

**DATE PRESENTING CLINICAL SIGNS**

8/3/22 P has been vomiting on and off for about 4 months - no cause, normal otherwise.

**PATIENT**

Koa Rosenlof

Current Medications: Famotidine 20mg - 1.5 tab SID  
 Lab Results: CBC: WNL. Chem: Mild (1 point) elevation of SDMA, early renal disease vs hydration related. UA with reflex UPC: WNL, TT4: WNL  
 Fecal neg, 4Dx: Nx4, MF neg.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

12/25/14

**WEIGHT**

70 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**HOSPITAL NAME**

Taylorsville VC

**REFERRING VET**

Dr. Bray

**INVOICE**

40144

**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 (6.45 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 (5.8 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 plump and swollen in size (3.0 cm long x 1.1 cm at the cranial pole and 0.78 cm at the caudal pole), shape and contour. No evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (3.5 cm long x 0.65 cm at the cranial pole and 0.56 cm at the caudal pole), 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***

The stomach wall is diffusely thick (>1.0-1.5 cm) and diffusely hypoechoic with loss of normal layering. The stomach is moderately distended with fluid and what appears to be normal ingesta. The surrounding lymph nodes are enlarged and hypoechoic, round in shape. Surrounding fat and mesentery is enhanced/hyperechoic.

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, 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 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***

See GI section.

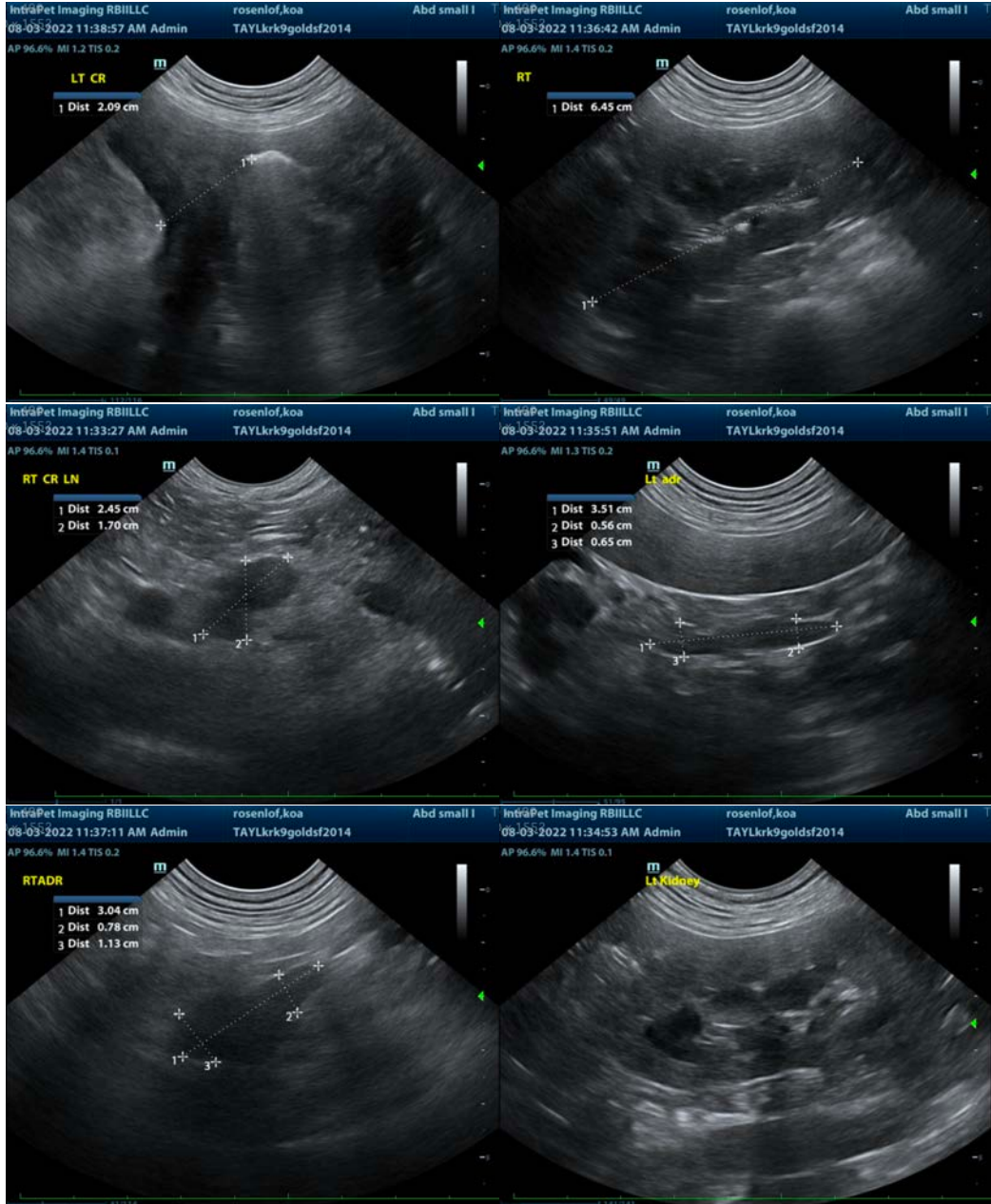
## **ULTRASONOGRAPHIC FINDINGS**

- Diffuse gastric thickening with loss of layering combined with lymphadenopathy and changes consistent with focal peritonitis – This finding is concerning for infiltrative neoplasia such as round cell neoplasia. Aggressive infectious disease, as can be seen with some fungal diseases such as pythiosis, cannot be ruled out. Benign inflammatory disease can't be ruled out, but is considered much less likely.
- Right adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism versus stress versus normal variant. An adrenal adenoma or even pheochromocytoma cannot be ruled out but are considered less likely.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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.

A fine needle aspirate of the thick gastric wall, if possible, as well as the enlarged lymph nodes is recommended if patient's coagulation status is appropriate, for further investigation of suspected round cell neoplasia. If a cytologic diagnosis cannot be obtained, biopsies of the stomach, either endoscopically or surgically obtained, may be necessary to definitively obtain a diagnosis.





**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.

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