



PATIENT

Asha Mitrany

SPECIES

Canine

BREED

Brussels Griffon

SEX

Spayed Female

AGE

9 Years

WEIGHT

15.9 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Finder

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Galanti

INVOICE

13881

DATE

2/11/22

PRESENTING CLINICAL SIGNS

History: Vomiting since Sunday, vomiting through Cerenia. Hyporexia. Painful on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: Chem/CBC 2/7/22 HGB 19.3 (2.0-18.0 g/dl) HCT 56.36 (37.00-55.00 %) ALP 239 (20-150 U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys measured 4.0 cm each.

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 left adrenal gland measured 0.5 cm at the caudal pole and 0.38 cm at the cranial pole. The right adrenal gland measured 0.63 cm.

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 were noted.

Liver

The **liver** itself was unremarkable. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The **stomach** presented concentric hypoechoic thickening with loss of structural detail and enhanced surrounding periserosal mesentery. Wall thickness measured 1.15 cm. Variable small intestinal thickening noted without loss of detail. Mucosal fogging noted in much of the small intestine, suggestive for lymphgiectasia. Reactive mesentery noted.

Pancreas



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Heterogeneous **pancreatic** changes were noted, somewhat obscured by the reactive mesentery. Concurrent pancreatitis likely.

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Free Abdomen

Slight free fluid was noted in the **abdomen**.

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ULTRASONOGRAPHIC FINDINGS

- Severe gastritis or gastric neoplasia with reactive mesentery and enteritis
- Heterogeneous pancreas
- Gallbladder sludge

SEX

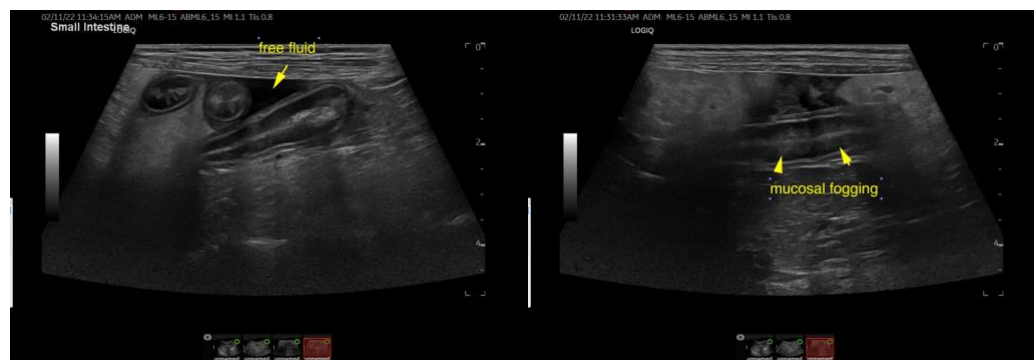
Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy strongly recommended in this patient to obtain gastric biopsies as well as upper duodenal biopsies, otherwise full thickness GI biopsies would be necessary for a definitive diagnosis. Ultrasound guided abdominocentesis and cytospin of the free fluid recommended to assess for any neoplastic cells. Albumin levels should be monitored carefully. Protein-losing enteropathy is likely. Very guarded prognosis. GI protectants, plasma expanders, broad spectrum antibiotics and antiparasitic protocol all indicated. Purina ha or Royal Canin hp diet recommended. However, the gastric wall does present neoplastic criteria. However, severe gastritis can also present in this fashion. Sampling is essential.

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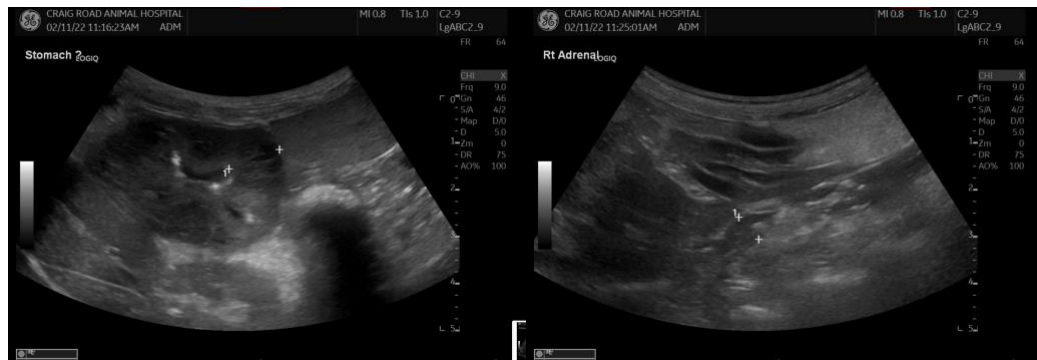
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if it can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com