16.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Yates AH

REFERRING VET

Dr. Merkel

INVOICE

12982

DATE

2/8/22

Gastrointestinal

The gastric lumen is moderately to severely fluid distended and hypomotile. A small amount of echogenic debris is suspended within the fluid. The gastric wall is diffusely thickened (up to 2.00 cm) and irregular with loss of the normal layering pattern. Due to the severity of the gastric distention, the pyloric outflow tract is difficult to evaluate. A few small intestinal segments are mildly fluid distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. The mesentery effacing the serosal surface is hyperechoic.

Pancreas

A portion of the pancreas is obscured by the severe gastric distention. In the visualized portions, no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

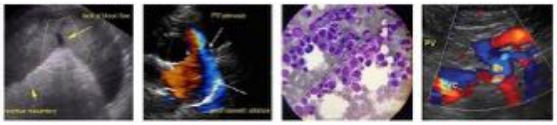
ULTRASONOGRAPHIC FINDINGS

The gastric wall changes are most concerning for infiltrative neoplasia (i.e., lymphoma), adenocarcinoma. However, a severe inflammatory process cannot be completely excluded. The gastric hypomotility may be secondary to focal ileus or a possible outflow tract obstruction. Regional peritonitis is present

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspiration of the thickened gastric wall. If cytology results are inconclusive or if the thickened areas are inaccessible, endoscopic or surgical biopsies may be warranted. Surgical biopsies are more likely to yield a definitive diagnosis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT

Boomer Taylor

SPECIES

Canine

BREED

Border Collie

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

16.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Yates AH

REFERRING VET

Dr. Merkel

INVOICE

12982

DATE

2/8/22

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com