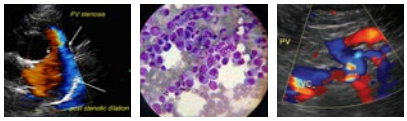
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

12/20/22

PATIENT

Clara Fendick

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

4/26/13

WEIGHT

53.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Malick

INVOICE

43561

PRESENTING CLINICAL SIGNS

Unexplained Weight loss-9.5 lbs since 02/2022. Vomiting-occasional. When does vomit, vomits partially digested food from a meal given greater than 10 hours prior. PE normal senior pet.

Current Medications: Heartgard, Nexgard.
Lab Results: Unremarkable.
Radiographs: Appearance of thickening of stomach wall
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 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 (5.83 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 (6.19 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.79 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.67 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. In some areas, the mottling is somewhat distinct, almost consistent with hypoechoic nodules.

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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild to minimal luminal contents. Many areas measure at a normal thickness of 0.35 cm with some variability due to the presence of rugal folds. In these areas, the distinction of the gastric wall layers is adequate. In other regions of the stomach, the gastric wall appears more prominent and more thickened, with a maximal measurement visualized at 0.84 cm. In some of these areas, gastric wall definition is reduced, and the wall appears more hypoechoic. There is no obvious impression of reduced peristaltic activity. No discrete focal lesions are observed.

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. There is a prominent gastric lymph node visualized in the right cranial abdomen measuring 0.93 cm x 1.64 cm, which is surrounded by hyperechoic mesentery.

ULTRASONOGRAPHIC FINDINGS

- Mild, almost nodular spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Subjectively thickened areas of gastric wall with reduced detail of wall layering – Findings could be consistent with gastritis, edema, imaging artifact, rugal folding, or early infiltrative disease/neoplastic change.

- Prominent/enlarged gastric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

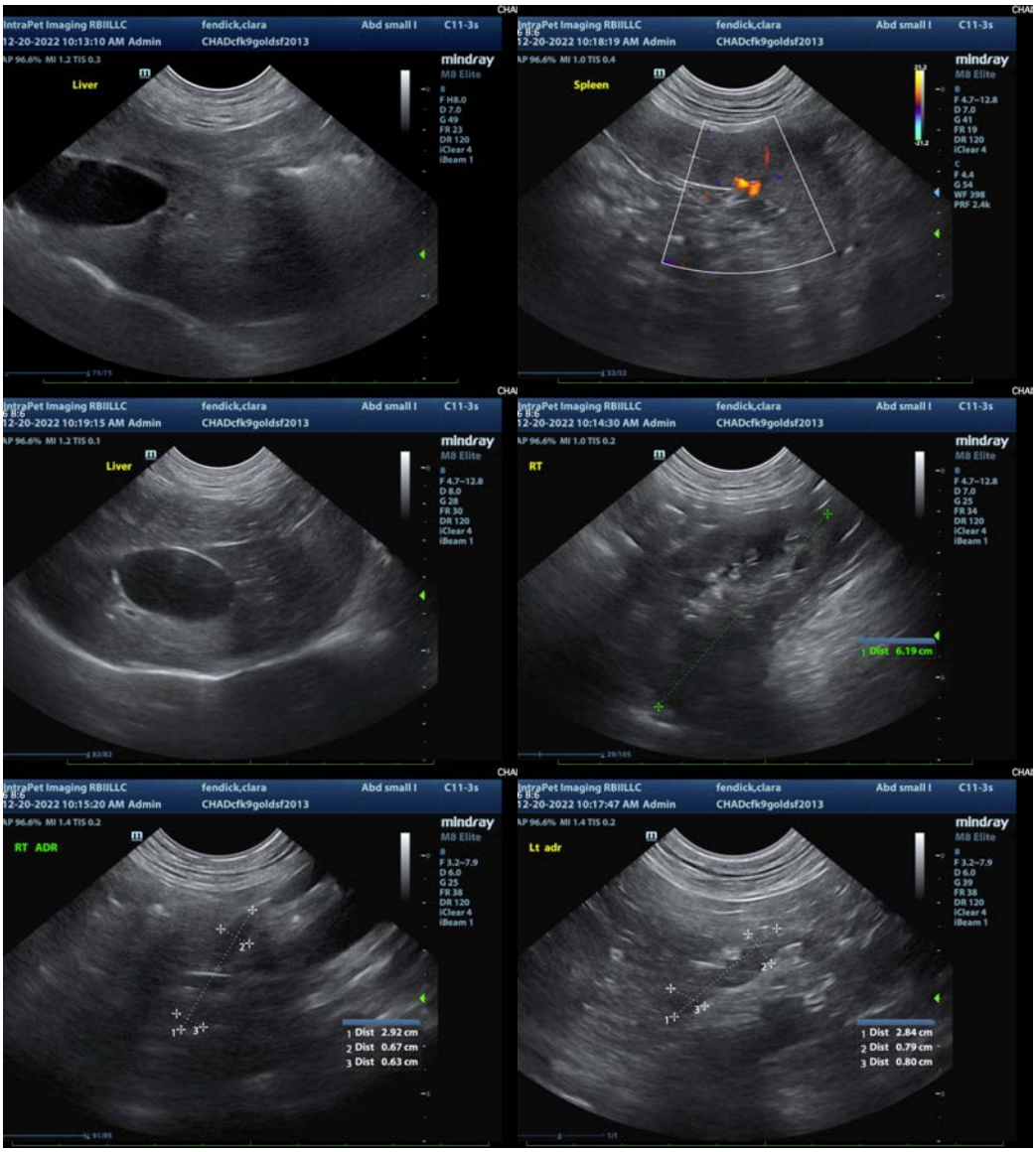
The spleen is significantly mottled. In some areas, the mottling has a more discrete nature, almost consistent with diffuse hypoechoic nodules. Recommend a fine needle aspirate of the spleen, provided coagulation parameters are normal.

