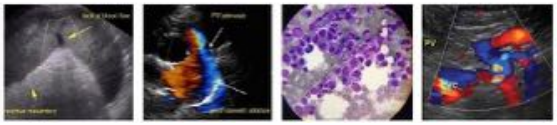




**PATIENT**
Max Magee

**SPECIES**
Canine

**BREED**
Hound mix

**SEX**
Male, neutered

**AGE**
10 Yrs.

**WEIGHT**
65 lbs.

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

**IMAGING PERFORMED BY**
Kelly Reschny

**HOSPITAL NAME**
Fisher Mills AH

**REFERRING VET**
Dr. Gupta

**DATE**
4/25/22

## PRESENTING CLINICAL SIGNS

History: concern for possible abd mass
Abnormal PE/Chem/CBC/UA Results: hypoalbuminemia. Total bili 5.2, ALP 852, ALT 518. Low blood glucose.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.54 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are nomal.

The prostate is normal in size (1.41 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 (7.49 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 normal size (6.24 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.

### *Adrenal Glands*

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.79 cm at caudal pole) (2.77 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 borderline enlarged (1.20 cm at cranial pole) (0.86 cm at caudal pole) (2.30 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.

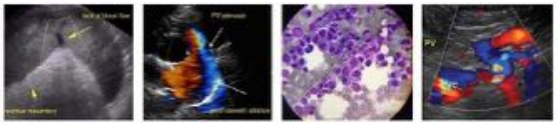
### *Spleen*

The spleen is subjectively normal in size (1.4 cm in width at the level of the hilus) with normal curvilinear peripheral contour. A light micronodular pattern is present throughout the parenchyma. A few hypoechoic nodules are also seen, the largest measuring 0.85 cm in diameter. Splenic vasculature appears normal with no evidence of thrombosis.

### *Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is slightly thickened (up to 0.26 cm) and hyperechoic. A small amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*





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The gastric lumen is mildly fluid distended. The gastric wall is diffusely thickened (up to 2.09 cm) with suspected loss of the normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is mildly distended with chyme. The remaining 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. No obstructive disease is noted.

### *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*

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- The gastric wall thickening is concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a severe inflammatory process cannot be completely excluded.
- Non-specific diffuse hepatopathy. Top differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), Leptospirosis, hepatotoxicosis (i.e., copper), other.
- Cranial peritonitis, likely secondary to gastric and/or hepatic pathology.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**Secondary Findings:**

- The gallbladder wall changes could be consistent with cholecystitis, a benign age-related hyperplasia or may be artifactual due to lack of full repletion.
- The urinary bladder wall changes could be consistent with cystitis but may also be artifactual due to lack of luminal distention. Correlation with the patient's urinalysis findings is recommended.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for possible pulmonary metastatic disease.
- If accessible and if clotting status is appropriate, consider fine needle aspirate a of the liver and thickened gastric wall. Alternatively, an abdominal exploratory with biopsies of the liver and stomach can be considered. Surgical biopsies of the liver are more likely to yield a definitive diagnosis.

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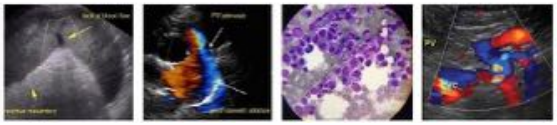

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

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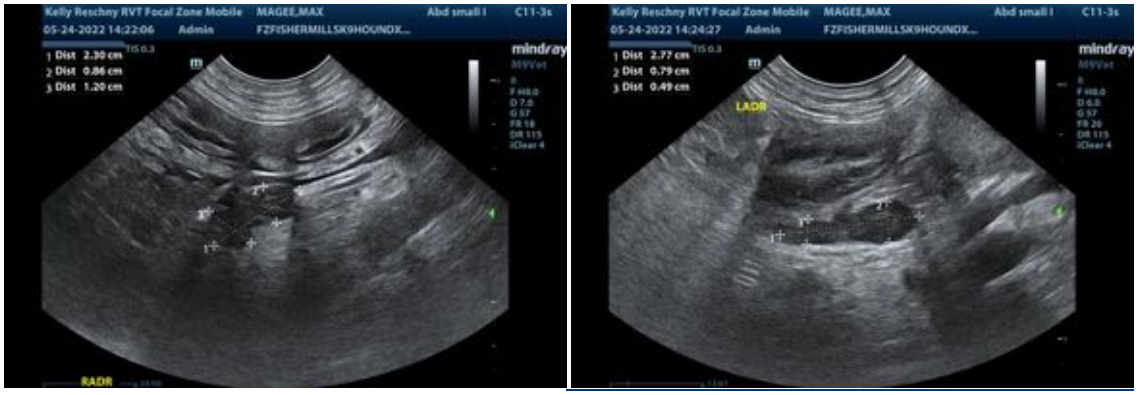


