



PATIENT PRESENTING CLINICAL SIGNS

Blackie Rosales History: throwing up and not eating off Cerenia.

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Chihuahua The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

SEX Intact Male The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.4 cm x 3.3 cm. Potential for small prostatic parenchymal cysts present.

AGE

8 Years Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral present. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

WEIGHT

13 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm length x 0.50 cm width at the caudal pole.

No overt pathology in the area of the right adrenal glands.

IMAGING PERFORMED BY

Jenna Walsh

Spleen

Generalized mild splenic heterogeneity was present. A solitary, mildly expansive hypoechoic splenic nodule was noted in the subjective mid spleen, measuring 1.1 cm in diameter.

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Liver

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with minor gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The cystic and common bile ducts were normal.

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Gastrointestinal

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Regional to generalized moderate to severe gastric wall thickening and loss of gastric wall layer detail and decreased mural echogenicity was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Minor retained anechoic fluid was present in the



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gastric lumen consistent with paralytic gastric stasis without evidence of foreign material. Ventral gastric body mural mass effect was present. Gastric body wall width measured 1.5 cm – 1.7 cm.

The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis to mucosa ratio with mild duodenal corrugation. The duodenum wall measured 0.36 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

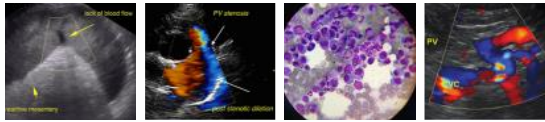
Enlarged, hypoechoic gastric to cranial abdominal lymph nodes were present with regional perilymphatic to perigastric reactive mesentery, potential for associated small pockets of scant peritoneal free fluid. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5).

ULTRASONOGRAPHIC FINDINGS

- Generalized variably thickened to hypoechoic gastric walls with ventral mural mass effect
- Duodenitis
- Associated gastric/perigastric lymphadenopathy
- Regional perigastric to perilymphatic reactive to inflamed mesentery
- Hypoechoic liver with minor gallbladder wall edema
- Focal mildly expansive splenic nodule
- Moderate BPH- potential for prostatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although cytology is required for further clarification, the appearance of the stomach is consistent with gastric neoplasia with associated lymphatic metastasis. Gastric lymphoma and associated neoplastic lymphadenopathy considered a top differential diagnosis. Potential for early upper intestinal or splenic involvement possible. Assuming normal clotting status, ultrasound guided FNA of the gastric wall and enlarged lymph node warranted for screening cytology with potential for oncology consult. Biopsies may be required for a definitive diagnosis. Pending gastric and lymphatic cytology, hepatosplenic cytology may be indicated for further staging. 3 view chest radiographs recommended.



