



PATIENT

Geneva
Canadian Guide Dogs
for the Blind

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7 Years

WEIGHT

27.0 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Nigel Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Nigel Gumley

INVOICE

41361

DATE

9/15/22

PRESENTING CLINICAL SIGNS

Previous US performed on 18 Aug 2022 (Invoice 40586) for chronic vomiting of bile and more recently food. No weight loss. Esophagogastrosocopy performed at time of previous US and ulcerative region discovered in gastric fundus. Biopsies revealed anaplastic mucinous gastric adenocarcinoma and mild chronic LP enteritis (duodenum).

Abnormal PE/Chem/CBC/UA Results: Physical exam normal; CT scan performed but did not assist in determining extent of gastric lesion. ACTH stim test normal; B12 low normal (244). Encourage to drink flavored water prior to this exam to dilate stomach and improve visualization of gastric wall for pre-surgical planning.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is not visualized in these images.

The right kidney is normal in size (6.0 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 not visualized.

Adrenal Glands

The adrenal glands are not visualized.

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.

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 appears normal except for an approximate 4.0 cm long x 1.5-2.0 cm thick focal area that appears to be along the greater curvature of the fundus, characterized by hypoechoic loss of layering. The stomach is moderately distended with fluid and echogenic debris, consistent with possible ingesta remnants.

The bowel appears normal and empty.

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 pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Approximately 4.0 cm long x 2.0 cm thick gastric/fundic mass** – consistent with the endoscopically diagnosed adenocarcinoma.

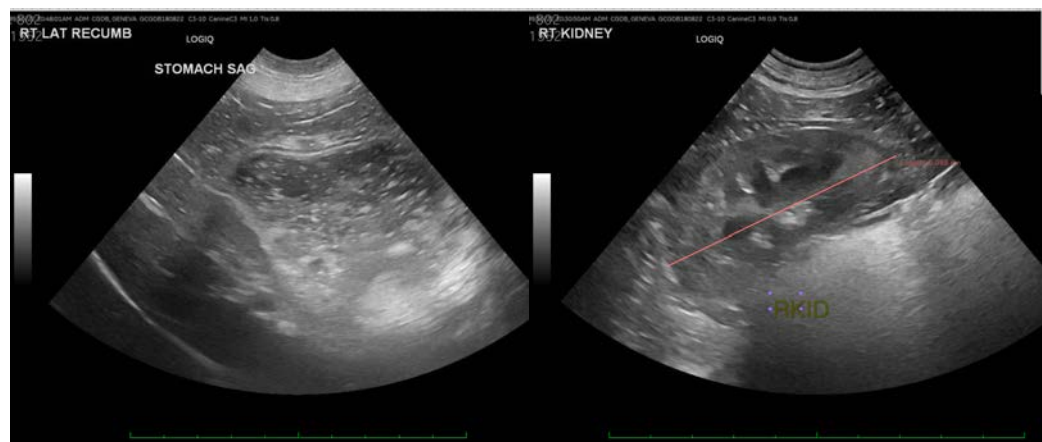
SECONDARY FINDINGS

- **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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

As is reportedly planned, a surgical excisional biopsy of the gastric mass is recommended with submission for biopsy, confirmation of disease, as well as margin assessment. Additional consultation with a board certified oncologist is recommended for additional therapeutic recommendations.





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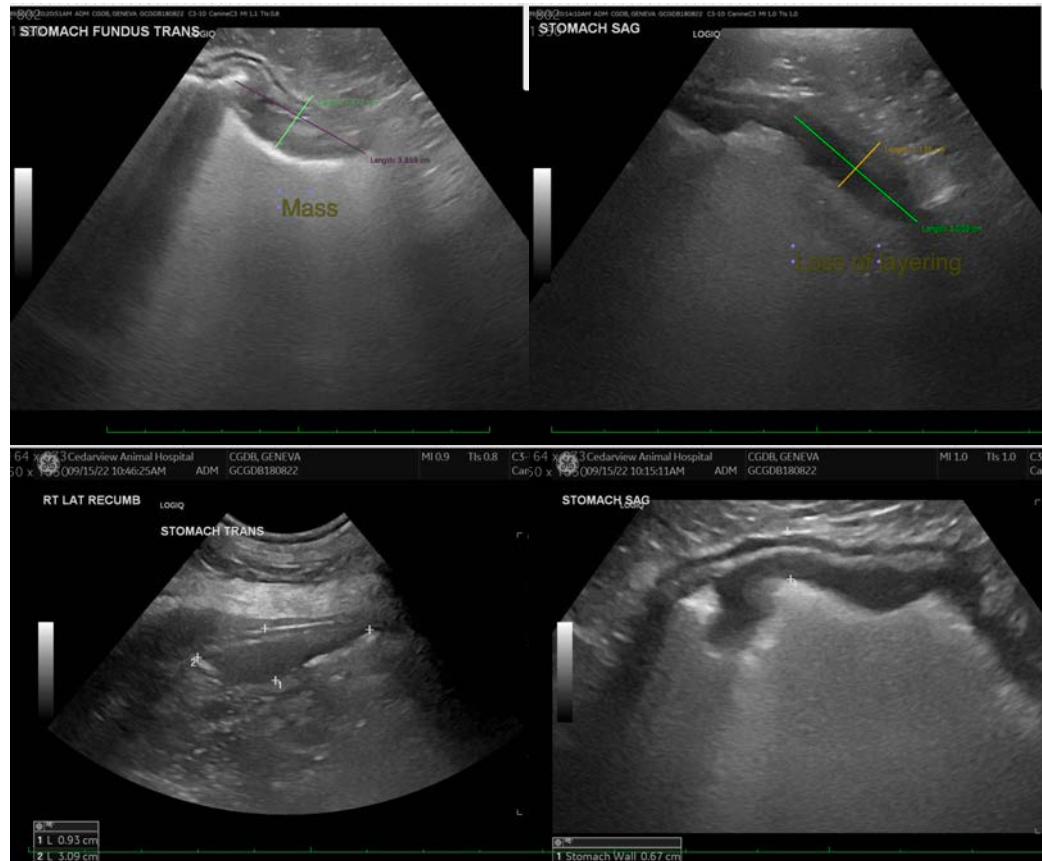
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com