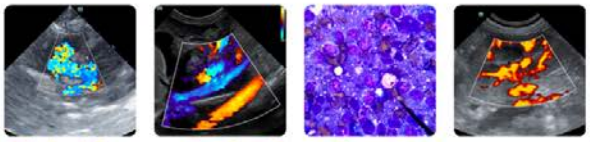

PATIENT

Francisco Varela

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years

WEIGHT

30 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Juan Torres

INVOICE

72268

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1/16/26

PRESENTING CLINICAL SIGNS

Presented for an abdominal ultrasound to evaluate chronic vomiting and weight loss. Pt started to developed vomiting of partially digested food of 1 month duration. Pt had partial response to famotidine and metoclopramide. Pt has a hx of low grade SQ Mast Cell Tumor removed from the chest area in Sept 2020. DDx: gastric mass, gastric FB vs Chronic gastritis.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9 Bloodwork and radiographs added as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 5.47 cm in length. Right kidney measures 5.14 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.98 cm in length x 0.41 cm at the caudal pole and 0.55 cm at the cranial pole.

The right adrenal gland is generally normal in shape, size, position, and echogenicity. The cranial pole contains a hyperechoic nodule measuring 0.66 cm x 0.61 cm. Right measures 2.49 cm in length x 0.47 cm at the caudal pole and 0.72 cm at the cranial pole.

Spleen

The spleen contains a hyperechoic mass near the hilus measuring 1.9 cm x 1.9 cm. The remainder of the splenic parenchyma is unremarkable.

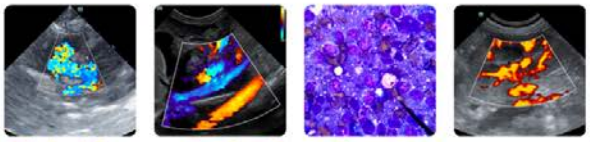
Liver

The liver contains multiple hyperechoic, partially cavitated masses, one of which measures 2.7 cm x 3.0 cm. Another measures 2.4 cm x 2.7 cm. The masses are in the left liver. The remainder of liver parenchyma is normal.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation. The gallbladder wall is hyperechoic with a slightly irregular mucosal surface.

Gastrointestinal

Within the mucosal layer of the pylorus there is a very large mass measuring at least 4.2 cm x 6.4 cm. Echogenicity is generally hyperechoic with perpendicular striations and some areas of complex hypoechoic nodules. Remainder of the stomach wall has distinct wall layering but a thickened mucosal



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layer with thickened mucosal projections into the gastric lumen. The stomach contains a moderate to large volume of fluid consistent with obstruction. Duodenal wall aborad to the mass has normal wall layering but is subjectively thickened.

Otherwise, visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

Perigastric lymph nodes are enlarged, and one is cavitated. The larger one measures 2.1 cm x 1.5 cm. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Very large mass at the level of the PDJ with diffuse gastric wall thickening and mucosal irregularities causing pyloric outflow obstruction.
- Surrounding gastric lymphadenopathy.
- Multiple hyperechoic, partially cavitated liver masses.
- Solitary hyperechoic splenic mass.
- Right adrenal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large gastric mass at the level of the PDJ is the likely cause of reported GI signs. It appears to be causing a pyloric outflow obstruction. FNA of the mass could be considered to further define, though not all gastric masses exfoliate well. Lymphoma, carcinoma, leiomyosarcoma among other things are common gastric tumors. Attempt at surgical resection is likely necessary to relieve gastric outflow obstruction and improve patient's clinical signs. However, pyloric removal is not without significant complication, and consultation with a veterinary surgeon is strongly recommended.

The presence of multiple liver masses is concerning for metastatic neoplasia. These may be unrelated neoplasia, but the presence of multiple masses within the liver and partial cavitation raises my concern for carcinoma or other metastatic lesion in the stomach. Unfortunately, they do not appear to be in a place readily accessible for FNA. If surgical correction of gastric outflow obstruction is pursued, liver lobectomy or liver biopsy is recommended.

The mass in the spleen is hyperechoic and is more likely to be a benign myelolipoma. Liposarcoma is possible among other things, both metastatic and benign. FNA of the splenic mass is recommended prior