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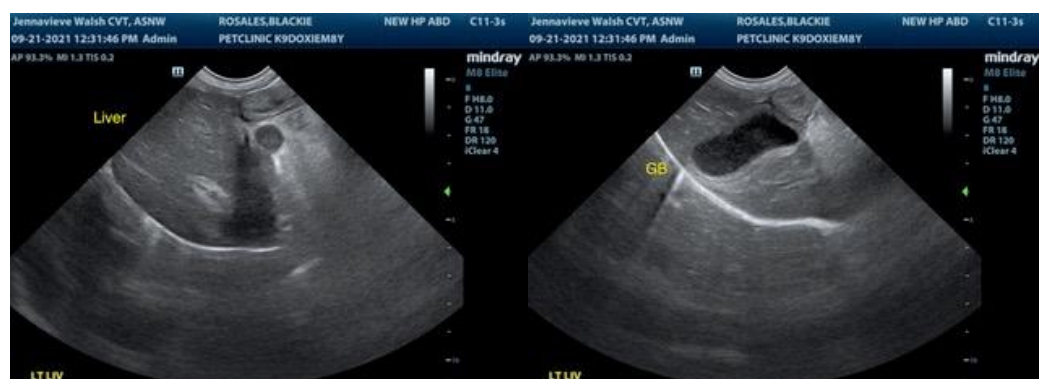
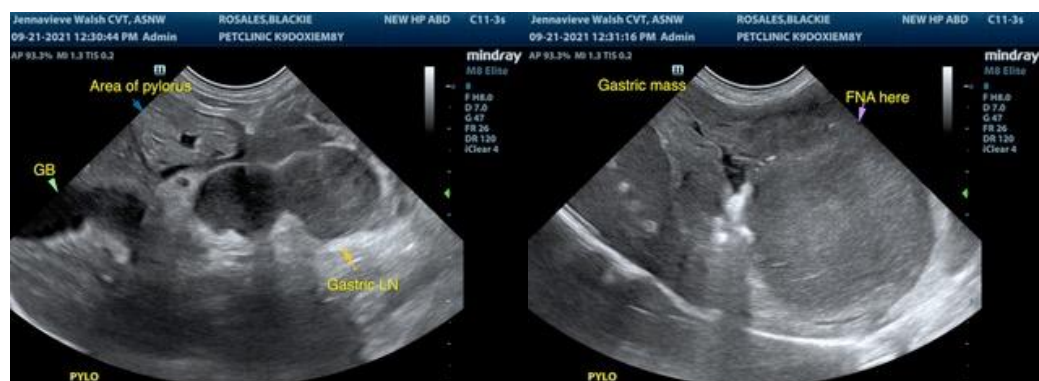
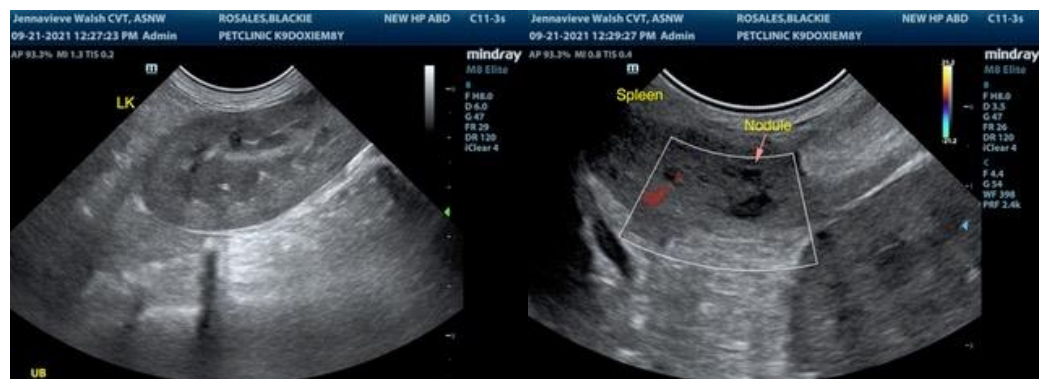
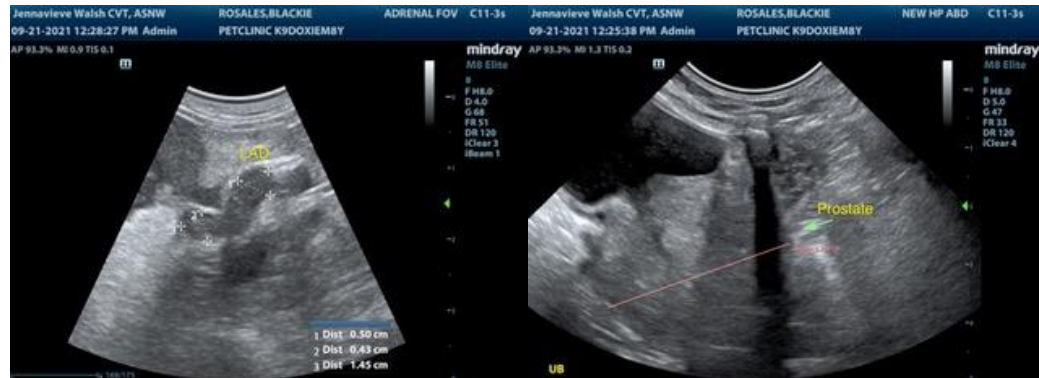
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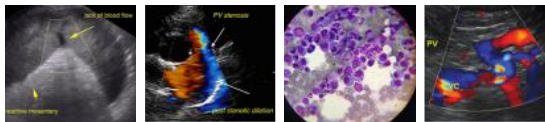
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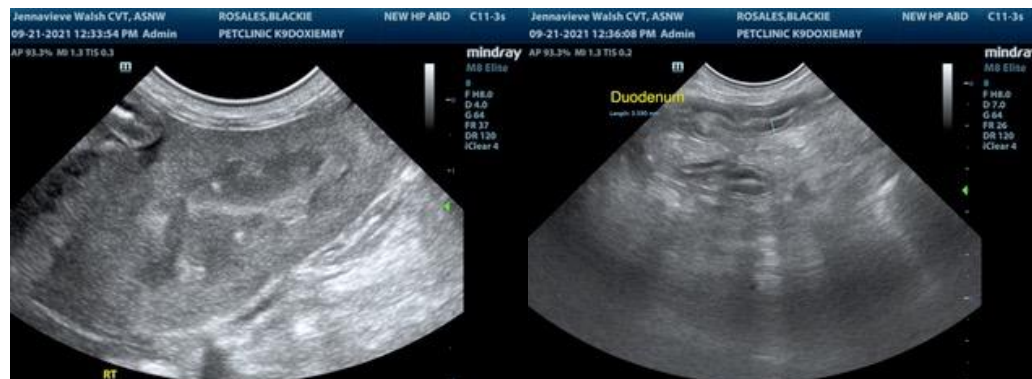
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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