



**PATIENT**

Bella Giesey

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

5.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Laura Cordon

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Laura Kiebler

**INVOICE**

17007

**DATE**

8/23/22

**PRESENTING CLINICAL SIGNS**

History: P started v+ December 29th. Continued on/off since last week when she started vomiting everyday. P only started vomiting up her food but Sunday she v+ both food and water. O estimated that she v+ about 7 times on Sunday.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

Left kidney is normal is size (3.31 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.

Right kidney is normal is size (3.42 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**

Left adrenal gland is normal in size (0.43 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The area of the right adrenal gland is examined without evident pathology.

**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). A 0.8 cm x 1.5 cm hypoechoic non-capsule-disrupting nodule is present. 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 normal in thickness and layering. The lumen of the stomach is markedly fluid and ingesta/chyme distended with a normal gastric wall, that maintains normal layering, except for an approximately 1.5 cm in diameter pyloric mucosal thickening/mass consistent with a polyp.

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.

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**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

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

Shih Tzu Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

**Primary Findings**

Spayed Female

- An isoechoic pyloric mucosal mass, most consistent with a benign polyp. Low grade neoplasia cannot be ruled out but is considered less likely.

**AGE**

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

11 Years

**WEIGHT**

**Secondary Findings**

5.2 Pounds

- 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.

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The pyloric lesion presumed to be most likely a benign polyp is resulting in gastric outflow obstruction, resulting in this patients vomiting. Gastroscopy could be considered to obtain a biopsy of the polyp for further definitive histologic information prior to pursuing surgery. However, ultimately, debulking/removal is likely indicated. Therefore, alternatively, an exploratory laparotomy with planned polyp removal could be pursued directly.

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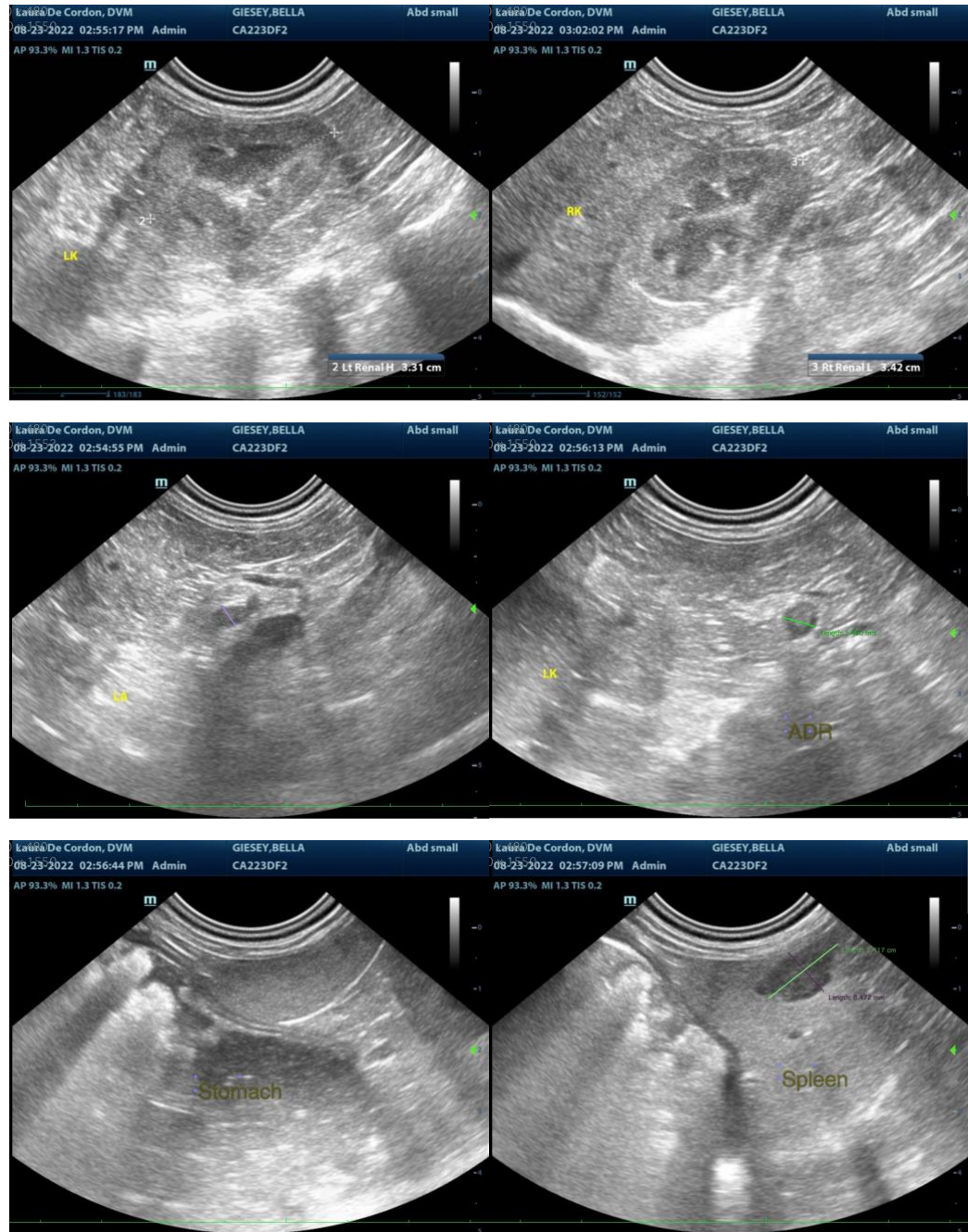
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Beth Johnson, DVM DACVIM**

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