

**DATE PRESENTING CLINICAL SIGNS**

3/1/22

**PATIENT**

Erika De Leon Dinglas

Jan 2022- owner reported about 2 weeks of colitis type diarrhea. Patient also having intermittent vomiting. Diarrhea seemed to improve on Provable and Sulfazine but owner reports coming back later that month. Tried Metronidazole and Panacur. Intermittent vomiting continued. Feb 2022- Owner reports Erika starting to refuse dog food of several different varieties. Will eat table food. Tried Omeprazole and Cerenia. Still having intermittent vomiting. BW: Cpl WNL. Recommended AUS for chronic vomiting/possible chronic diarrhea/poor appetite.

**SPECIES**

Canine

Current Medications: Currently none.

Lab Results: see attached.

Date of Previous IntraPet Ultrasound: No previous.

**BREED**

Chihuahua X

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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.

**AGE**

12/25/10

The left kidney has a normal shape and size (4.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

12.7 Pounds

The right kidney has a normal shape and size (4.34 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.63 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.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

The right adrenal gland is normal in size measuring 0.66 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.

**HOSPITAL NAME**

Pleasantville AH

**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. No focal parenchymal abnormalities are visualized.

**REFERRING VET**

Dr. Gounaris

**Liver**

The liver is subjectively normal in size and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined, hypoechoic/heterogenous solid mass effect in the middle region of the liver, measuring 4.61 cm x 4.17 cm.

**INVOICE**

35979

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. 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 is diffusely severely thickened with a complete loss of layering. Gastric wall measures 1.39 cm in thickness, and no normal gastric wall is visualized. There is a large amount of surrounding hyperechoic mesentery and enlarged lymph nodes.

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. In the cranial abdomen, particularly around the stomach, the omentum is hyperechoic and bunched around prominent cranial abdominal lymph nodes. An example of a lymph node measured 0.7 cm x 1.4 cm.

## **ULTRASONOGRAPHIC FINDINGS**

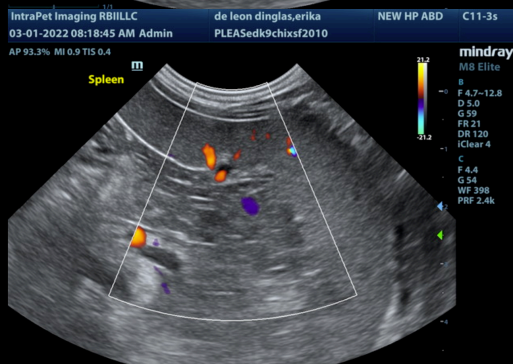
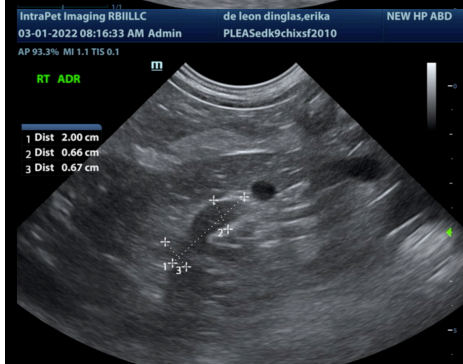
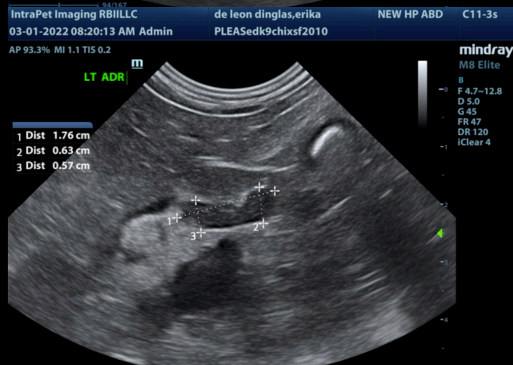
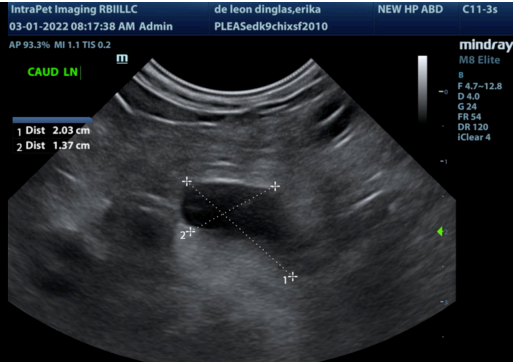
- Diffuse severe gastric wall thickening with loss of layering – Primary concern would be infiltrative disease (neoplasia). Edema and inflammation are less likely.
- Poorly defined hypoechoic hepatic mass lesion – Primary concern would be a neoplastic lesion, although a benign lesion such as a regenerative nodule or remodeling could be considered. Recommend fine needle aspirate.
- Severe cranial abdominal inflammation with enlarged mesenteric lymph nodes – There appears to be a focal peritonitis and lymphadenomegaly. Differentials include inflammation or neoplastic change.

