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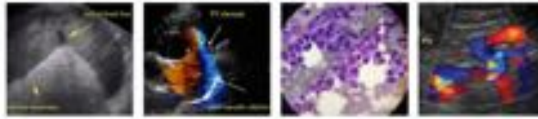


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Starr Caturegli

SPECIES

Canine

BREED

Chihuahua x

SEX

Spayed Female

AGE

14y

WEIGHT

8.3kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Pine Creek Veterinary
Clinic

REFERRING VET

INVOICE

10180

DATE

4/12/23

PRESENTING CLINICAL SIGNS

BP: 179/101 (127) Heart murmur-3-4/6 systolic HM on right and 5/6 systolic heart murmur on left sided. Hx of elevated ALKP. Diarrhea a couple weeks ago. Hx of dietary indescretion. Asymptomatic for heart disease-

Abnormal PE/Chem/CBC/UA Results: ALKP 283. Trig 417. PLT count of 501,000.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment, or cystoliths are observed. The urinary bladder, trigone, and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.69 cm), shape, and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral, or infarcts observed.

The left kidney is normal in size (4.62 cm), shape, and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral, or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.75 cm cranial, 0.53 cm caudal), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm cranial, 0.51 cm caudal), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

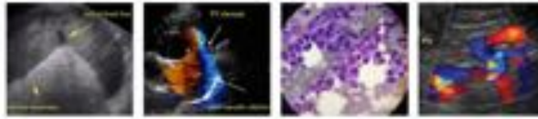
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

Diffusely, the stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. Focally, within the fundus/body of the stomach there is an approximately 1.4 cm x 1.2 cm slightly heterogenous rugal fold/nodule. That appears slightly thicker than the rest of the stomach wall with



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less distinct mural detail. The lumen of the stomach is empty with no evidence of obstruction or foreign material. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a very scant amount of anechoic free fluid noted, primarily around the urinary bladder and slightly around bowel loops.

The medial iliac, gastric, pancreaticoduodenal, and mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length-to-width ratio) is maintained. There is no loss of parenchymal detail.

Adjacent to the stomach there is enhanced hyperechoic mesenteric fat.

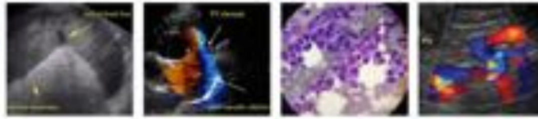
ULTRASONOGRAPHIC FINDINGS

- A focal mildly thick heterogeneous area of the gastric wall may be a normal patient variant or a benign inflammatory lesion secondary to parasitic infectious, other disease. However, early infiltrative neoplasia cannot be definitively ruled out. The hyperechoic surrounding mesenteric fat and lymphadenopathy is consistent with focal peritonitis adjacent to the area.
- **Reactive medial iliac, gastric, pancreaticoduodenal, and mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient reported hypertension and increase alkphos, if other clinical signs of hyperadrenocorticism are present, testing could be considered in the form of a low-dose dexamethasone suppression test. Having said that, testing is not recommended without supporting clinical signs until when and if classic clinical signs such as polyuria, polydipsia, etc. develop. What is recommended in the meantime, regardless of clinical signs is urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio and medical management of the hypertension, is recommended.

The stomach wall findings in this patient are of unknown significance given the lack of reported clinical signs. Further diagnostic options include either monitoring in the form of a recheck ultrasound in 4-6



