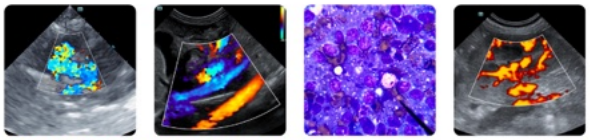


PATIENT

Buttercup Koenig

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

2 years

WEIGHT

66 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of Flanders

REFERRING VET

Dr. Weagley

INVOICE

70039

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: on abd palpation felt something - poss fb , weight loss, vomiting intermittently
Abnormal PE/Chem/CBC/UA Results: bw pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 6.96 × 2.70 cm, with a cortical thickness of 0.43 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney measures approximately 4.63 × 2.77 cm. Cortical thickness could not be reliably measured in the provided sagittal images. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands are not visualized.

Spleen

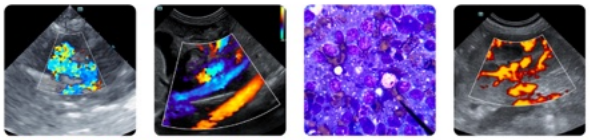
Splenic thickness measures 1.51 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal



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The gastric wall demonstrates increased mural thickness, measuring approximately 6.41 mm in portions of the stomach, with preserved layering in these regions. However, a large portion of the gastric body and the entire pyloric region demonstrate marked, segmental wall thickening measuring approximately 1.24–2 cm, with loss of normal wall layering. Evaluation is partially limited by acoustic artifact. The remainder of the stomach is fluid-filled but not overly distended.

A clear distinction between the pylorus and proximal duodenum cannot be established. No discrete foreign material is identified. The jejunal wall measures approximately 3.49–3.53 mm and demonstrates preserved wall layering. No sonographic evidence of intestinal obstruction or ileus is identified.

The colonic wall and contents appear normal except at the distal descending colon near the urinary bladder, where focal wall thickening is noted, measuring approximately 3.20–3.32 mm.

Pancreas

No sonographic evidence of active pancreatic inflammation is identified in the regions evaluated.

Peritoneal Cavity

No abdominal effusion or sonographic signs of peritonitis are observed. No perigastric or periportal lymphadenopathy is identified in the provided video clips. Cranial mesenteric lymph nodes are not visualized. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Marked segmental thickening of the gastric body and pyloric region (up to approximately 2 cm) with loss of normal wall layering.
- Focal thickening of the distal descending colon (up to approximately 3.32 mm).

SECONDARY FINDINGS

- Asymmetric renal size, with the left kidney larger than the right; this finding may be positional, and its clinical significance is uncertain.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals severe, segmental thickening of the gastric wall involving the gastric body and pyloric region, characterized by loss of normal wall layering. These findings are highly suspicious for an infiltrative gastric disease process.

In a young patient and in the absence of regional lymphadenopathy, severe inflammatory or granulomatous gastric disease is considered a leading differential diagnosis. However, gastric

