



PATIENT

Prince Yulico

PRESENTING CLINICAL SIGNS

History: Anorexia since 6/22, intermittent vomiting

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Japanese Chin

Urinary bladder lumen volume is small and walls are diffusely thickened most consistent with pseudohypertrophy. A portion of mucosa appears to fold over itself protruding into the lumen, likely due to low lumen volume and flaccid bladder wall. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered male

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition and pinpoint areas of cortical mineralization. No evidence of pelvic dilation was present. Right kidney is small in size compared to the left suggestive of atrophy. The left kidney measured 3.7 cm. The right kidney measured 2.9 cm.

AGE

13 years

Adrenal Glands

WEIGHT

7.3 lbs

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.63 cm in length and 0.38 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 1.44 cm in length 0.54 cm at the cranial pole and 0.36 cm at the caudal pole.

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

Spleen

IMAGING PERFORMED BY

Dr. Cerf

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

HOSPITAL NAME

Veterinary Center of
Hardyston

Liver

REFERRING VET

Dr. Cerf

Hyperechoic roughly spherical liver nodule measuring at least 0.76x0.88cm in the periphery of the left lateral liver lobe. 2 similar appearing nodules in diaphragmatic surface of left liver lobes. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

INVOICE

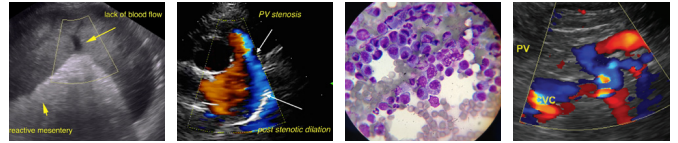
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Gastrointestinal

DATE

6/26/23

In the right cranial to mid abdomen there is a thickened plicated loop of bowel with no obvious foreign material present. There is severe thickening of the wall and loss of wall layering in areas most consistent with infiltrative disease. Surrounding mesentery is hyperechoic. No orad or aborad distension is noted. It is in the location of the duodenum, ICJ and proximal colon. I am most suspicious this represents a loop of proximal colon or less likely distal ileum. A normal appearing segment of bowel that likely represents



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the duodenum is visualized coursing towards the pylorus, so while definitive connection with the pylorus is not visualized, I do not suspect this loop of duodenal origin.

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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

BREED

Japanese Chin

Sections of distal colon are visualized with formed fecal material and gas shadowing distally. Colonic wall is generally thickened with no loss of layering.

Pancreas

SEX

Neutered male

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

AGE

13 years

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

WEIGHT

7.3 lbs

Free Abdomen

No masses or free fluid were noted.

INTERPRETED BY

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BVSc(hons), DACVECC

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dr. Cerf

Primary Findings

1. Intestinal mass/thickening – suspect proximal colon
2. Liver nodules
3. Degenerative renal changes, right renal atrophy
4. Thickened urinary bladder wall - suspect pseudohypertrophy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Cerf

The thickened loop of bowel described is very suspicious for intestinal neoplasia with adenocarcinoma being a top differential, though other neoplasms, malignant or benign, or focal inflammatory conditions cannot be excluded based on ultrasonographic appearance. While not considered likely based on lack of intestinal dilation, a partially obstructive foreign body at the level of the ICJ with surrounding focal peritonitis remains a remote possibility. This intestinal lesion is the likely cause of clinical signs described. Abdominal exploratory surgery with likely need for RNA should be strongly considered and may be both diagnostic and curative. If surgery is not elected, aggressive GI supportive care with IVF support, analgesia as indicated and anti-nausea medications with serial ultrasonographic monitoring for resolution could be considered and may be successful if partially obstructive foreign body is the underlying cause of these changes.

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Liver nodules are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. Nodules may represent reactive, regenerative, or inflammatory nodule,



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or early neoplastic change. Fine needle aspirate is recommended to further characterize parenchymal changes.