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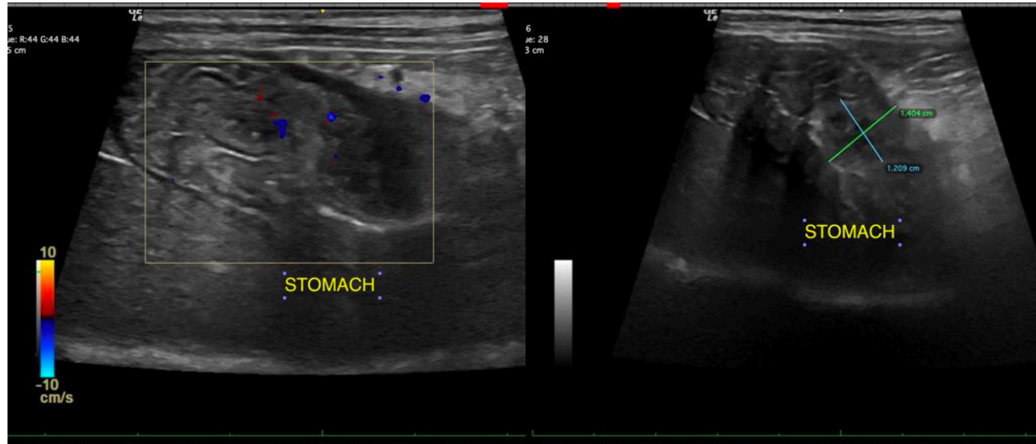
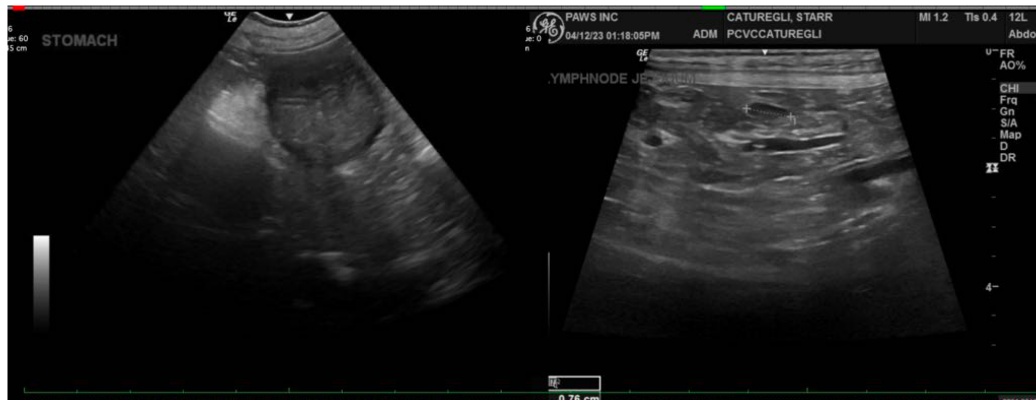
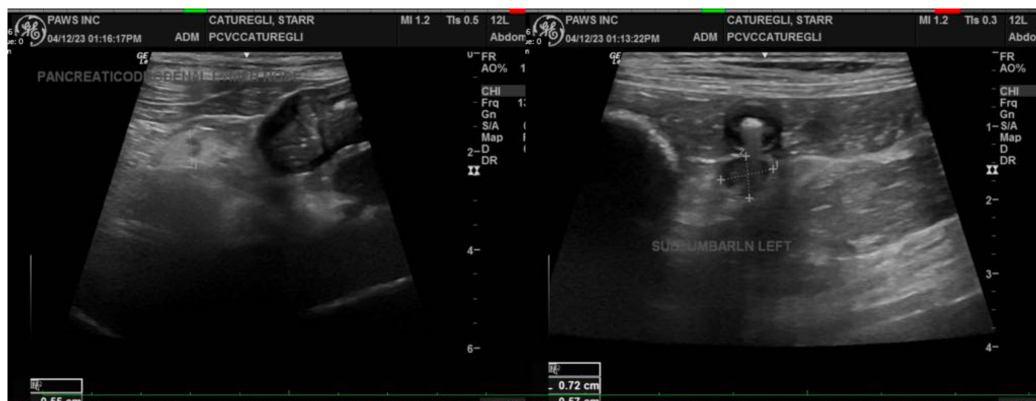
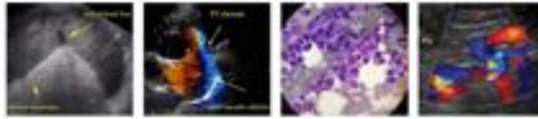
weeks or sooner if clinical signs develop or if a more aggressive approach is desired sooner a fine needle aspirate of the gastric wall could be considered if the patient's coagulation status is appropriate.









