

**DATE**

9/23/22

PATIENT

Toby Fitzwater

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

1/3/06

WEIGHT

17.1 Pounds

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

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Martinoli

INVOICE

41609

PRESENTING CLINICAL SIGNS

Toby, MN, 16, Shih Tzu Referred by rDVM; PC - melena for about a week; Vomiting and diarrhea since yesterday. Radiographs - sent out; material in stomach w/some opaque material; otherwise NSF ALP increased Hypoglycemia -- was as low as 23 on glucometer; when rDVM initially called to refer, pt had not had a seizure ATO in room: - seizure right when they got to rDVM to pick him up and transfer. (Oral dextrose was given) - last ate a bit yesterday morning

Current Medications: ampi/sublactam, baytril, metocloperamide, ondanepron, pantoprazole, dextrose in fluids.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

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 and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The right kidney measured 4.27 cm with pinpoint mineralizations and calculus up to 0.34 cm. The left kidney measured 4.57 cm.

Adrenal Glands

The **right adrenal gland** was enlarged and revealed a hyperechoic nodule at the cranial pole measuring 1.35 cm x 1.27 cm.

The **left adrenal gland** was uniformly swollen and hypoechoic to surrounding fat, measuring 2.35 cm x 0.97 cm at the caudal pole and 0.86 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 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 **stomach** revealed a mineralizing undifferentiated gastric fundic mass measuring 4.2 cm x 7.0 cm, non-resectable. The mass appeared to be concentric and significantly vascular. Suggests carcinoma. FNA indicated for further definition. Regional inflammation noted. The mass occupied the gastric fundus and entered into the pyloric antrum. The small intestine and colon were unremarkable.

Pancreas

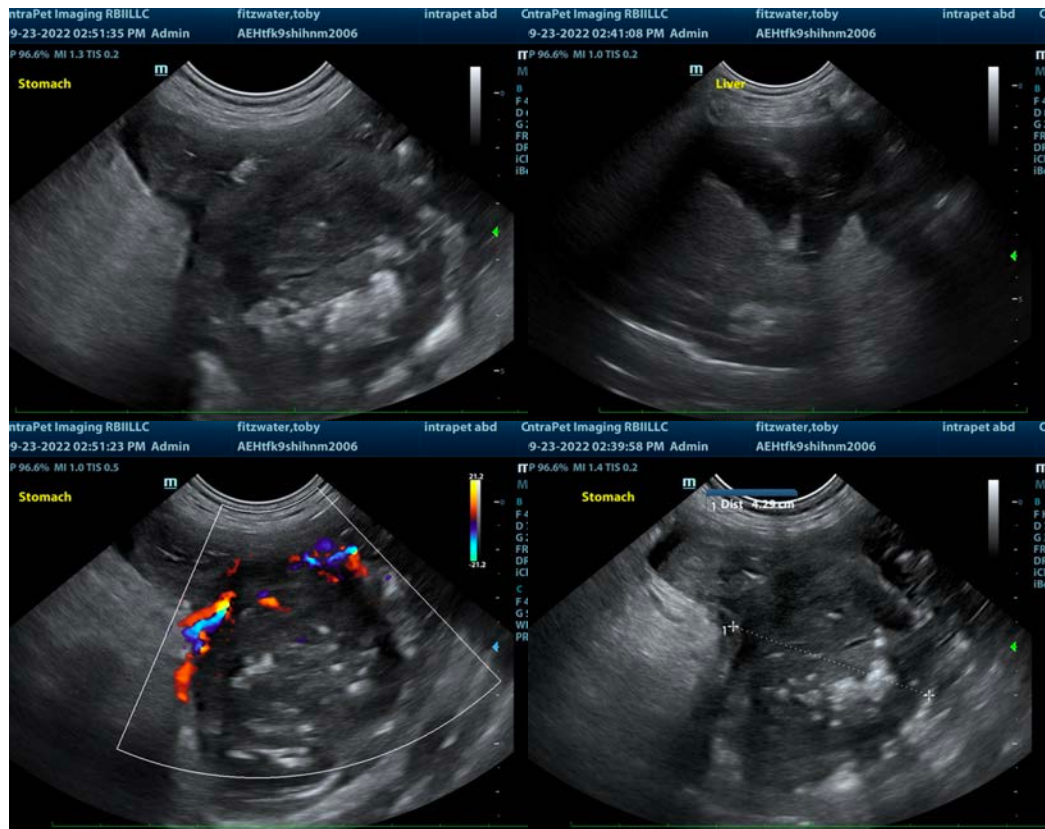
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