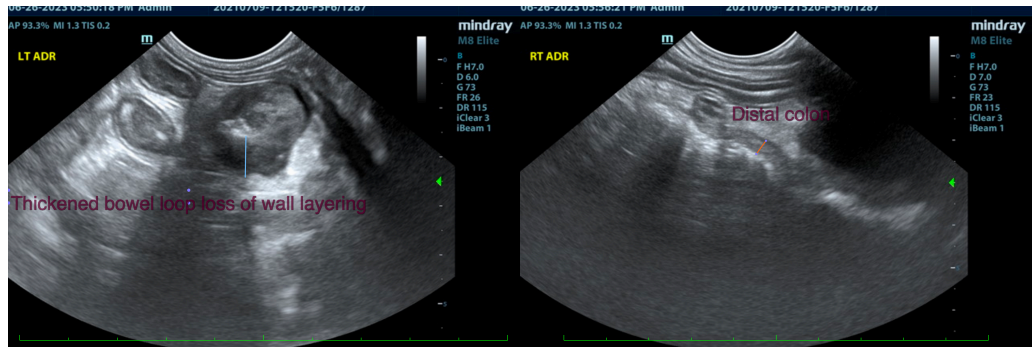
SPECIES

Canine

Renal changes are likely age related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs. Urinary bladder wall thickening is likely pseudohypertrophy secondary to low volume of urine and lack of luminal distension, however, true mural thickening cannot be definitively ruled out. Re-examination when urinary bladder lumen volume is increased with time and/or fluid therapy should be considered if clinical suspicion for urinary bladder disease is high.

BREED

Japanese Chin



SEX

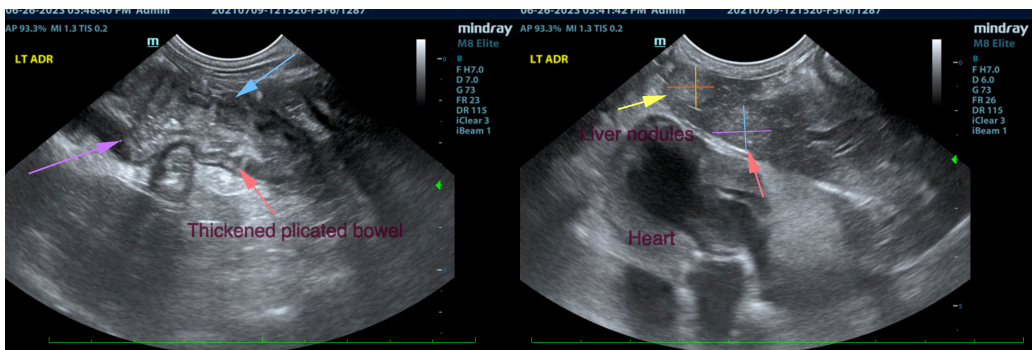
Neutered male

AGE

13 years

WEIGHT

7.3 lbs

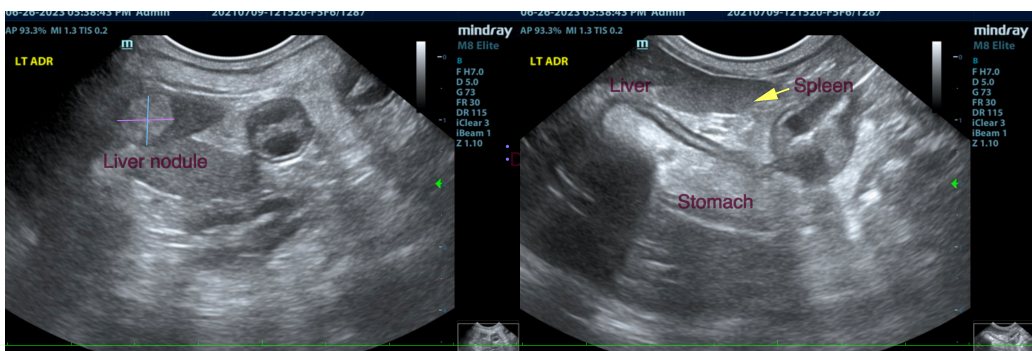


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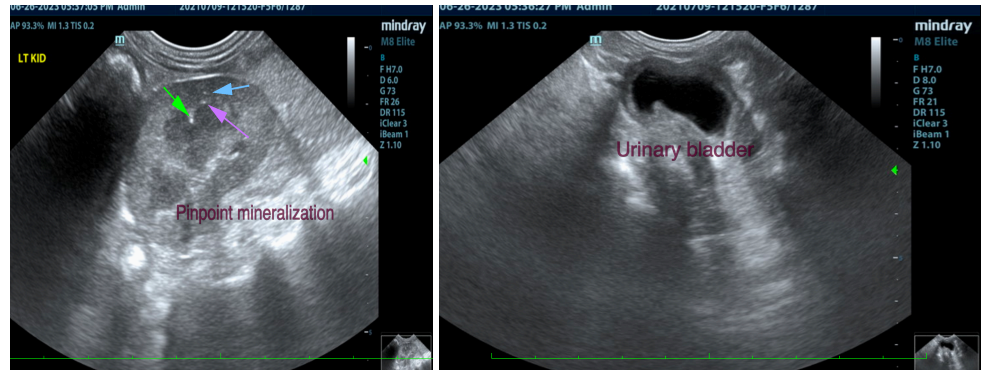
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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