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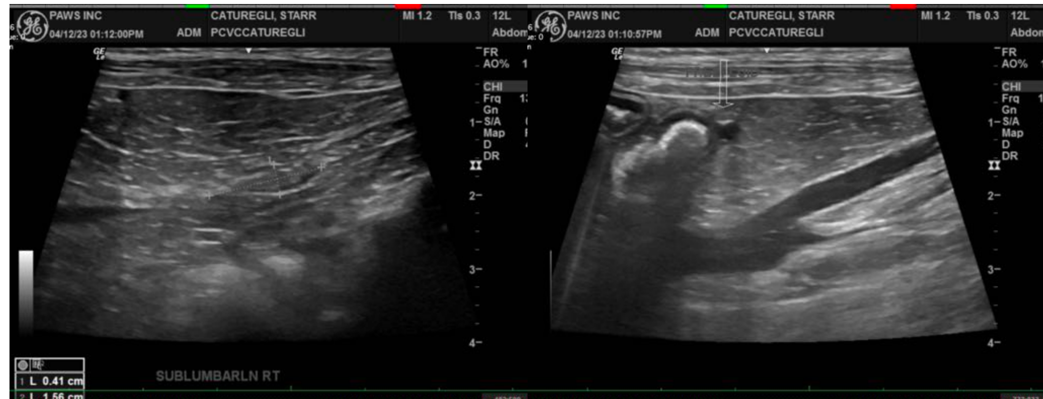

