



PATIENT

Lupe Arcay

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

1.77 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Bateman

INVOICE

23744

DATE

8/2/23

PRESENTING CLINICAL SIGNS

History: Marked cachexia, progressed hyporexia - r/o neoplasia vs. malabsorptive/maldigestive dz, On PO steroids, entyce, Hx of picky eater, Marked dehydration - 9-12%, Anemia with borderline hypoalbuminemia presented for anorexia, weight loss, and vomiting

Abnormal PE/Chem/CBC/UA Results: PCV/TS: 34%/7.4 Chemistry: very mild elevation in BUN, moderate elevation in ALKP (pt on steroids), normal electrolytes Albumin: 2.5 g/dL cPLI – normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. A 0.95 cm cystolith was noted in the trigone.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.4 cm. Right kidney measures 4.35 cm.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

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

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.

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.

Gastrointestinal

The visible stomach wall is diffusely markedly thick, involving the entire body/fundus of the stomach and approaching the pyloric antrum, resulting in an overall heterogenous appearing mass, measuring approximately 4.0 cm x 5.5 cm in size. The lumen is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The observed pancreas 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

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There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

Primary Findings

- A heterogenous gastric mass is most concerning for infiltrative neoplasia, such as sarcoma vs carcinoma, round cell neoplasia, other. A benign inflammatory lesion is possible but considered much less likely given the marked loss of normal architecture.
- 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.
- A urinary bladder cystolith

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Secondary Findings

- Age-related kidney changes

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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.

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A fine needle aspirate of the gastric mass could be considered if patients coagulation status is appropriate.

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Alternatively, or if a diagnosis cannot be obtained cytologically, upper GI gastroscopy could be considered for biopsy or potentially an exploratory laparotomy could be considered for an excisional biopsy. Full surgical excision of the mass, however, appears likely difficult, if not impossible, and if surgery is elected, consultation with a veterinary surgeon should be considered.

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**The images labeled left cranial and the images labeled bowel mass are both the gastric mass before I was able to identify it as gastric in origin.



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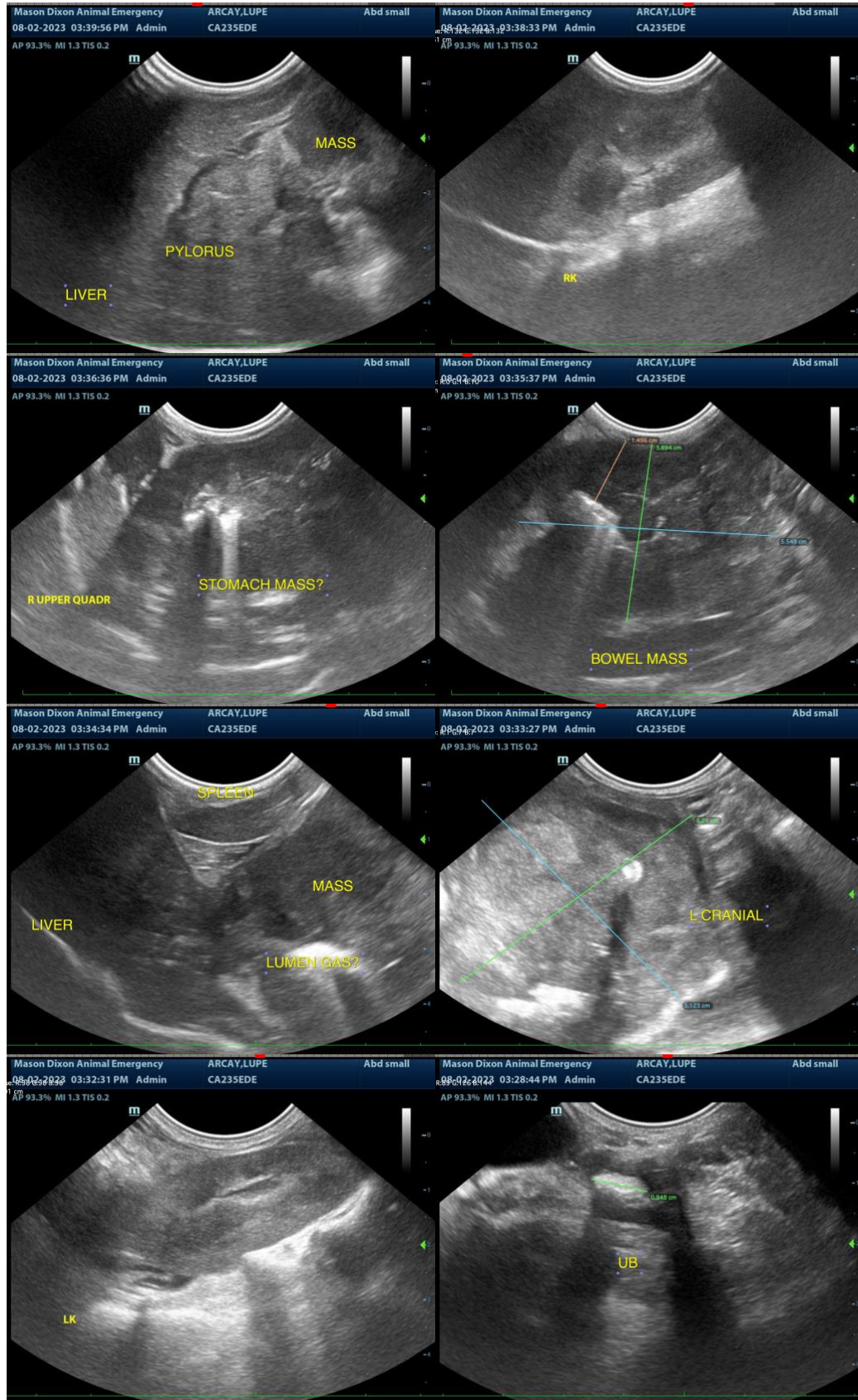
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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