

**DATE**

12/7/21

PRESENTING CLINICAL SIGNS

History: Chronic intermittent gastritis, scanned 3 months ago, concern for emerging carcinoma in stomach.
Current Medications: Cerenia, Omeprazole, Entyce, Metronidazole, Provable.
Lab Results: WNL CPLi normal on 12/3 and 12/6.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: 9-18-21.
Sedation: Not required for a full diagnostic ultrasound.
Stat Report: Not requested.

PATIENT

Zelda OGallcobhair

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

7/24/10

WEIGHT

40 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**Stephanie Pearce
RDCS, RVT**HOSPITAL NAME**

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

94368

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. A minor amount of suspended debris was noted in the urine. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys were similar to the prior sonogram. The right kidney measured 5.88 cm. The left kidney measured 6.27 cm.

Adrenal Glands

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 right adrenal gland measured 2.52 x 0.41 cm at the caudal pole and 0.48 cm at the cranial pole. The left adrenal gland measured 2.76 x 0.52 cm at the caudal pole and 0.5 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** revealed persistent mural thickening and measured up to 1.97 cm. The gastric wall thickening was concentric. There was loss of structural detail. The lumen was fluid filled. The small intestines and colon were unremarkable.

Pancreas

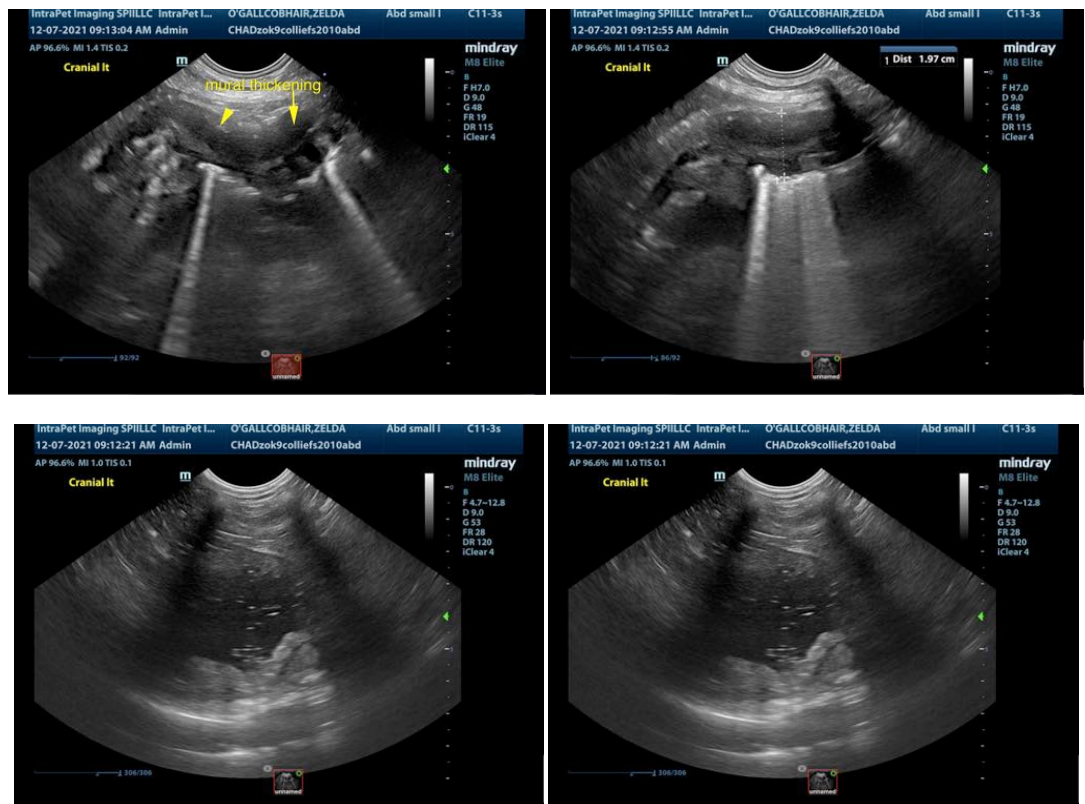
Obscured hypoechoic areas were noted in the area of the **pancreatic** base. This may be undifferentiated lymph node proliferation.