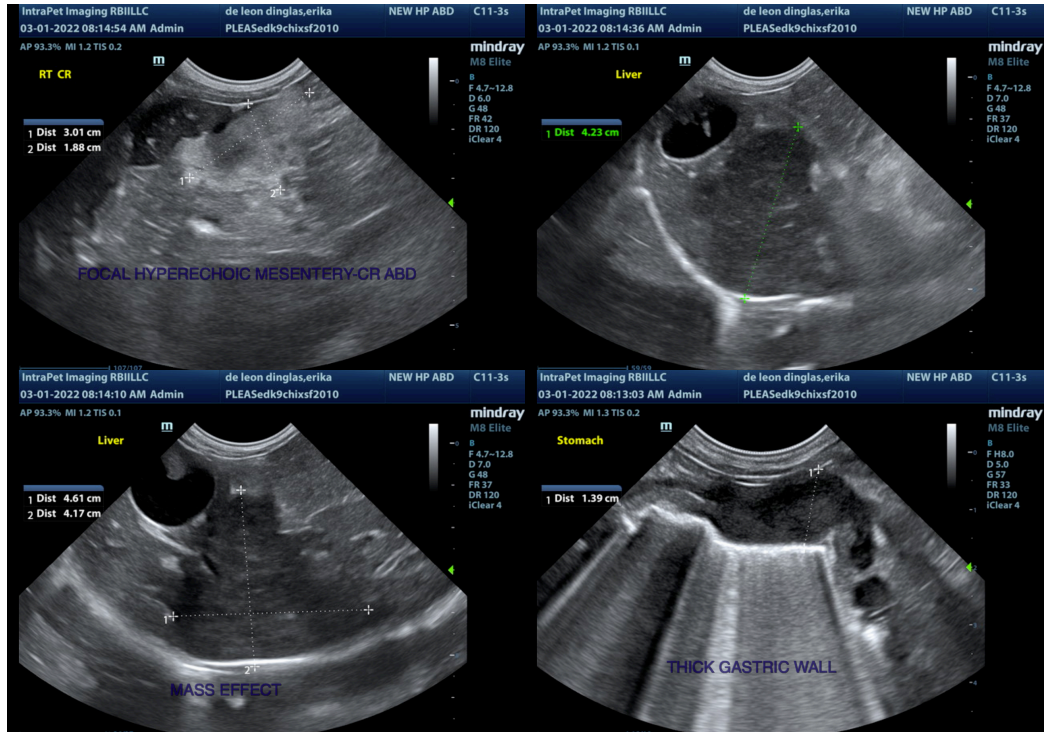
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gastric wall is severely thickened. This is highly concerning for round cell neoplasia or carcinoma, although the diffuse nature could make other differentials possible. Recommend a fine needle aspirate of the gastric wall. Additionally, there is significant cranial abdominal inflammation and lymphadenomegaly.

There is an ill-defined mass effect in the liver. This could represent a benign or neoplastic lesion. Recommend a fine needle aspirate with cytology.

Consider three view thoracic radiographs to rule out 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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