

**DATE**

4/19/22

PATIENT

Chloe Lankford

SPECIES

Canine

BREED

Jack Russell

SEX

Spayed Female

AGE

12/8/2009

WEIGHT

3 Pounds

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

Hickory Vet Hospital

REFERRING VET

Dr. Silcox

INVOICE

36996

PRESENTING CLINICAL SIGNS

Follow up ultrasound from 3/29/22 for gastritis vs gastric neoplasia. Is the gastritis improved?

Current Medications: Sucralfate 500mg TID, Omeprazole 10mg QD, Maropitant 30mg QD, Clavamox 250mg BID, Gabapentin 100mg BID.

Date of Previous IntraPet Ultrasound: 3/29/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 5.41 cm with trace pyelectasia noted. The left kidney measured 4.9 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 2.5 cm x 0.48 cm at the caudal pole and 0.50 cm at the cranial pole. The left adrenal gland measured 2.2 cm x 0.70 cm at the caudal pole and 0.62 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 were noted.

Liver

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. Minor increased portal markings noted.

Gastrointestinal

The **stomach** has largely normalized in this patient. The lumen is empty. Gastric wall presented normal curvilinear patterns. Prior hypertrophy had largely resolved. However, a focal hypoechoic mucosal polyp was noted measuring 2.3 cm. The small intestine and colon were unremarkable.

Pancreas

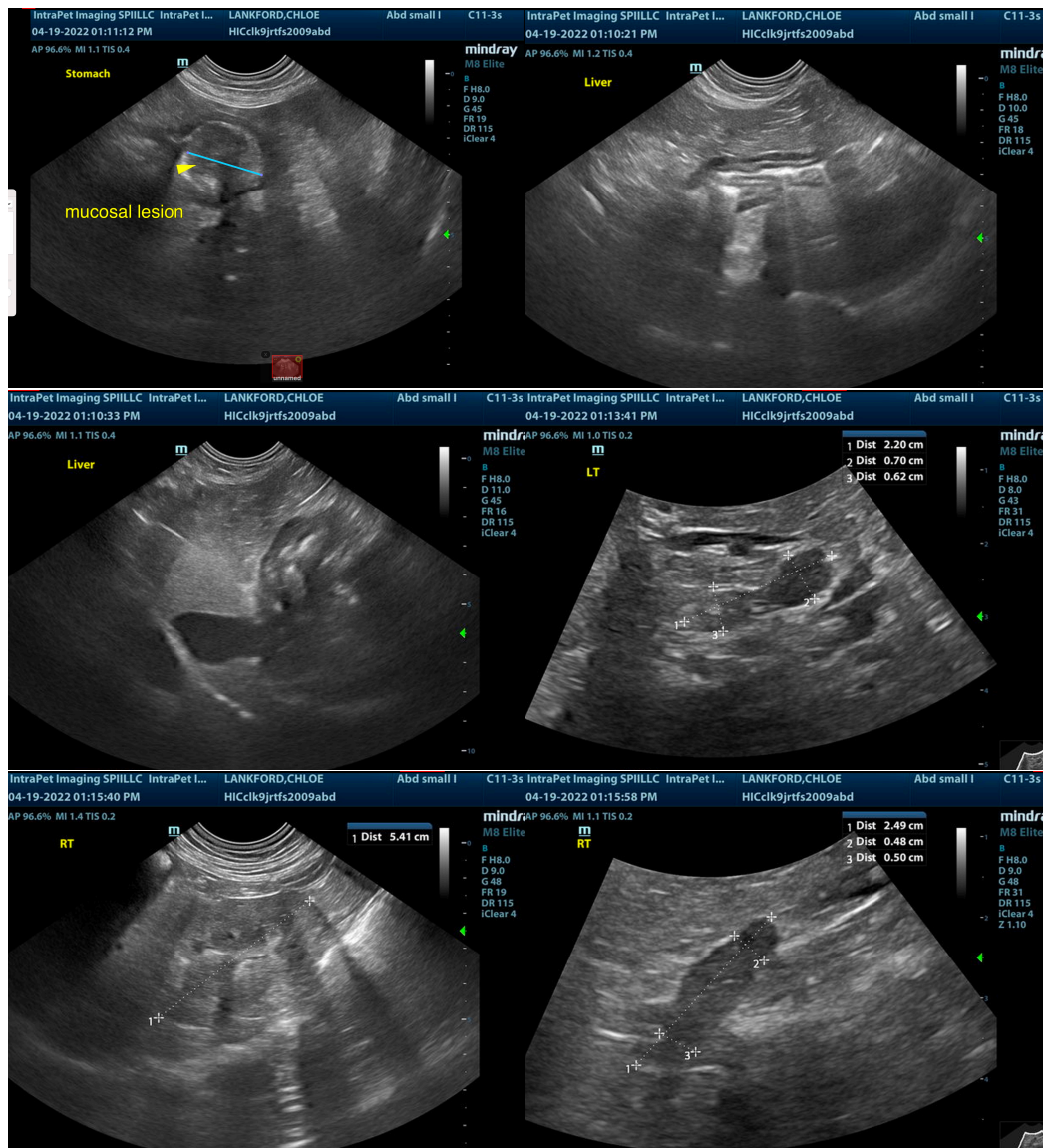
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

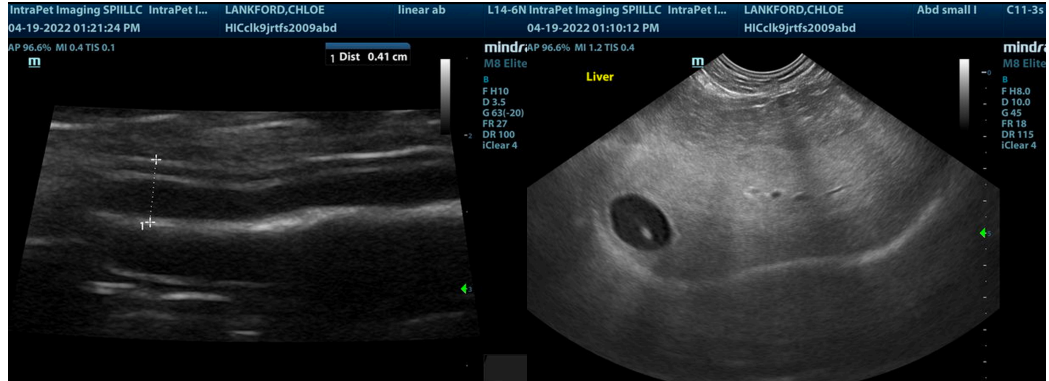
ULTRASONOGRAPHIC FINDINGS

- Largely improved gastric presentation with persistent mucosal polyp

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy strongly encourage. This is non-obstructive and appears to be present in the cranial aspect of the mid stomach between the cardia and pyloric antrum. This presentation appears to be more localized than the prior. Focal mucosal hypertrophy/epithelioma versus emerging carcinoma possible.





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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