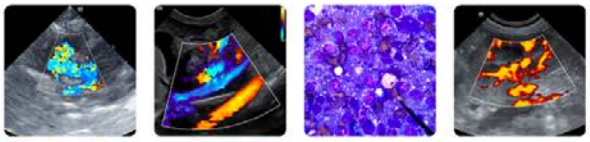

PATIENT

Ayko Pagan

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact Male

AGE

4 Years

WEIGHT

15.4 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Juan Toro

INVOICE

72721

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate vomiting and diarrhea. PT has a 3-4 weeks hx of vomiting and diarrhea that is not responsive to gastroprotectants. The vomiting seems explosive. Wants to rule out partial GI obstruction. Pt is currently taking Metronidazole, Sucralfate, Low Fat diet and cerenia. Pt still eating and have appetite.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder lumen volume is small, and walls are diffusely thickened most consistent with pseudohypertrophy. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal focal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is uniformly moderately enlarged and hyperechoic. No mineralization, evidence of masses or fluid accumulations consistent with cyst or abscess visualized.

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 4.43 cm in length. Right kidney measures 4.2 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. Right measures 2.24 cm in length x 0.37 cm at the caudal pole and 0.49 cm at the cranial pole. Left measures 1.85 cm in length x 0.51 cm at the caudal pole and 0.46 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

There is focal thickening of the gastric wall in the area of what appears to be the fundus with loss of wall layering. Additionally, there are areas of thickening near the pylorus as well with loss of wall layering and hypoechoic wall.

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In the distal ileum, just orad to the ICJ, there is a focal area of ileal wall thickening with complete loss of wall layering, most consistent with a mass in the ileum measuring approximately 1.2 cm x 0.90 cm. The remainder of the small intestine is of normal thickness with normal wall layering.

The majority of the visualized colonic wall is significantly thickened with significant hazing of wall layering.

Pancreas

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

Lymph Nodes

Perigastric lymph nodes are enlarged and rounded. Mesenteric lymph nodes are prominent.

Free Abdomen

No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Focal gastric thickening, concerning for small gastric masses or polyps.
- Focal ileal mass.
- Diffuse colonic thickening with loss of wall layering – inflammatory versus infiltrative.
- Prominent gastric and mesenteric lymph nodes.

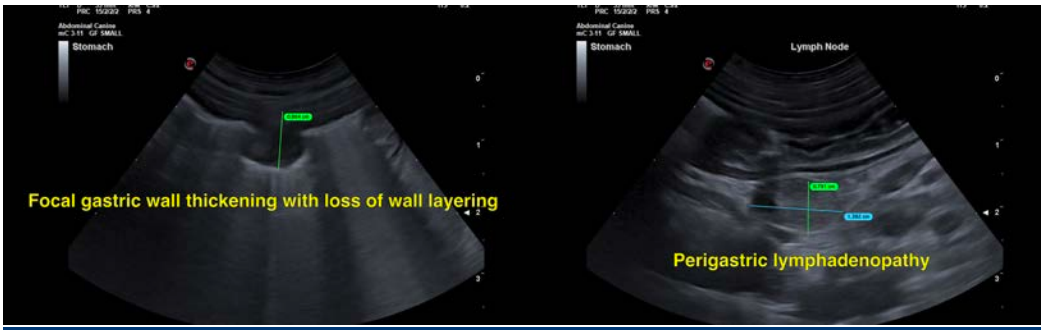
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the ileal wall are most concerning for a small intestinal mass. A focal area of inflammation or other benign lesion is possible. FNA of this area was appropriately. Ultimately, biopsy may be required for more definitive diagnosis.

The changes to the gastric wall may represent focal inflammation, though loss of wall layering increases the concern for neoplasia as well as the presence of the lesion in the ileum. Endoscopy may be of use to further visualize the gastric wall and obtain biopsies.

The colonic wall changes may represent infiltrative disease, but given the history of hematochezia, may also simply be due to inflammation. Colonoscopy may reveal pathology not visible on ultrasound and may be of use to help obtain biopsies of the colonic wall as well as the distal ileal mass.

The ileal mass is a possible cause of intermittent GI obstruction, which may explain the patient's clinical signs. The patient is not showing overt signs of current mechanical GI obstruction.



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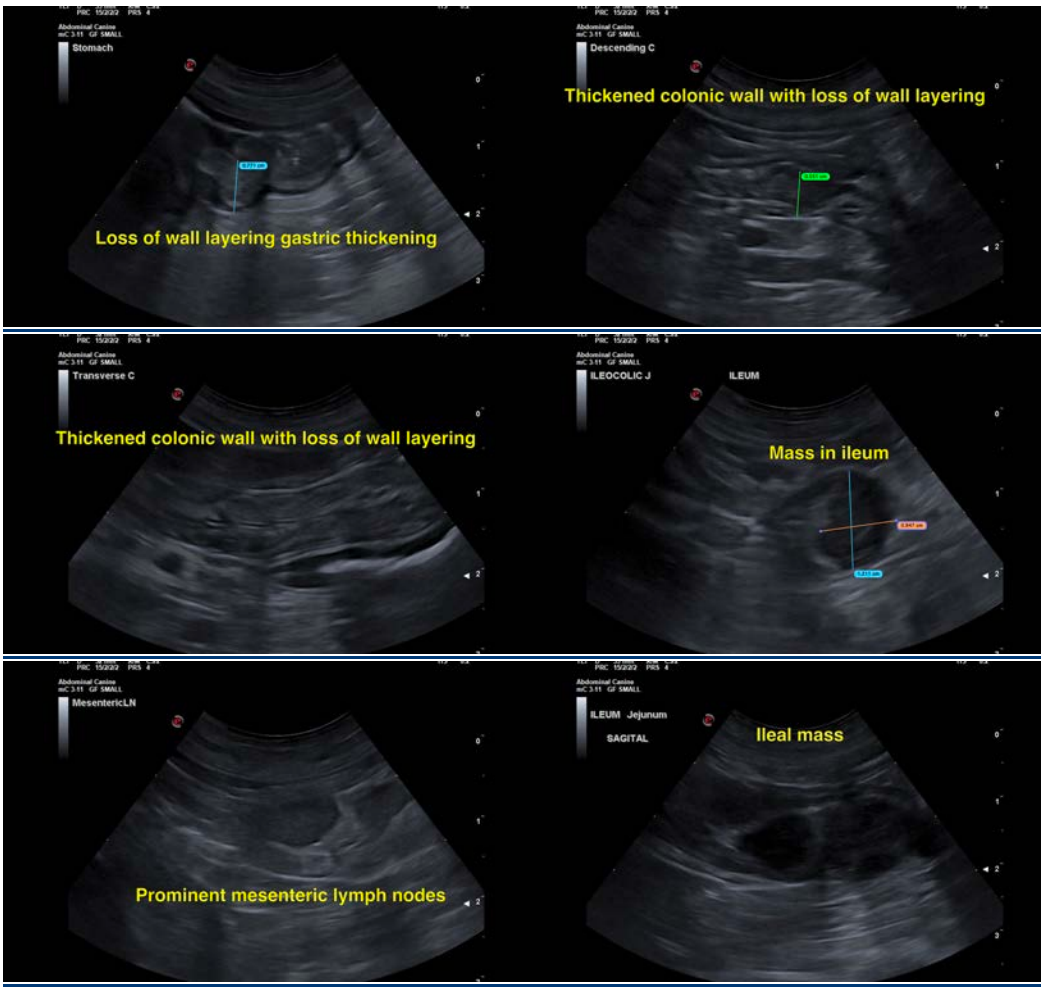

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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