

**DATE PRESENTING CLINICAL SIGNS**

7/14/23

History: 6/27/23 Routine physical. Previous vet had diagnosed Cushings but owner discontinued veterinary as it "made" pet sleepy. Severe dental disease, some hind end ataxia (per owner has previous history of spinal disease). BW elevated liver values.

PATIENT

Prada Goetz

Current Medications: None listed.

Lab Results: See attached.

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Declined.

Canine

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS.

Maltese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Spayed Female

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.

AGE

6/29/12

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. Slight pyelectasia was noted in the right kidney. The right kidney measured 4.44 cm. The left kidney measured 4.44 cm. Mineralization was noted in both kidneys, nonobstructive.

WEIGHT

6 Pounds

INTERPRETED BY**Adrenal Glands**Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **right adrenal gland** was irregular at the mid body. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.6 cm x 0.6 cm.

HOSPITAL NAME

Chadwell AH

The **left adrenal gland** was visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.02 cm x 0.68 cm at the caudal pole and 0.61 cm at the cranial pole.

REFERRING VET

Dr. Oliveri

Spleen**INVOICE**

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.

23391

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some minor excessive debris and calculi.

Gastrointestinal

The **stomach** in this patient revealed a mural hypoechoic undifferentiated pyloric mass, measuring 4.1 cm x 3.06 cm. The mass enters into the pyloric outflow. The small intestine and colon were unremarkable. Curvilinear patterns were maintained.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Gastric mass, likely round cell neoplasia, possibility of carcinoma (less likely).
- Gallbladder debris and sand

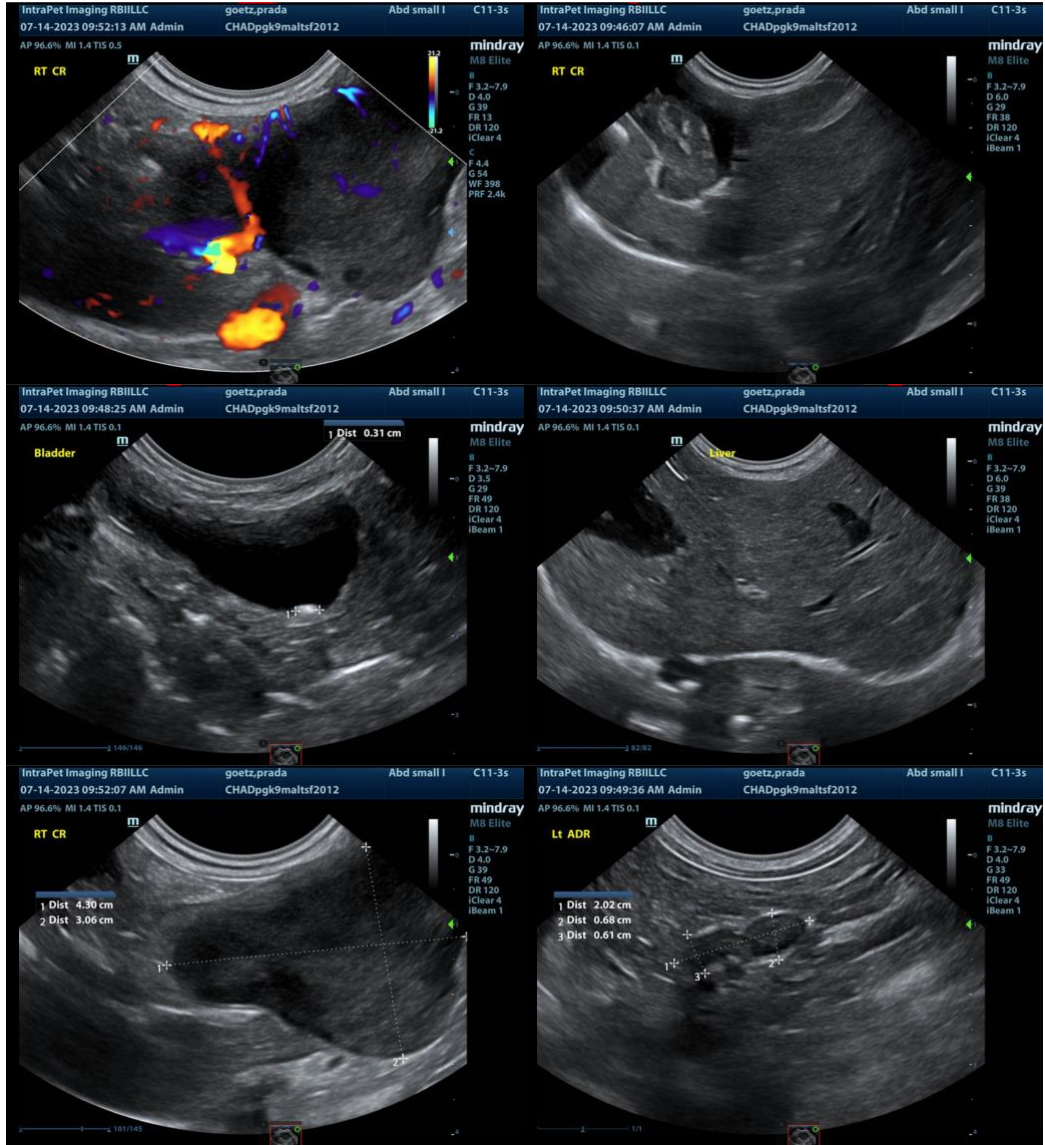
- Age-related renal changes with mineralization