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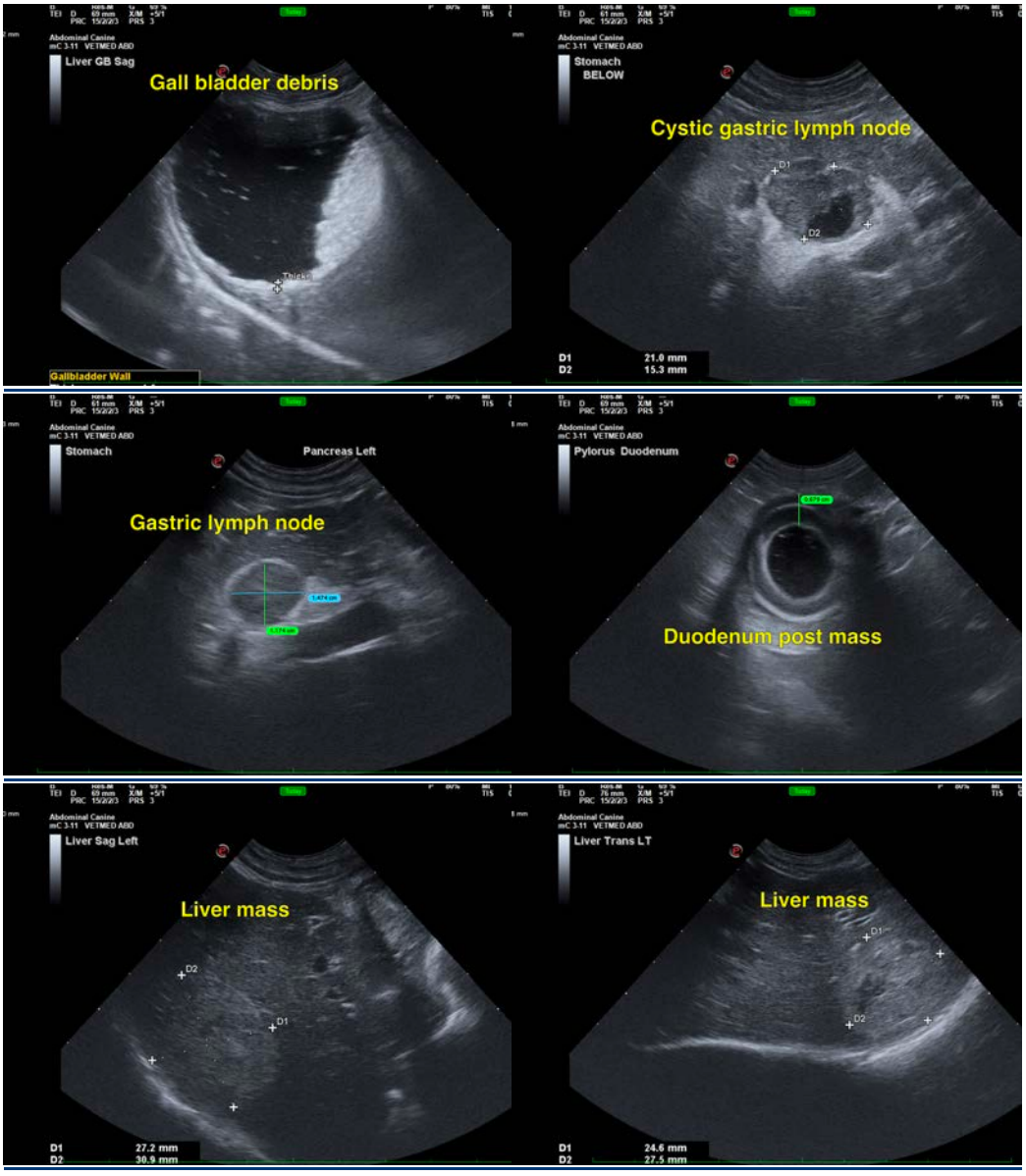
to pursuing surgery. Ultimately, splenectomy could be considered at the time of surgery if surgery is pursued. Screening thoracic radiographs are strongly recommended prior to any surgical procedure.

The clinical significance of the right adrenal nodule is uncertain. It is not likely contributing to clinical signs. Adrenal gland function testing should be considered if clinically indicated.



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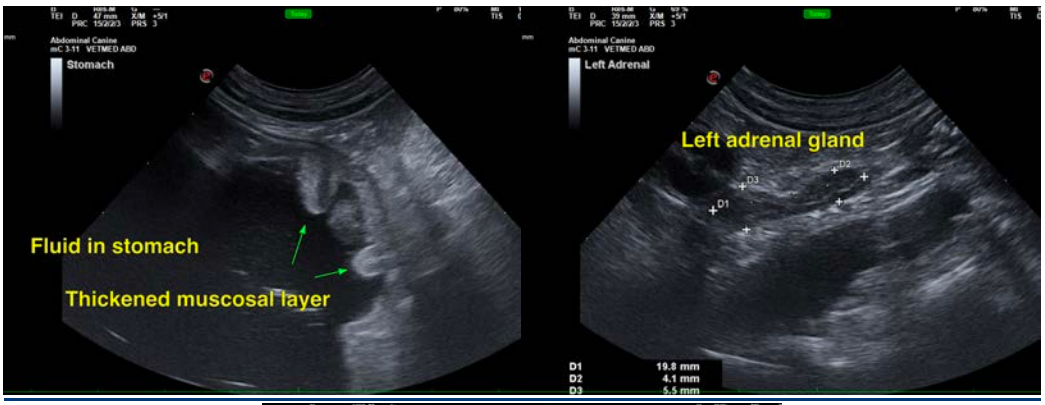

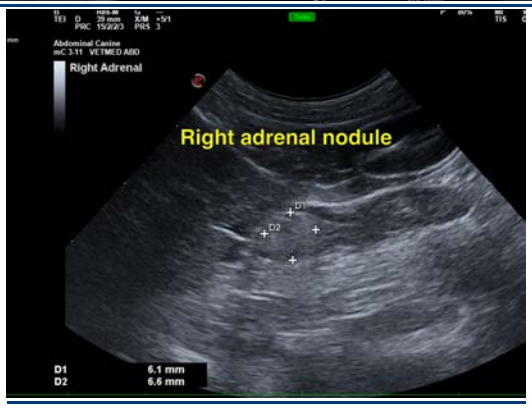

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com