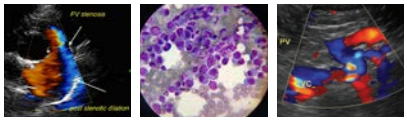
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

1/11/23

PATIENT

Layla Rosen

SPECIES

Canine

BREED

Labrador X

SEX

Spayed Female

AGE

2/21/12

WEIGHT

62 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Stevenson Village VH

REFERRING VET

Dr. Vinson

INVOICE

44116

PRESENTING CLINICAL SIGNS

Chronic vomiting for 1 month. 3 lb. weight loss over the last month. Splenomegaly on abdominal palpation. Limited ultrasound in the house, a portion of the fundic wall appears thickened and irregular.

Current Medications: Cerenia 60 mg SID x 3 days, Pepcid 10 mg BID x 3 days
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated Dexdomitor for FNA.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.09 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.75 cm) with small mineralizations/nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large and irregular, measuring 1.15 cm at the cranial pole, 1.21 cm at the caudal pole, and 2.95 cm in length. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that both the cranial and caudal pole are somewhat nodular. No evidence of vascular invasion is visualized.

The right adrenal gland is large and irregular, measuring 1.36 cm at the cranial pole, 0.77 cm at the caudal pole, and 2.6 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that there is an irregular hyperechoic area on the cranial pole measuring approximately 1.79 cm x 1.31 cm. There is no evidence of vascular invasion visualized.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small hyperechoic nodule visualized within the parenchyma measuring 0.66 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder has irregular polypoid projections and there is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall appears severely thickened with reduced/loss of wall layering, particularly in the caudal fundic region, where the wall thickness varies from 1.71 – over 2.0 cm, with reduced rugal folding. Findings are concerning for a mass lesion/infiltrative disease to the gastric wall.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally large, irregular, nodular adrenal glands – These changes could represent bilateral atypical hyperplasia, bilateral adrenal masses, or even metastatic disease to the adrenals.
- Small hyperechoic nodule in the spleen – The appearance of this nodule favors a possible benign nodule, but a fine needle aspirate is recommended.
- Severely thickened gastric wall with loss of layering – Findings are most concerning for possible infiltrative disease such as round cell neoplasia, carcinoma, etc., although other differentials such as fungal disease, severe gastritis, etc. are possible.
- Moderate gallbladder polyps – The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.

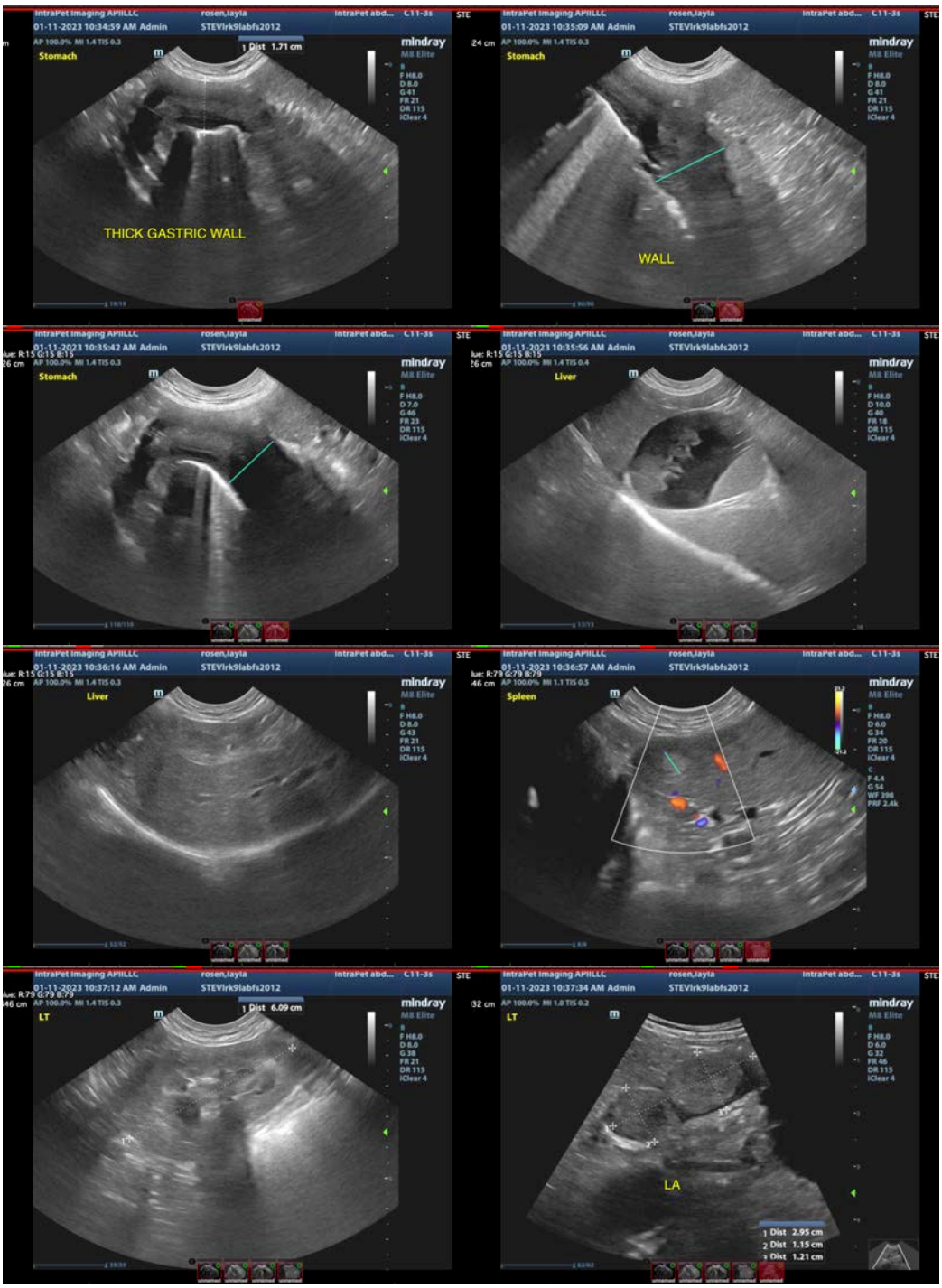
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

