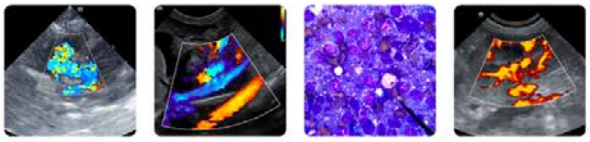




**PATIENT**

Red Dupuis

**SPECIES**

Canine

**BREED**

French Mastiff

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

145 lbs

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**

Orange Blossom Veterinary Imaging

**REFERRING VET**

Arthur Newman, DVM

**INVOICE**

74011

**DATE**

3/26/26

## PRESENTING CLINICAL SIGNS

Pet woke up lethargic and vomiting blood repetitively, concern for possible foreign body ingestion vs other. Radiographs attached.

Abnormal PE/Chem/CBC/UA Results: WBC 26k, neutrophilia BUN 26

## 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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The kidneys are bilaterally large in size, with the left being significantly more enlarged than the right, with overall normal contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. Left kidney measures 8.0 cm. Right kidney measures 9.2 cm.

### *Adrenal Glands*

The right adrenal gland is normal in size (0.88 cm at cranial pole and 0.96 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.38 cm at cranial pole and 0.54 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

The spleen is subjectively normal in size 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.

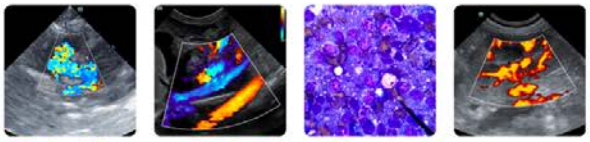
### *Liver*

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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### *Gastrointestinal*

Marked/severe mucosal hypertrophy with hyperechoic mucosa and mucosal remodeling noted throughout the stomach. In some views there appears to be some early loss of mural detail, but in other views layering appears largely intact. There is mild luminal fluid accumulation. No evidence of foreign material or obstruction noted in these images at this time. The gastric wall ranges between 2.3-3.6 cm thick.



**PATIENT**

Red Dupuis

**SPECIES**

Canine

**BREED**

French Mastiff

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

145 lbs

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**

Orange Blossom Veterinary Imaging

**REFERRING VET**

Arthur Newman, DVM

**INVOICE**

74011

**DATE**

3/26/26

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.

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

### *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.

### *Free Abdomen*

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

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- The gastric wall changes are concerning for severe gastritis, likely, given patient's reported history, with concurrent microulceration. This change can be a benign process secondary to irritation from dietary indiscretion or intolerance, bacterial, viral, other infectious disease, parasitic or protozoal disease, toxin, other underlying metabolic disease such as uremic gastritis, pancreatitis, etc. Infiltrative neoplasia, however, cannot be ruled out without tissue sampling.

- Nephritis – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis in dogs, etc.) cannot be ruled out. Given the renomegaly, infiltrative neoplasia is also a differential and can't be ruled out without tissue sampling. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infiltrative disease affecting the kidneys and stomach is a possibility. Therefore, if patient's coagulation status is appropriate, fine needle aspirates of the thick gastric wall and kidneys, especially the right kidney, are recommended if patient's coagulation status is appropriate.

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.

Pending results of above, comprehensive infectious disease evaluation including testing for Leptospirosis is recommended.

Additionally, a routine fecal/giardia exam is recommended.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