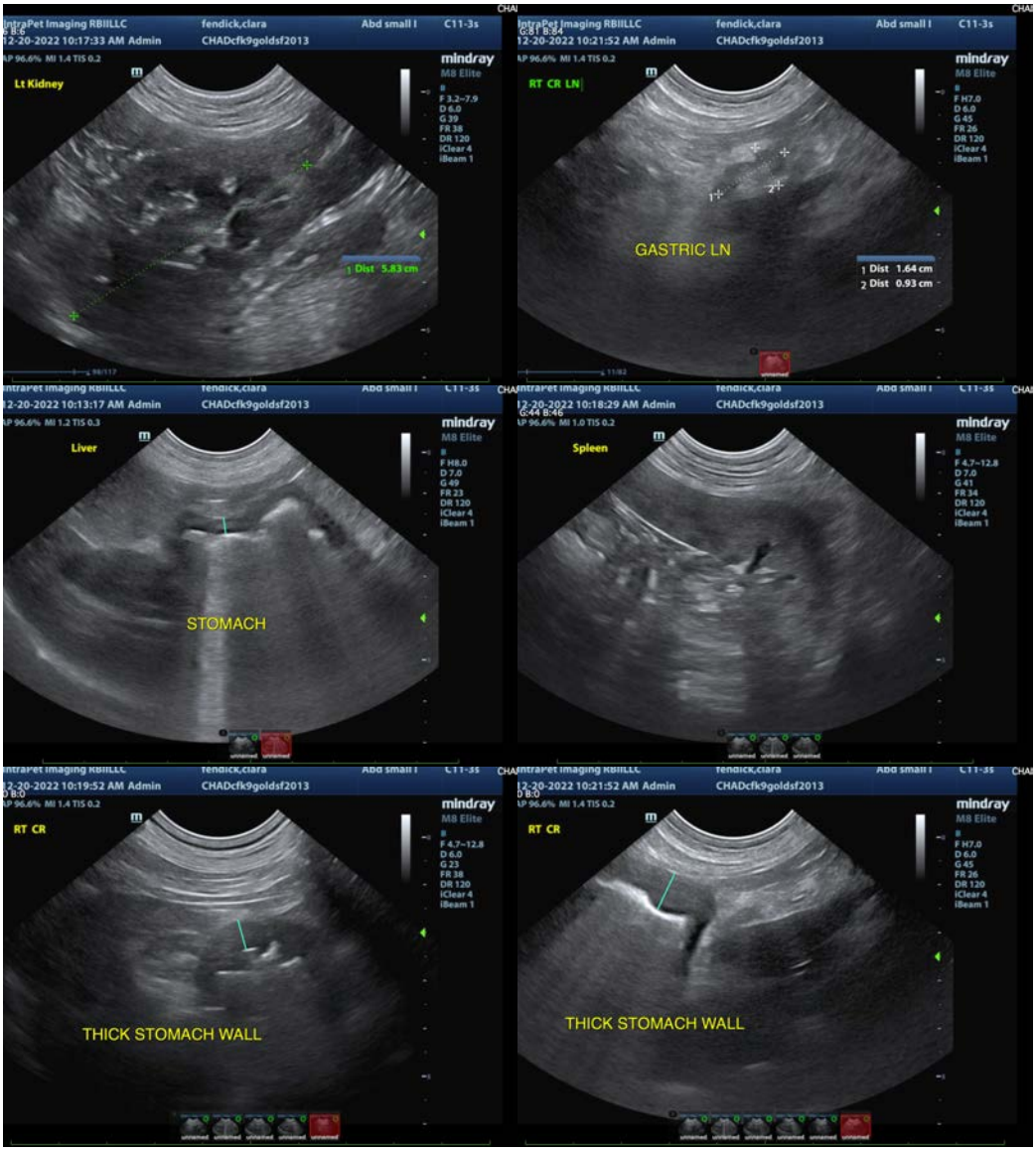
Much of the gastric wall appears relatively normal with intact layering and normal rugal folding. Some other areas appear somewhat prominent and hypoechoic with surrounding hyperechoic mesentery. These areas measure as slightly more thickened and have more reduced detail of wall layering. These types of changes could be consistent with severe gastritis, edema, early infiltrative disease, etc. Further evaluation of this area would likely require a biopsy, but a fine needle aspirate of a thickened area of stomach wall could be attempted.

There is hyperechoic mesentery and some prominent lymph nodes in the cranial abdomen. These changes could be consistent with inflammation in the area, or the lymph node could be enlarged secondary to neoplastic change (seems less likely).

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

If a cytologic diagnosis cannot be obtained, consider empirical treatment for gastritis with anti-ulcer medications, anti-nausea medications, etc., and a recheck of the gastric wall with ultrasound in 4-6 weeks, earlier if not doing well.





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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