

PATIENT PRESENTING CLINICAL SIGNS

Bella Marino
History: Chronic intermittent vomiting 1-3x a day since April 2021 (bile and fluid). Been worked up @ rDVM and preliminary results have not lead to diagnosis. Presenting complaint: lethargy, chronic vomiting, anorexia (2 days). Soft stool. Also has weight loss. (As per history used to weigh 8kg, 4/2020 7.5kg 4/2021 7.5kg, to today's 6.51kg) Pet is now refusing all food. currently on: cerenia @ 1200 today here in hospital, rDVM prescribed sulcrate & metronidazole
Abnormal PE/Chem/CBC/UA Results: normal CBC, ALKP 213

SPECIES

Canine

BREED

Boston Terrier

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

6.51 kg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is smooth. A scant amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.90 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.19 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.44 cm at cranial pole) (0.56 cm at caudal pole) (1.90 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 mildly enlarged (1.25 cm at cranial pole) (0.71 cm at caudal pole) (2.38 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 (0.98 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 gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Hamilton Region
Veterinary Emergency
Clinic

REFERRING VET

Dr. Bourque

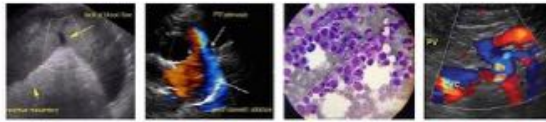
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Gastrointestinal



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The gastric lumen is moderately distended with fluid and a small amount of ingesta and is hypomotile. The gastric wall is diffusely thickened (up to 1.33 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally fluid distended (mild). 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

No free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastric wall changes are most consistent with infiltrative neoplasia (i.e., round cell tumor, adenocarcinoma) with a lower possibility of a severe inflammatory process. Gastric stasis and regional peritonitis are present.

Secondary Findings:

- Mild bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- Consider a fine needle aspirate of the gastric wall (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive, consider endoscopic or surgical gastrointestinal biopsies.





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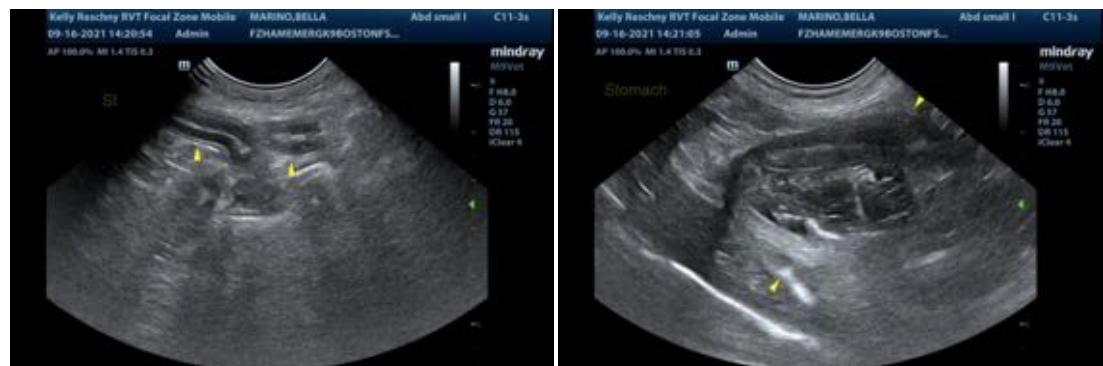
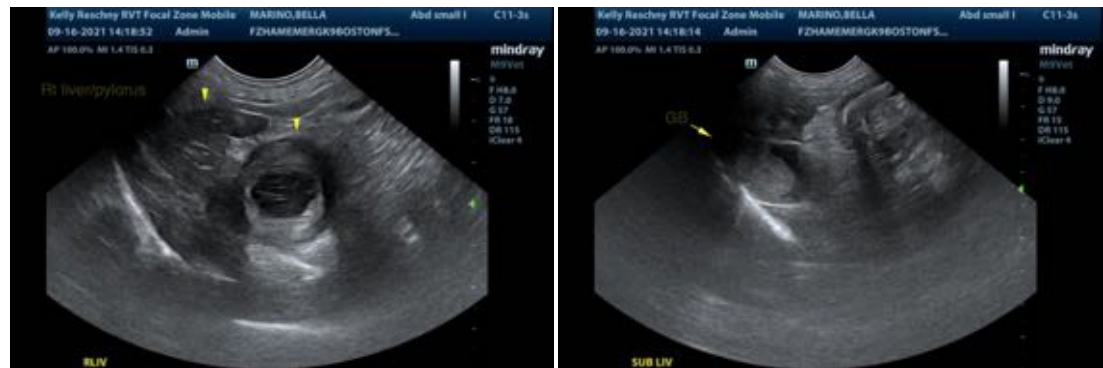
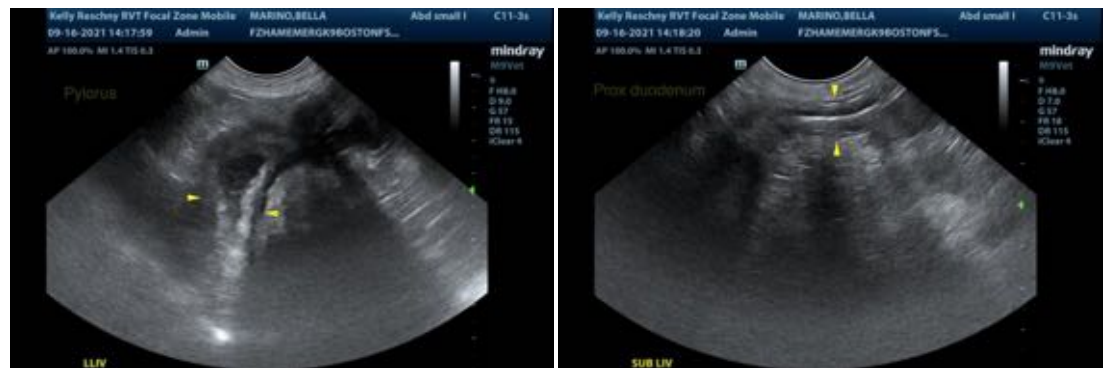
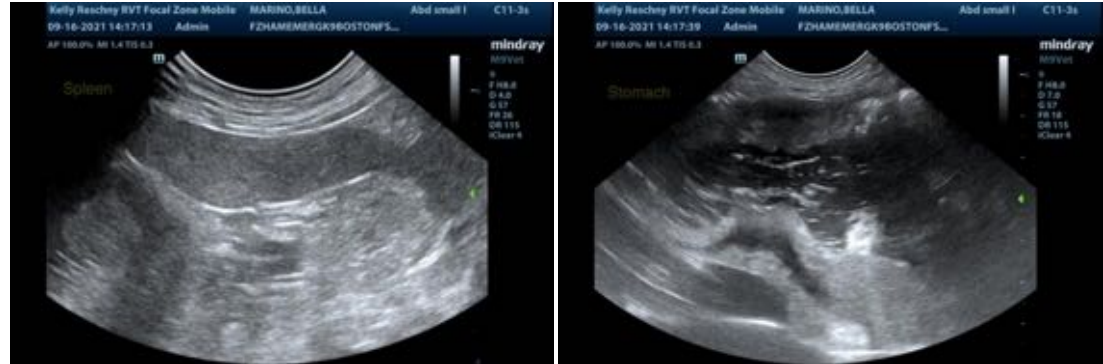
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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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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