**PATIENT**

Red Dupuis

**SPECIES**

Canine

**BREED**

French Mastiff

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

145 lbs

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**

Orange Blossom Veterinary Imaging

**REFERRING VET**

Arthur Newman, DVM

**INVOICE**

74011

**DATE**

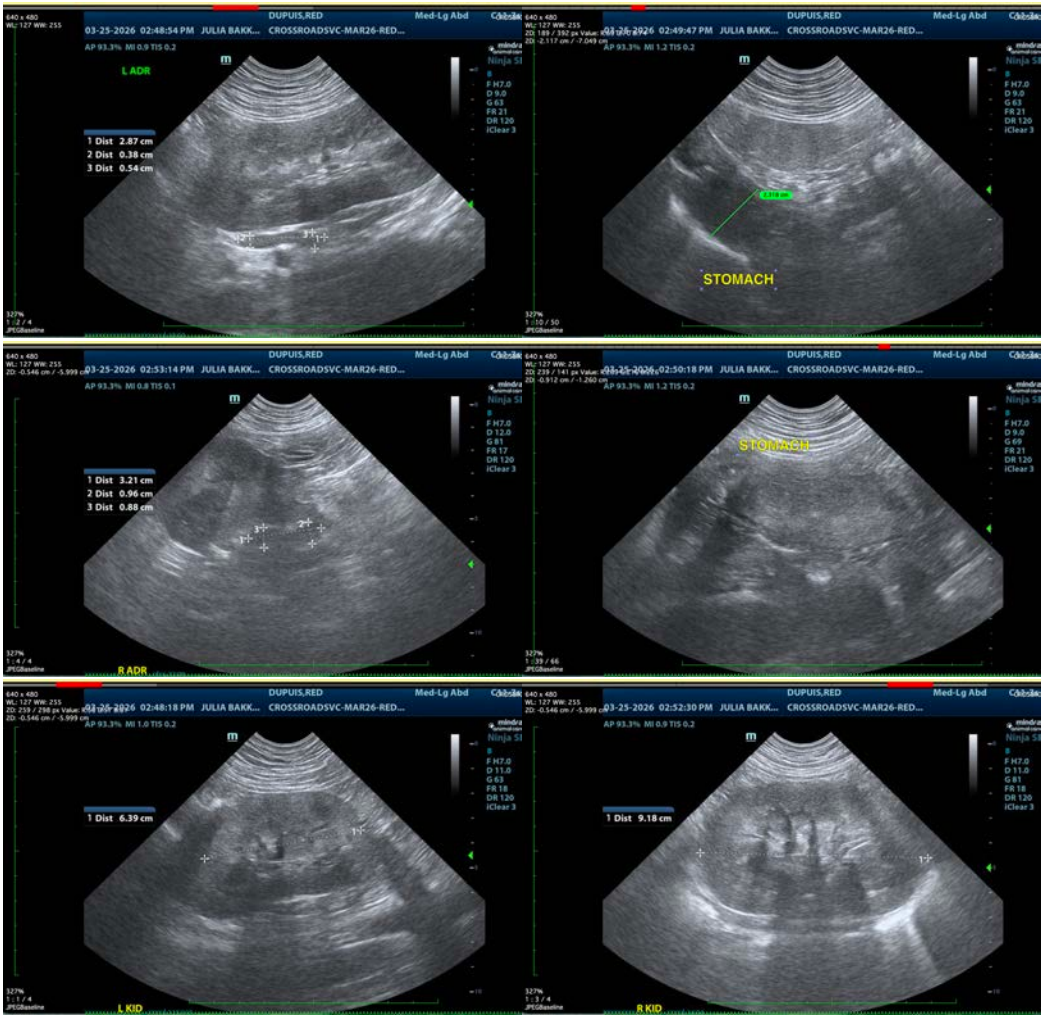
3/26/26

If a cytologic diagnosis is unable to be obtained, upper GI gastroscopy could be considered for further visual evaluation and biopsy of the stomach and proximal small bowel.

In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.

Additionally, empirical deworming with a 5-day course of Panacur is recommended as is a full course of empirical Helicobacter triple therapy.

Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.



**PATIENT**

Red Dupuis

**SPECIES**

Canine

**BREED**

French Mastiff

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

145 lbs

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**

Orange Blossom Veterinary Imaging

**REFERRING VET**

Arthur Newman, DVM

**INVOICE**

74011

**DATE**

3/26/26


**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
info@sonopath.com