

**DATE**

6/23/22

PRESENTING CLINICAL SIGNS

Chronic hx of anorexia, vomiting and 15lbs of weight loss. P has received supportive tx with Entyce, Sucralfate and Cerenia.

Current Medications: Entyce, Sucralfate and Cerenia.

Lab Results: See attached.

Radiographs: April 2022- No overt foreign material, some gas and ingesta in stomach, no obstructive pattern in intestines; suspect diarrhea and gas in colon.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic IM.

Stat Report: Declined.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

PATIENT

Slate Cefaratti

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

12/31/14

WEIGHT

56 lbs

INTERPRETED BYBeth Johnson, DVM
DACVIM**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is adequately 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 prostate is normal for a neutered dog.

Left kidney is normal in size (6.87 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.

Right kidney is normal in size (6.93 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

Left adrenal gland is normal in size (3.51 cm long x 0.56 cm at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (3.17 cm long x 0.68 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is largely normal in appearance (shape, echotexture and echogenicity); however, it is volume contracted. Hydration status assessment is recommended.

Liver

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.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

INVOICE

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is markedly distended with fluid and chyme secondary to obstruction caused by a 5-6 cm, heterogenous, primarily hyperechoic mass in the area of the pylorus.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion noted in these images. Lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Gastric/pyloric mass. Differentials include infiltrative neoplasia versus an aggressive infectious process such as pythium.
- Enlarged lymph nodes are consistent with reaction to an aggressive infectious process versus infiltrative neoplasia.

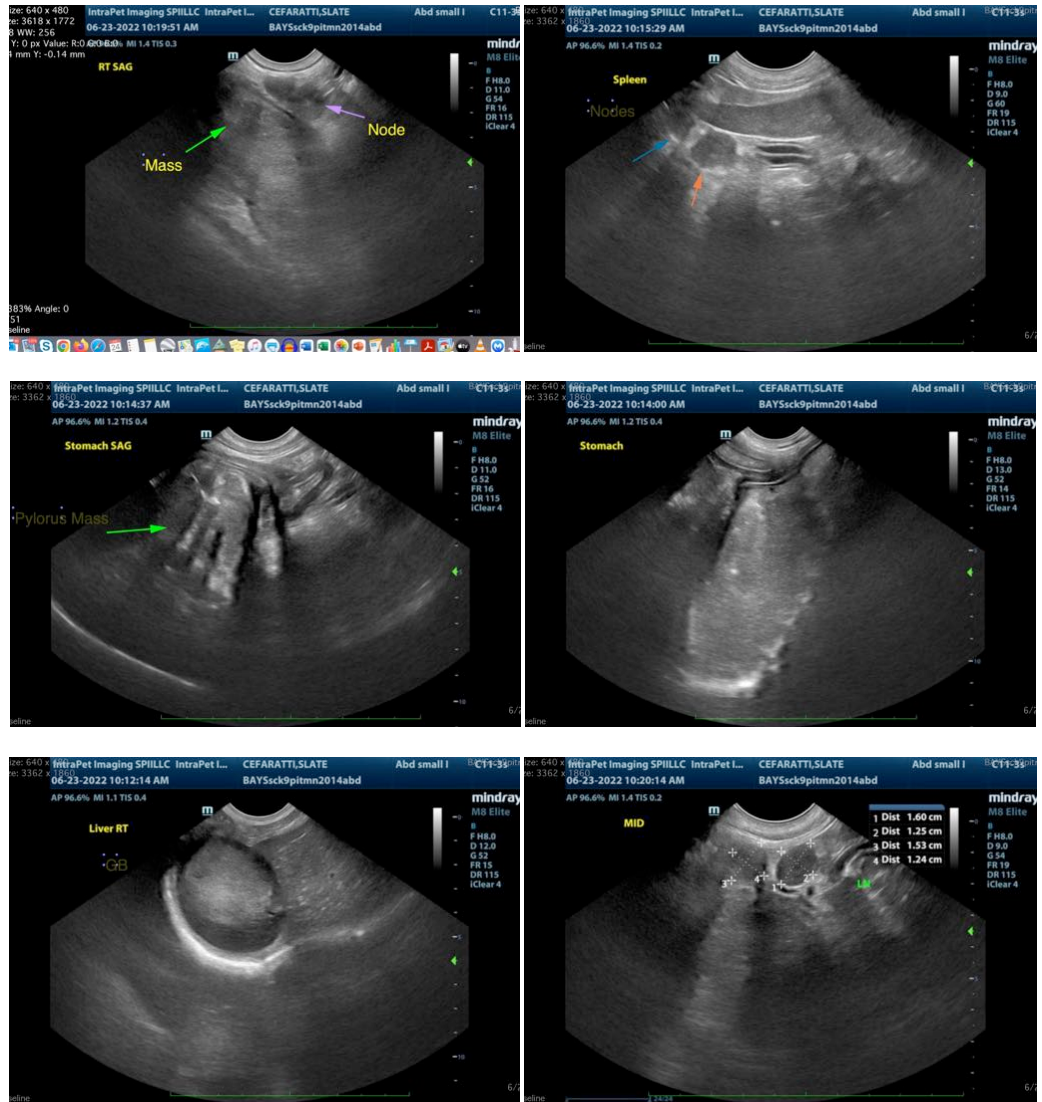
SECONDARY FINDINGS:

