



**PATIENT**

Roxz Vankirk

**SPECIES**

Canine

**BREED**

Shih Tzu x

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

17.66 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

VCA River Road Animal  
Clinic

**REFERRING VET**

Dr. Wadford/Baxter

**INVOICE**

72294

**DATE**

12/3/25

**PRESENTING CLINICAL SIGNS**

Vomiting- intermittent ( not in last 4-5 days, single non productive retch) Ongoing weight loss (> 5 lbs in 6 months per owner) Hematemesis- intermittent. Hematochezia to very dark brown stool on rectal today- possible previous melena in recent hx per owner. DDX include but not limited to: non specific gastritis/ gastric ulceration, neoplasia, pancreatitis, inflammatory, toxin/ irritant, parasitosis, infectious, open. MEDS: Gabapentin, Cerenia, Sucralfate, Butorphanol for U/S.

Abnormal PE/Chem/CBC/UA Results: 11/22/25: Neut 13.12 H, Eos 0.05 L, all else WNL, K 3.2 slightly low

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (5.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (4.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (1.0 cm at cranial pole and 0.40 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size (1.5 cm thick at the hilus) with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture, except for several discrete, homogeneous, hypoechoic nodules/masses of varying sizes, with two representative densities measuring 1.5 c x 1.9 cm in size, and a 2<sup>nd</sup> one measuring 2.3 cm x 3.4 cm in size. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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***Gastrointestinal***

The stomach appears an approximately 3.4 cm x 5.1 cm heterogeneous, irregular, hypoechoic mass with no visible normal gastric wall architecture appreciated in the area.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**SEX**

Spayed Female

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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***Pancreas***

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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***Free Abdomen***

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There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

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**PRIMARY FINDINGS**

- The gastric mass is concerning for infiltrative neoplasia such as sarcoma versus round cell neoplasia versus other. A benign inflammatory process is possible but considered less likely.
- The nodular liver changes could represent a benign process such as nodular hyperplasia, extramedullary hematopoiesis, etc., although infiltrative neoplasia including metastatic nodules, round cell neoplasia, other can't be ruled out without tissue sampling.

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**SECONDARY FINDINGS**

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the gastric mass and liver are recommended if patient's coagulation status is appropriate.



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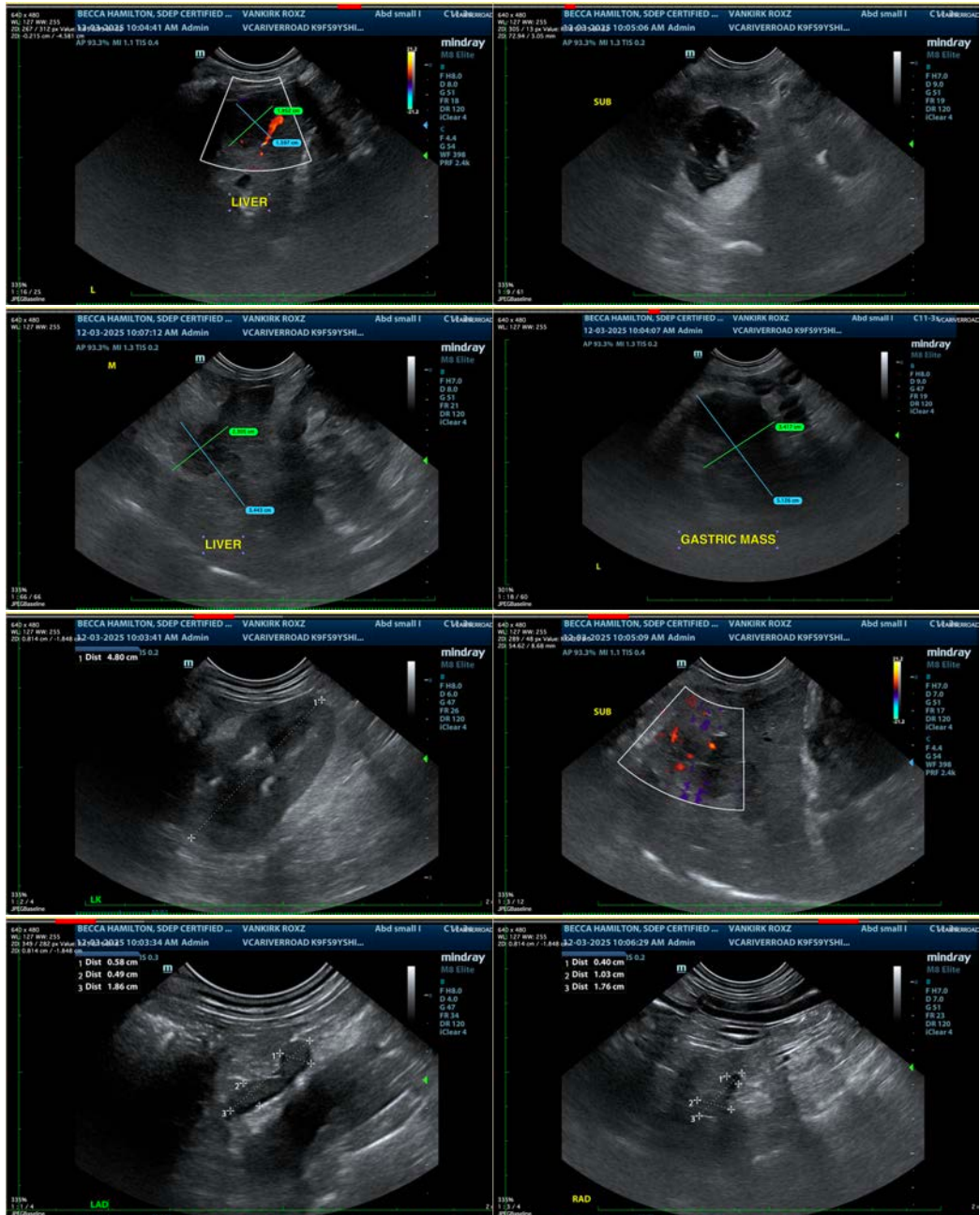
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Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.





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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.

**Beth Johnson, DVM, DACVIM**  
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