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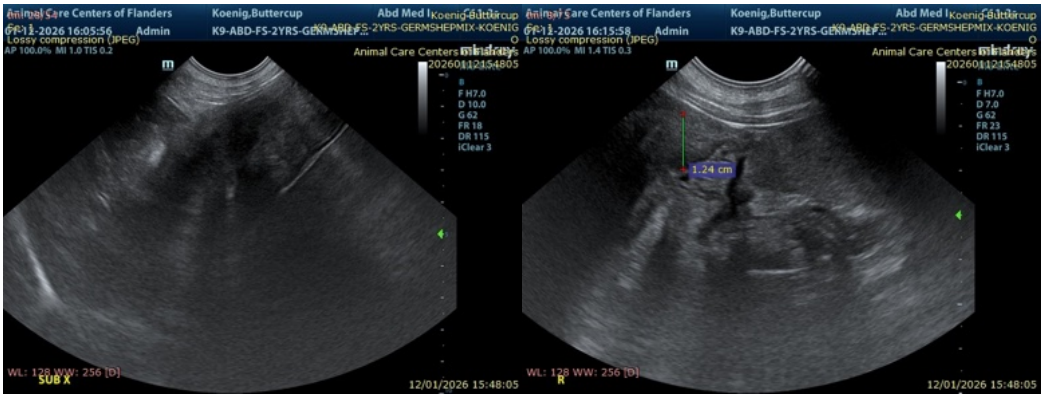
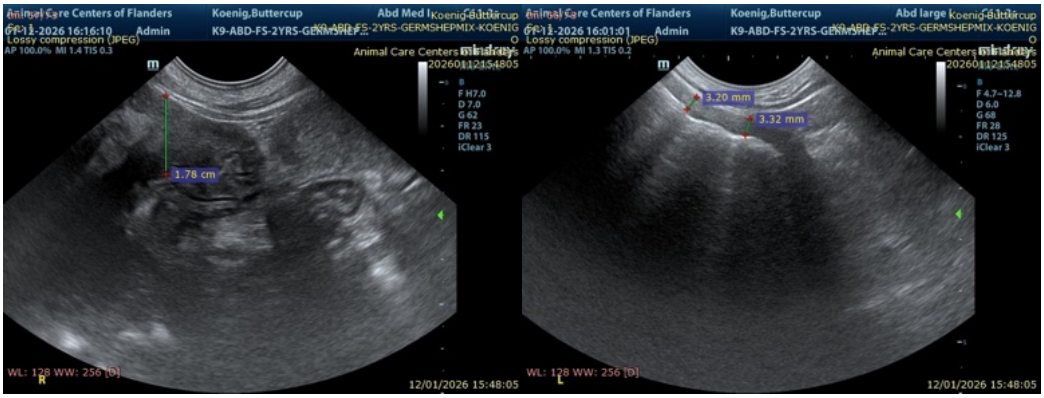
lymphoma remains a differential consideration given the infiltrative appearance. Histopathologic evaluation is required for definitive diagnosis.

In addition to the marked gastric changes, focal thickening of the distal descending colon is identified. The presence of multifocal gastrointestinal involvement in the absence of regional lymphadenopathy (including gastric, periportal, mesenteric, colic, and medial iliac lymph nodes) favors a severe inflammatory or granulomatous gastrointestinal disease but neoplasia is also considered. Definitive diagnosis requires histopathologic evaluation.

Recommendations

- Further diagnostic evaluation is strongly recommended, including endoscopic or surgical gastric biopsies to establish a definitive diagnosis.
- Supportive care for vomiting and weight loss should be continued pending definitive diagnosis.





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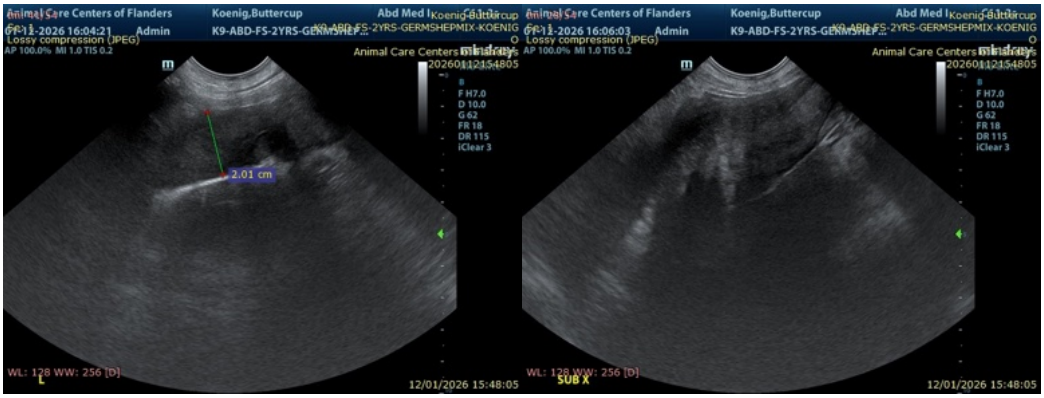

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com