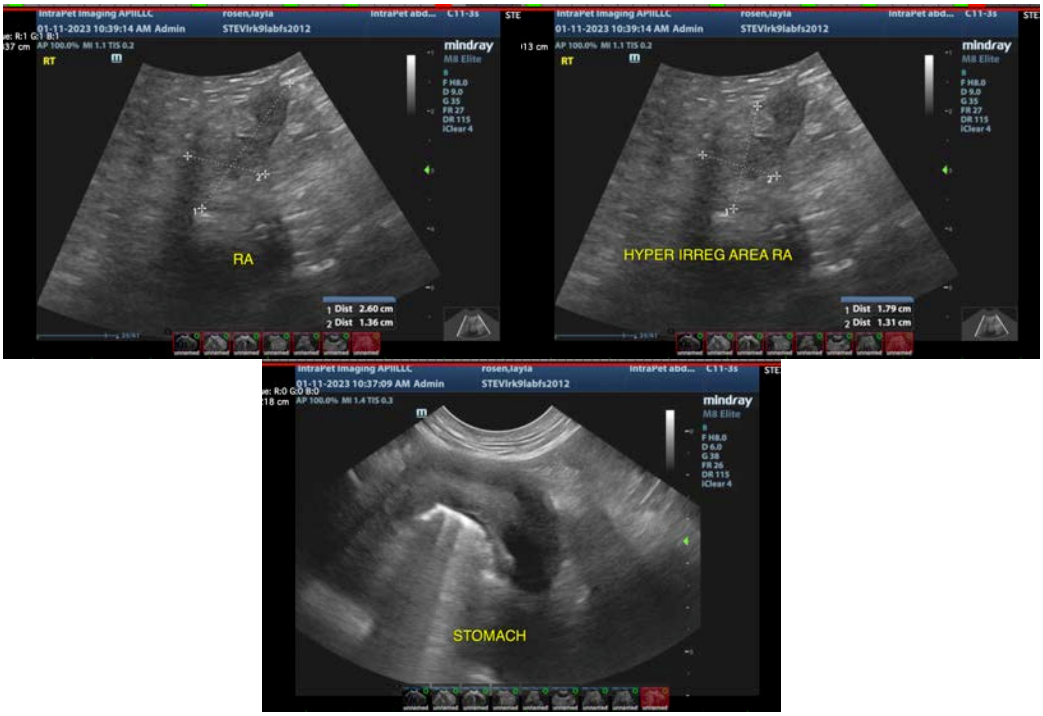
The gastric wall is severely hypoechoic and thickened with reduced gastric layering. These findings are very concerning for a possible neoplastic process such as round cell neoplasia, carcinoma, etc. A fine needle aspirate of the gastric wall was performed during the study, which was highly recommended. If a cytologic diagnosis cannot be obtained based on cytologic evaluation, then gastric biopsies will be necessary (likely surgical biopsies, as endoscopic biopsies are less likely to obtain deep enough samples).

Additionally, both adrenal glands appear very atypical and somewhat nodular. These could be benign changes or neoplastic changes. Recommend prioritizing the gastric lesions, as they are causing significant clinical signs. If this can be straightened out then consider further evaluation for adrenal disease (possible CT scan, adrenal function testing, etc.). Recommend a blood pressure evaluation and catecholamine levels if

significant hypertension is present.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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