



PATIENT

Bentley Rosen

SPECIES

Canine

BREED

Cavalier

SEX

Neutered Male

AGE

5 Years

WEIGHT

22 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Stockmal

INVOICE

16989

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting yesterday morning. Hospitalized here. Quiet most of the day. Broke through Cerenia and started vomiting fluid again. Lot of gas in distended stomach on rads. Continued vomiting little bits of bile this morning including after pressing on abdomen during ultrasound. Has been fasted since yesterday around 5pm.

Abnormal PE/Chem/CBC/UA Results: WBC 24.6k, Neu 18.9k, Mono 1.13k, Eos 1.25k, Chem/lytes WNL

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 4.5 cm. The right kidney measured 4.5 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 0.5 cm. The right adrenal gland measured 0.6 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** 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** was overdistended with fluid. The pylorus in this patient (in a region of approximately 3.0 cm) revealed concentric irregular mural thickening with polypoid changes and disorganized echogenic mucosa; this is a partial obstructive pattern, as the small intestine appeared to be empty. Minor reactive mesentery was noted around the pyloric outflow.



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Pancreas

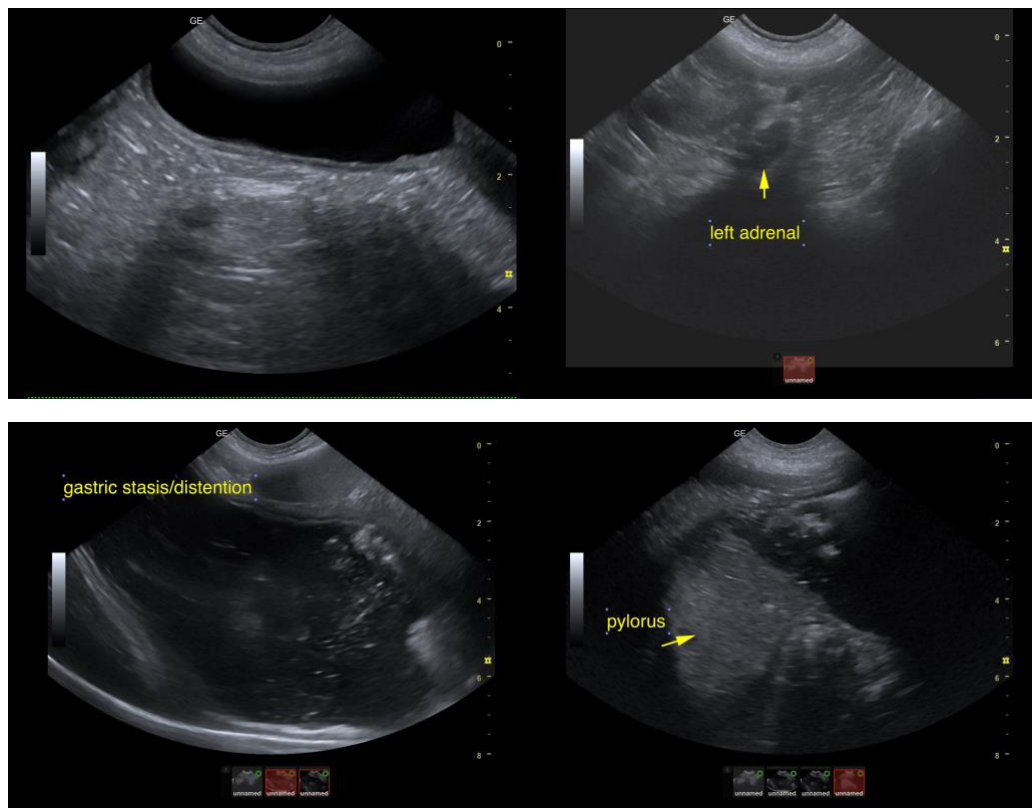
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular pylorus with delayed pyloric outflow and gastric stasis. The small intestine was unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pyloric neoplasia, such as carcinoma is possible. Lymphoma is less likely. Chronic gastritis with secondary hypertrophy and dysfunctional pyloric outflow is a concern. Endoscopy should be accessible to the underlying pathology, otherwise, surgical intervention with expectations of exploratory surgery and/or Bill Roth reconstruction of the pyloric outflow would be necessary. No overt evidence of metastatic disease. No regional lymph nodes were noted, which would increase the potential for chronic gastritis and hypertrophy, however, some areas of neoplastic criteria are met. Sampling is essential in this patient, either through surgical methods or endoscopy.





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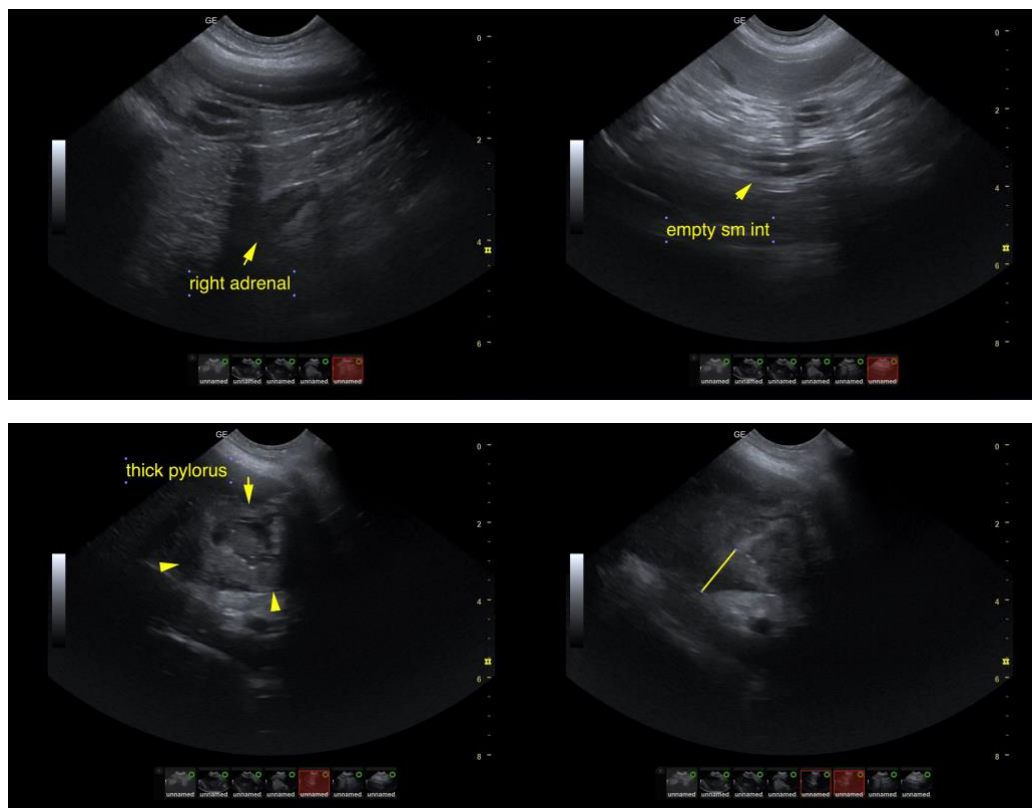
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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