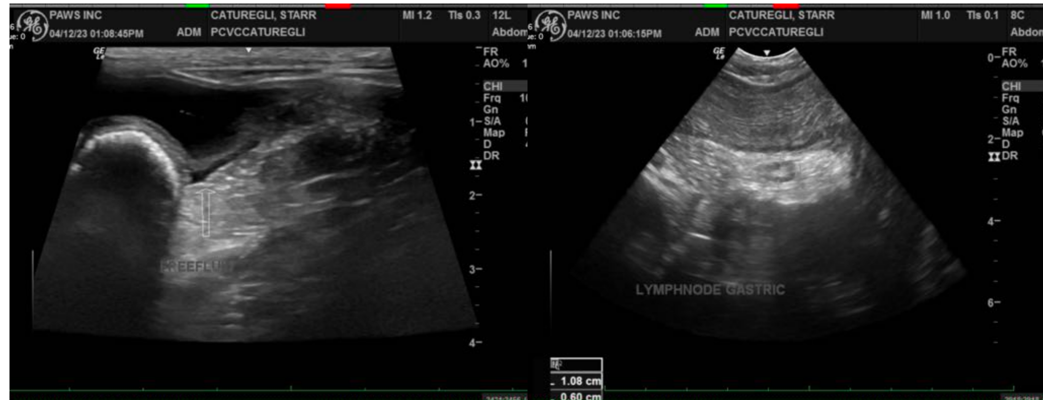

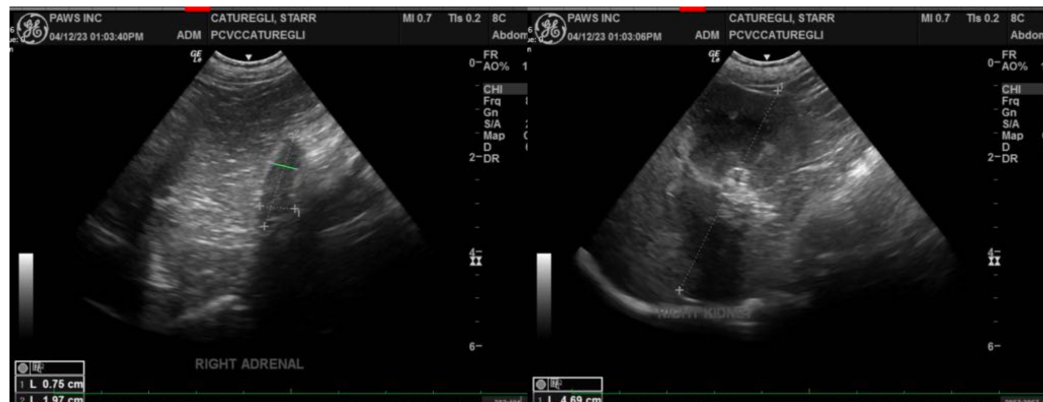

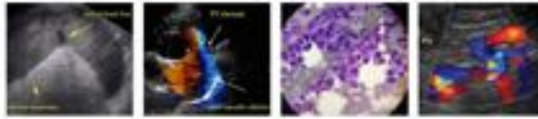

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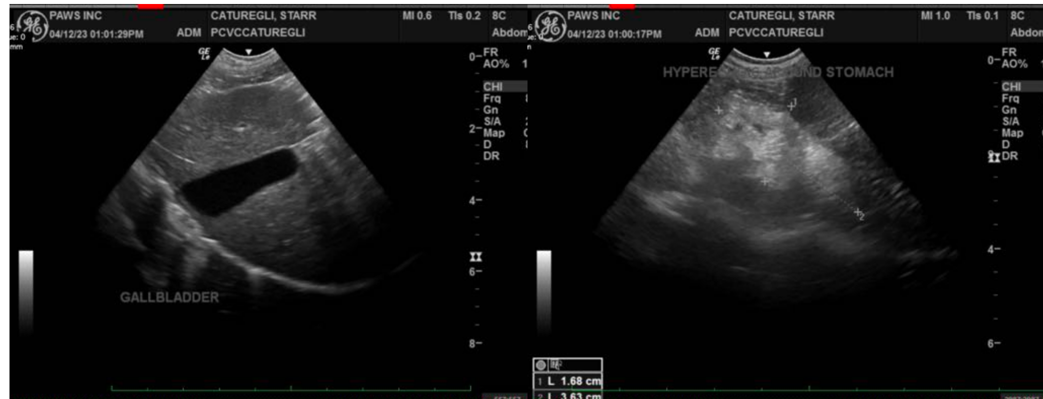
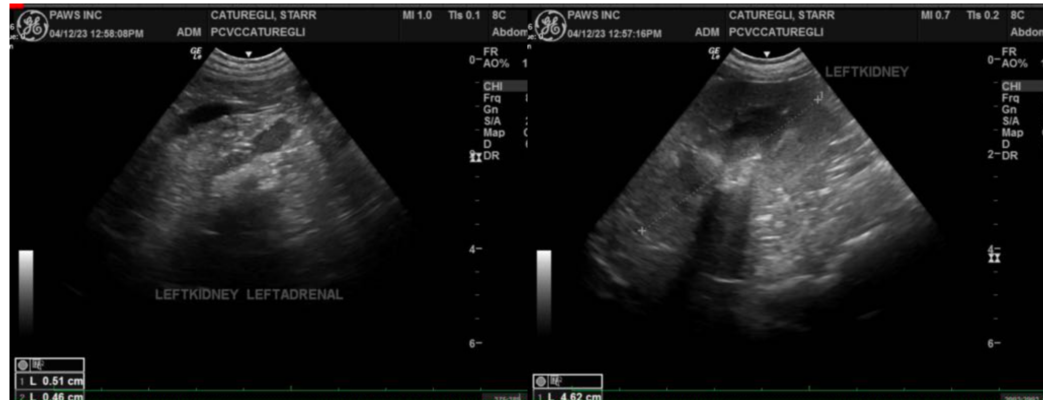
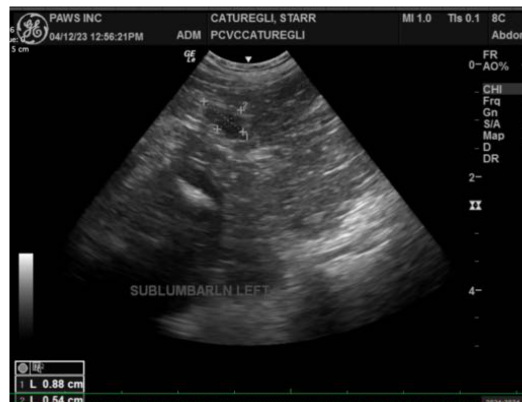
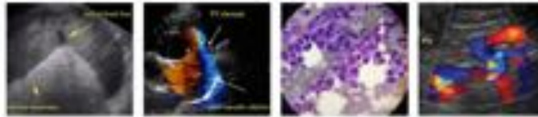






The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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