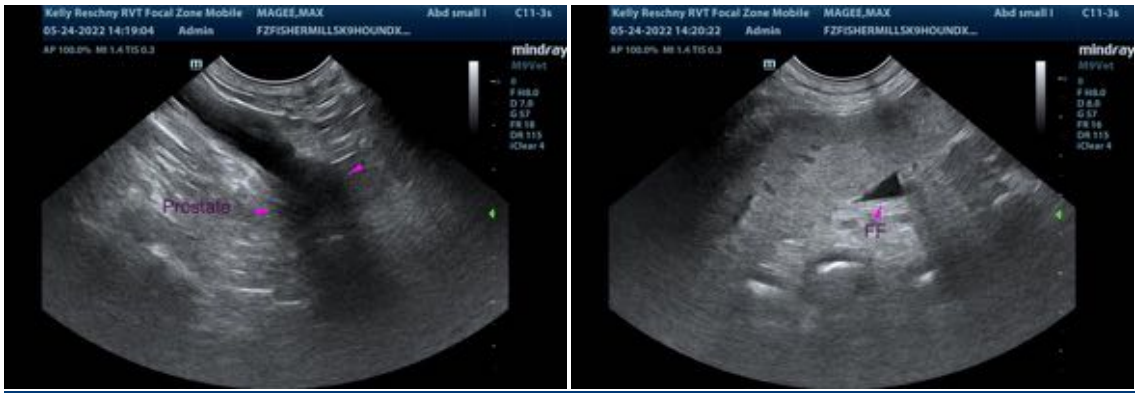


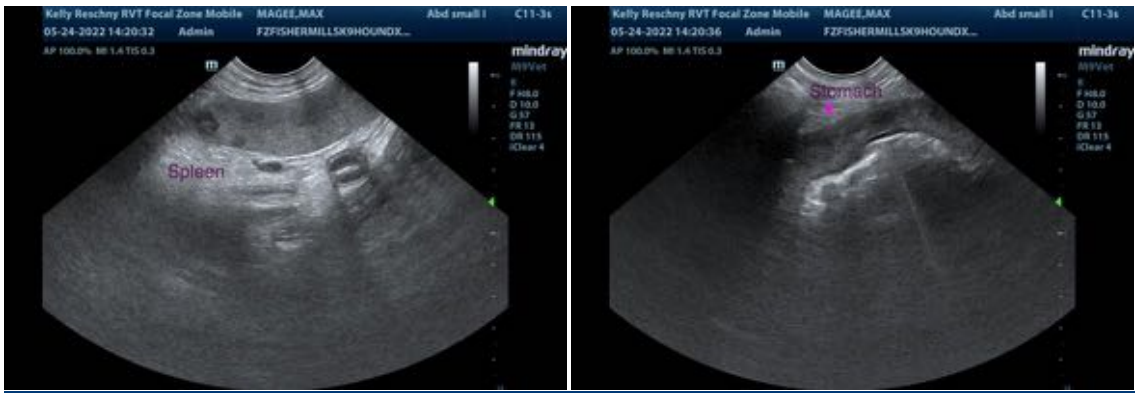


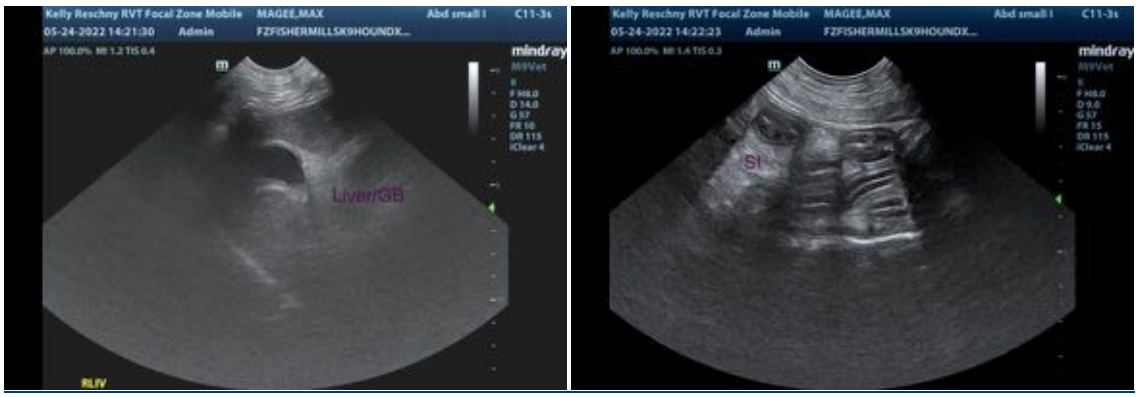


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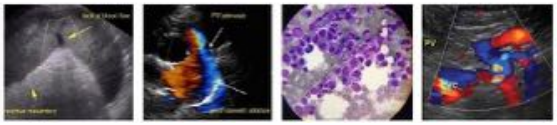



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com