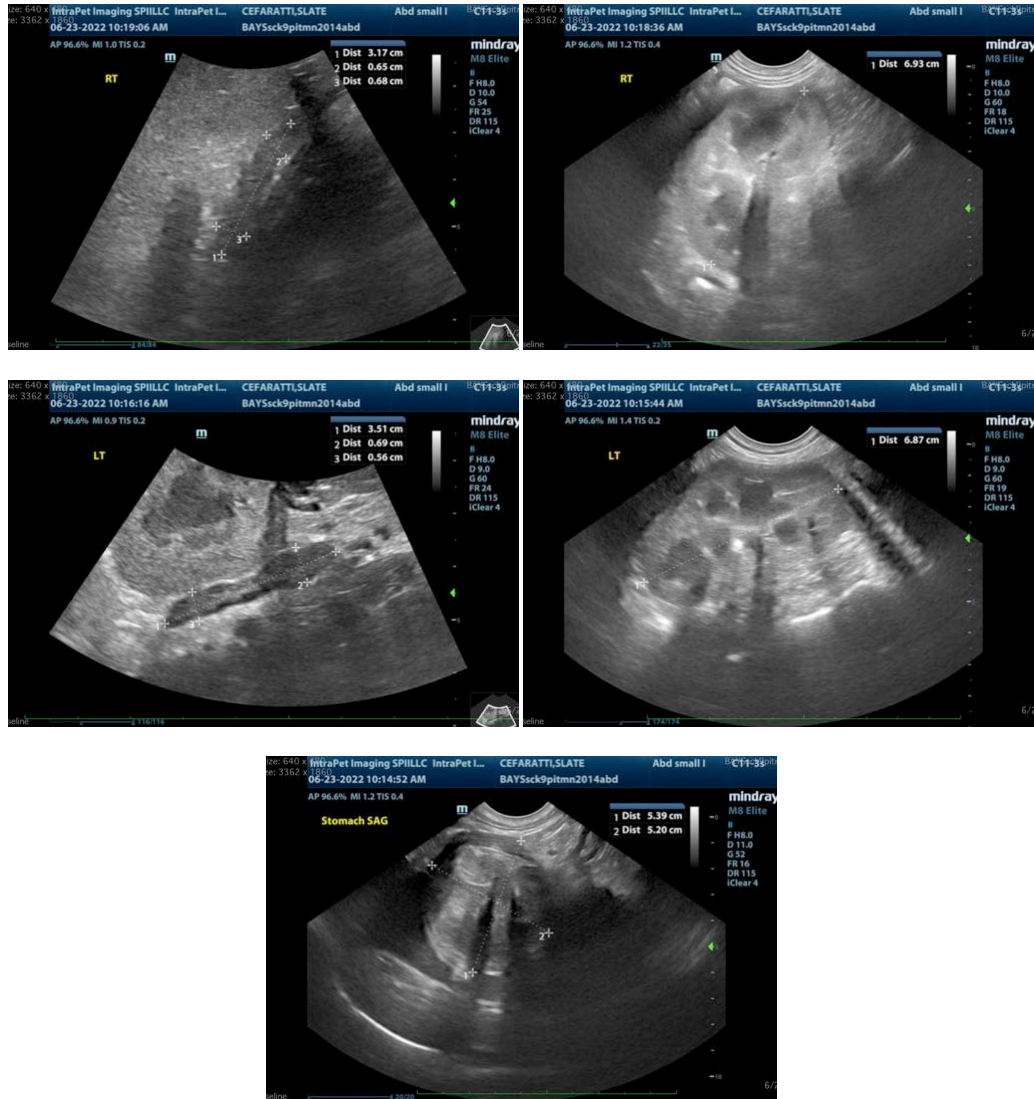
- Emerging mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
2. FNA of the gastric mass and enlarged lymph nodes is recommended if the patient's coagulation status is appropriate.
3. Pending cytology results, testing for pythium through Auburn University can be considered. Ultimately, if a diagnosis is not obtained via these methods surgical exploratory surgery for mast biopsy and removal versus potentially gastroscopy for biopsy can be considered.

4. If surgery is pursued evaluation of the gallbladder for patency +/- cholecystectomy if indicated may be warranted.





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 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.

Beth Johnson, DVM DACVIM

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