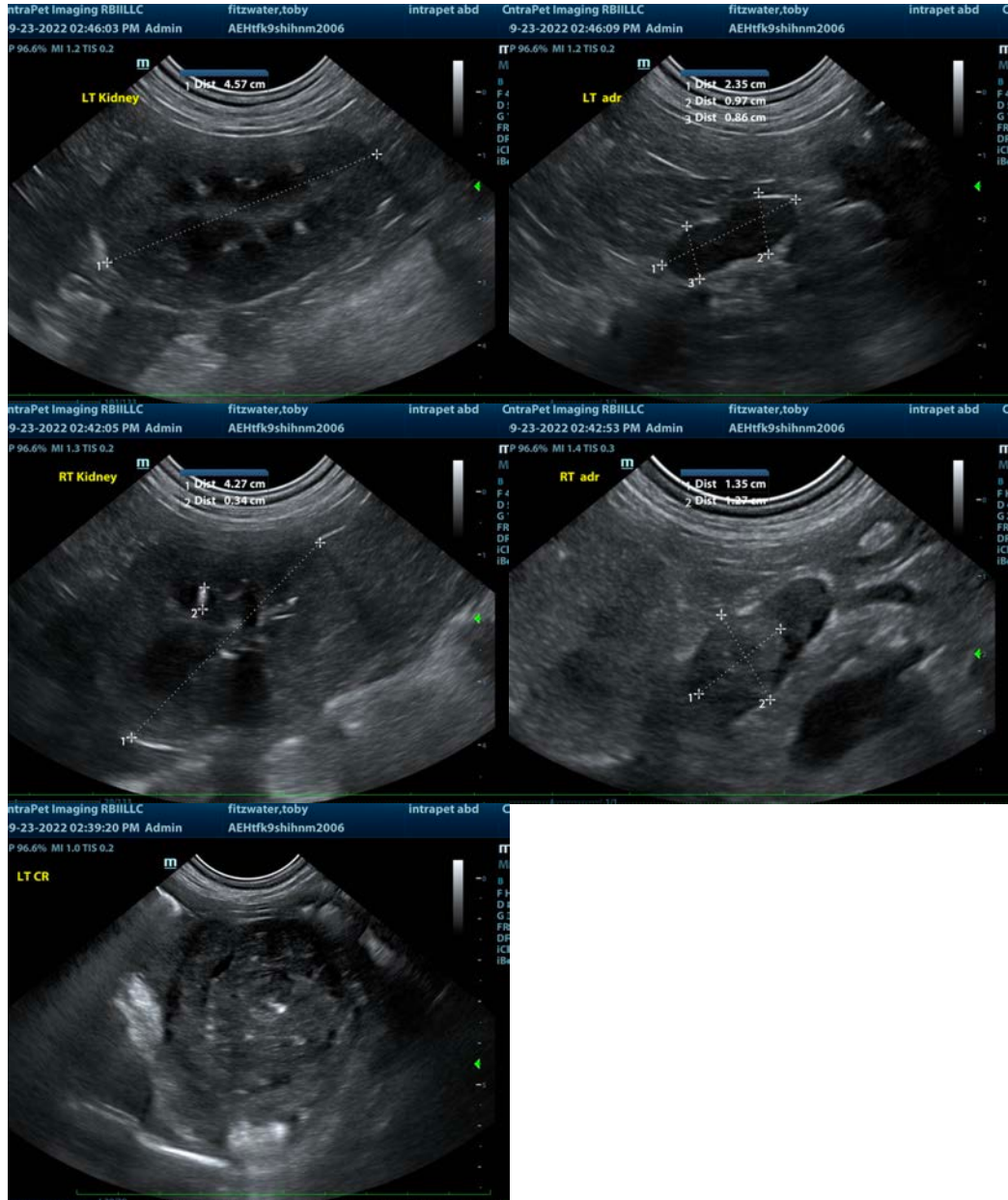
ULTRASONOGRAPHIC FINDINGS

- Extensive gastric mass – carcinoma, gastrinoma, leiomyosarcoma all possible.
- Bilateral adrenal hypertrophy with right adrenal nodule
- Age related renal changes with mineralization
- Age related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA or endoscopy indicated for further definition and hope for chemoreduction.





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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