

**DATE**

4/20/22

PATIENT

Bentley Hill

SPECIES

Canine

BREED

Spaniel X

SEX

Neutered Male

AGE

2/6/11

WEIGHT

25.6 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAME

Maryland Mobile VC

REFERRING VET

Dr. Powel

INVOICE

36982

PRESENTING CLINICAL SIGNS

Pt has 4 day duration of vomiting, diminished appetite, leading to dark, tarry stools and total loss of appetite.

Current Medications: Galliprant 20mg SID, Fluoxetine 10mg SID, Cytopoint 30mg PRN, Dasuquin daily.

Lab Results: Normal BW in March via Antech. PCV today 22.

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT Requested by DVM.

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 residual prostate was uniform at 1.36 cm.

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 and no evidence of pelvic dilation was present. The left kidney measured 5.53 cm. The right kidney measured 4.92 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 left adrenal gland measured 1.89 cm x 0.67 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.53 x 0.89 cm at the cranial pole and 0.82 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was slightly subnormal in size, yet fairly uniform. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Pinpoint mineralizations noted, not overtly pathological, likely secondary to history of cholangitis. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The gastric wall presented concentric thickening up to 2.5 cm with loss of structural detail. Strong concern for pyloric infiltrative disease. The thickening occupied primarily the pyloric antrum. Excessive gastric gas noted. 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.