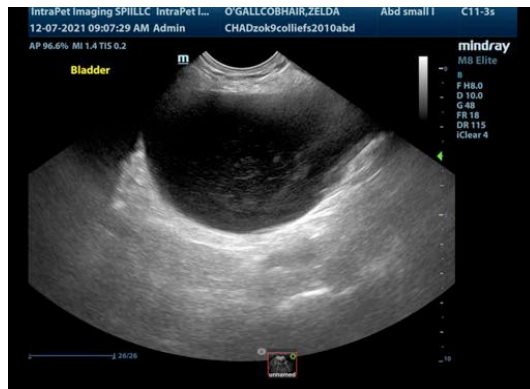
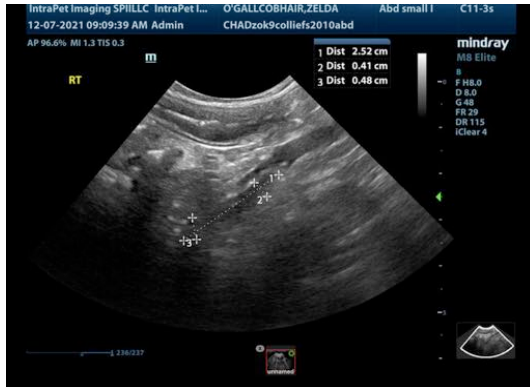
ULTRASONOGRAPHIC FINDINGS

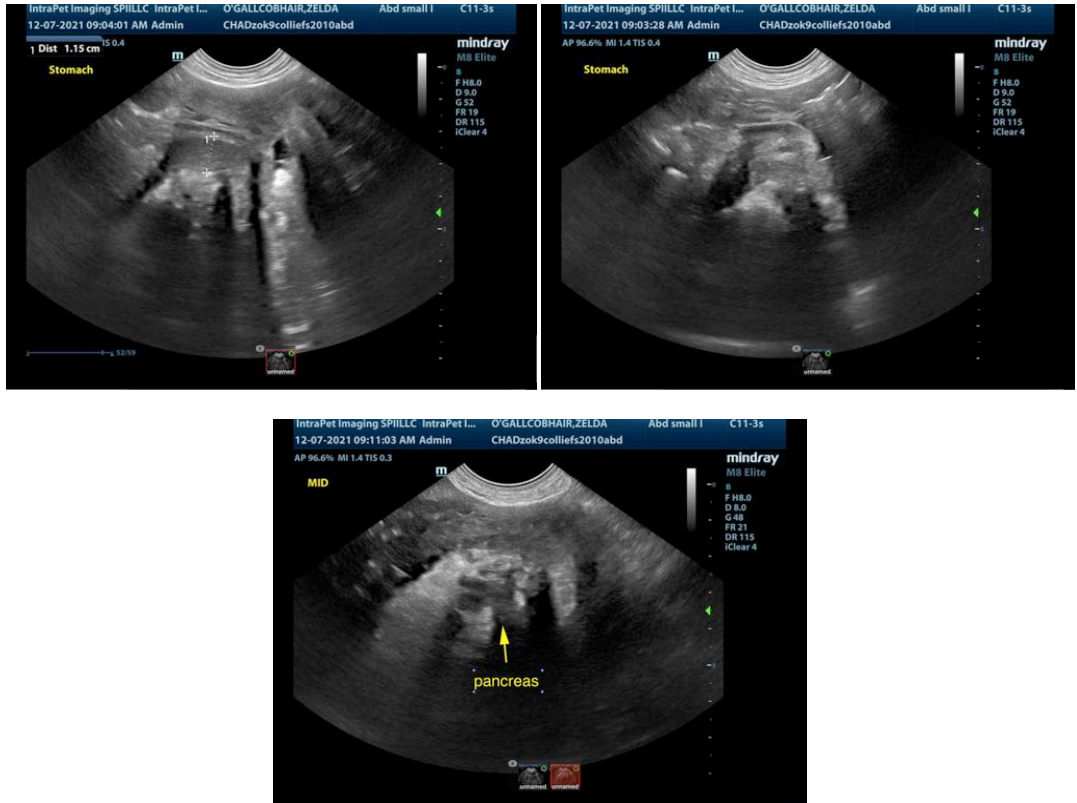
Persistent and progressive gastric wall thickening. Regional chronic inflammation. Some level of pancreatic remodeling and likely inflammation or obscured lymphadenopathy. Bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend full thickness gastric biopsies or endoscopy guided biopsies. Sampling is strongly encouraged in this patient. Urinary work-up is warranted to assess for







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.

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