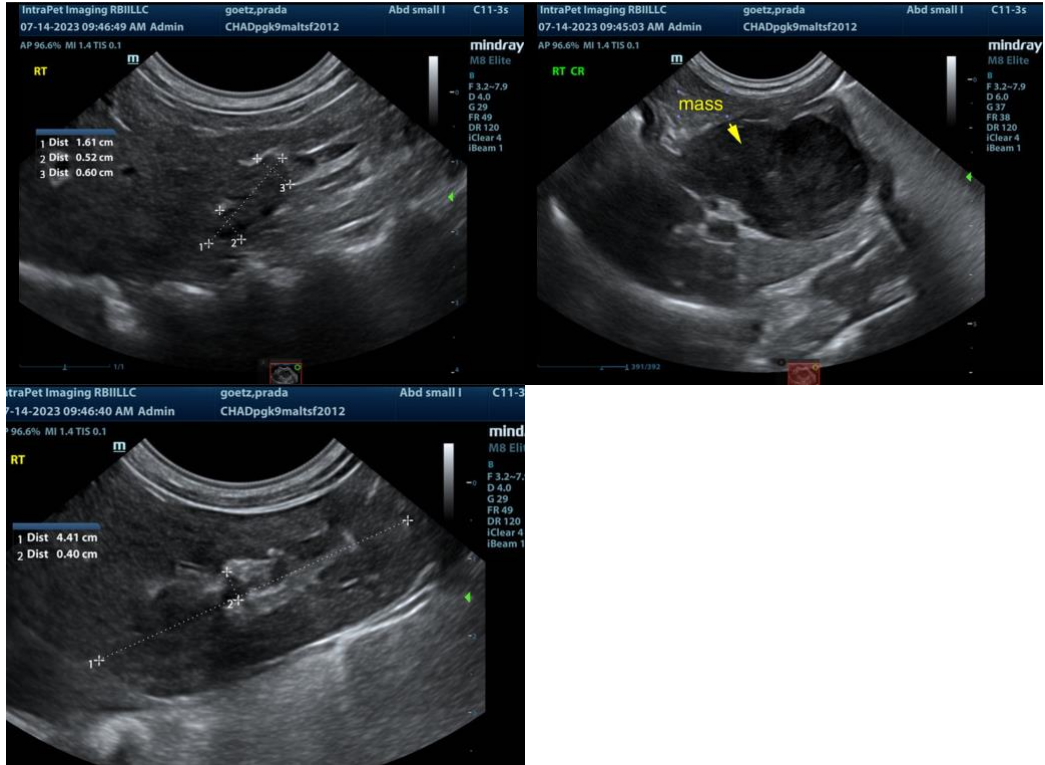
- Irregular right adrenal gland

- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the gastric mass with immediate chemoreduction is recommended. Chest radiographs are warranted to assess for comorbidities. The mass does not appear overtly resectable given the concentric pattern involving the pyloric outflow but CT could be considered for further definition.





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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