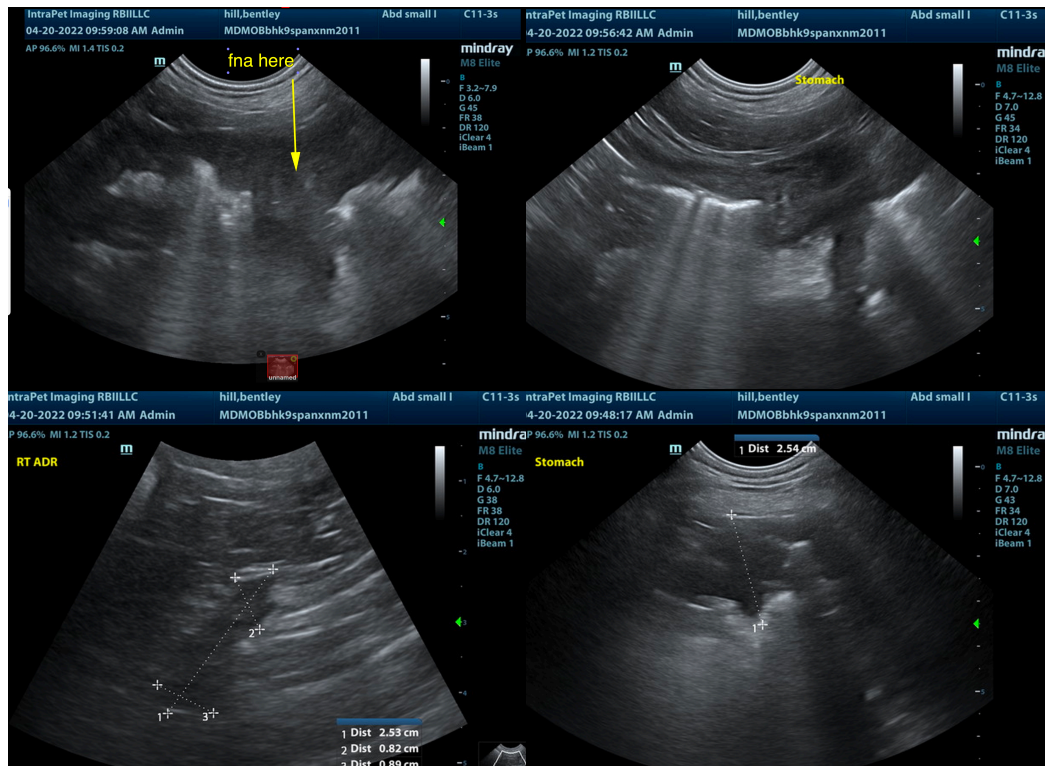
ULTRASONOGRAPHIC FINDINGS

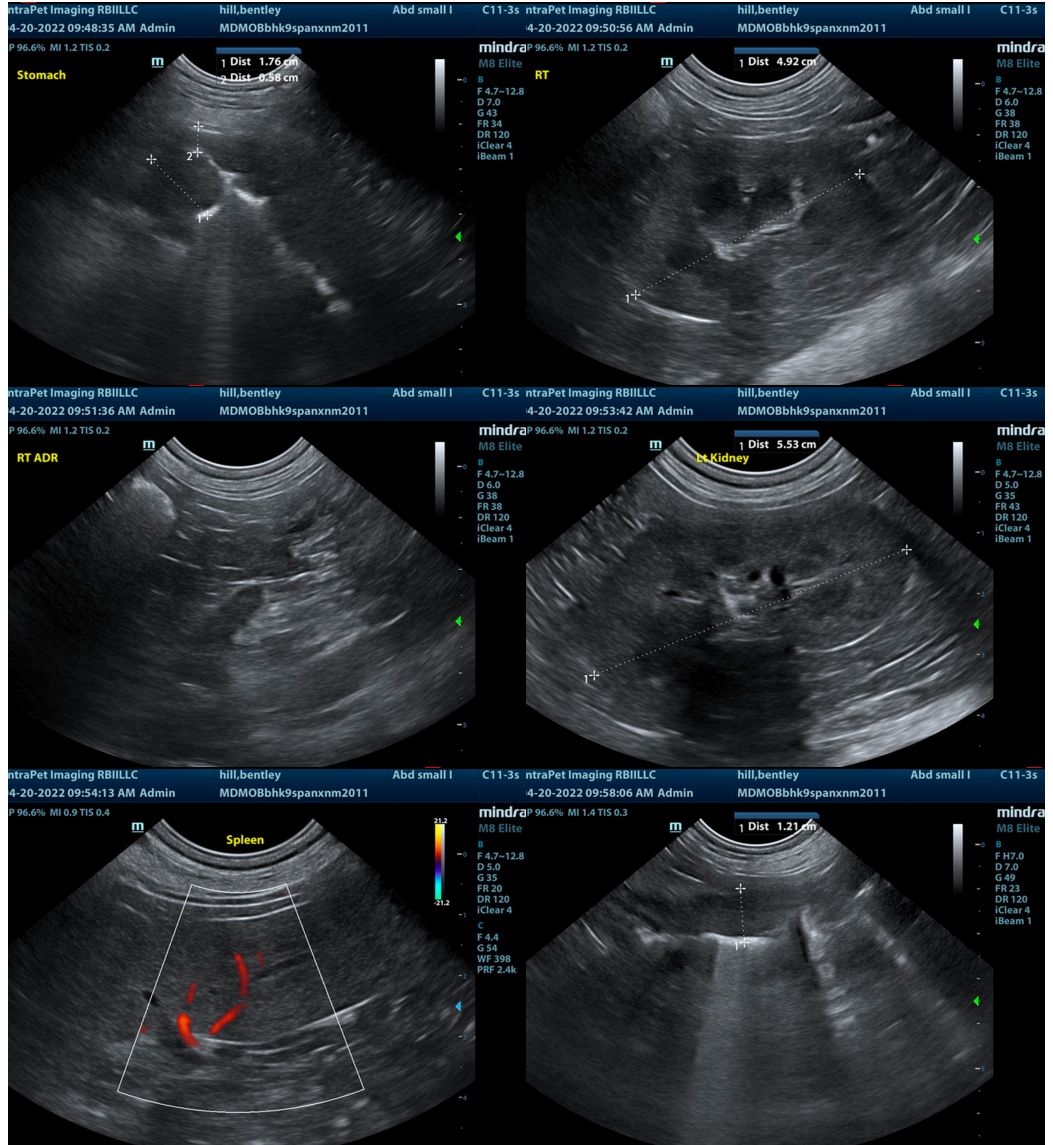
- Concentric gastric wall thickening – strong concern for infiltrative neoplasia versus pyloric hypertrophy and chronic gastritis.

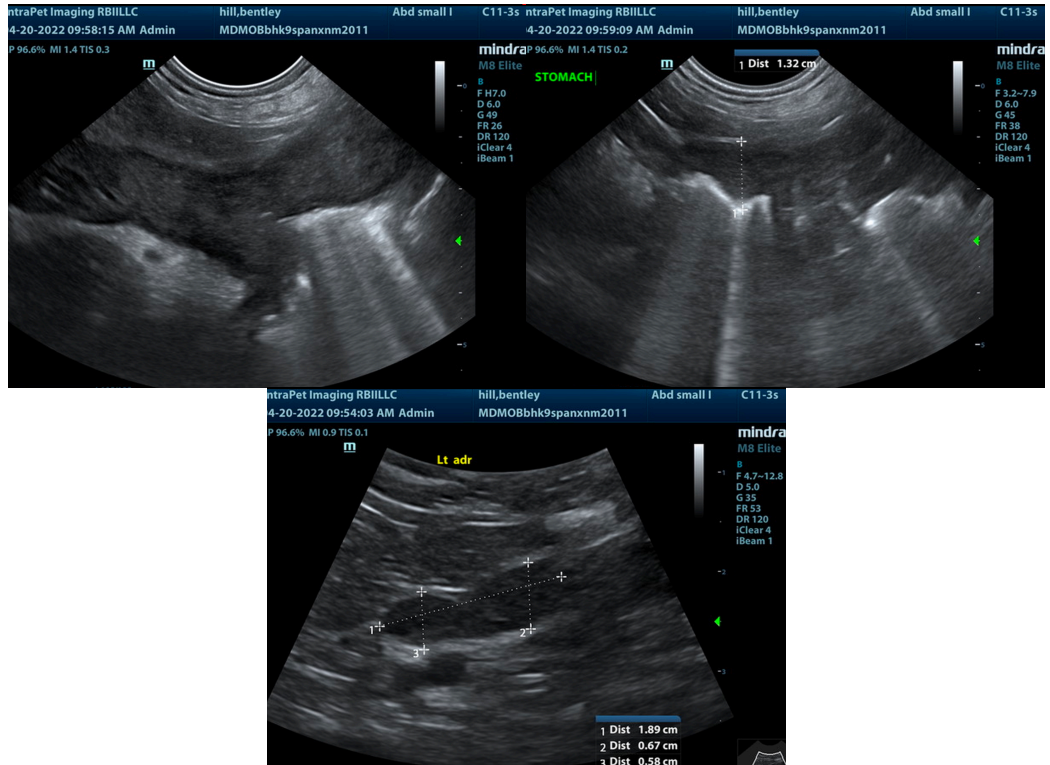
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy with biopsies or full thickness biopsies warranted. If sampling is absolutely not an option, ultrasound guided FNA could be considered. However, it may be difficult to exfoliate. Neoplastic criteria is met. However, chronic gastritis can present in this fashion with secondary hypertrophy.

Radiographs: Excessive gastric gas and overdistention, mild microhepatica, gastric thickening.







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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