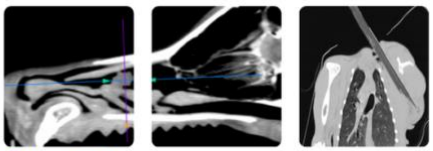


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Grizzly Kirk

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered Male

AGE

10 Years

WEIGHT

33.8 kg

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Brant Paws VH

REFERRING VET

Dr. Zaki

INVOICE

36445

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Progressively losing weight and muscle mass from 38.3kg to 33.8kg in 4 weeks, not eating, known hx of hypothyroidism on Thyro tabs
- Anemic on BW
- Abnormal PE/Chem/CBC/UA Results: Please see attached results and previous Abdominal US report

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. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 6.03 cm in length. The right kidney measured 6.38 cm in length. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis bilaterally.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The left adrenal gland measured 1.92 cm in length and 1.68 cm at the caudal pole and 0.63 cm at the cranial pole. The right adrenal gland measured 2.45 cm in length and 0.66 cm in thickness

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.

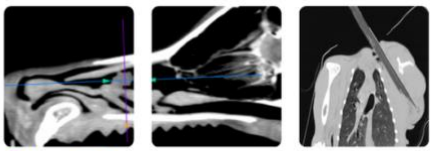
Liver

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.

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.

Gastrointestinal

In the area of the gastric fundus, there is severe thickening with complete loss of wall layering, most consistent with a gastric mass. There is what appears to be colonic tissue overlying the mass, making colonic origin less likely. Heavy panting somewhat limits ability to trace the mass to determine gastric



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origin definitively, but this is most strongly suspected based on images provided. Mass measures approximately 6.0 cm in thickness. Multiple images of the stomach are visualized with normal wall layering and normal thickness with minimal luminal contents.

The 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 not visualized. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas was not distinctly visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Large GI mass- suspect gastric in origin
- Static mild renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The GI mass is suspected to be gastric in origin based on multiple views. It is definitively GI in origin given the gas filled lumen. FNA is recommended. Lymphoma would be a top differential given significant progression from recent previous scan. Other neoplasms remain possible. Abdominal explore with plan for partial gastrectomy could be considered, and this may be both curative and diagnostic, especially if FNA does not diagnose lymphoma. Consultation with a veterinary oncologist could be considered.

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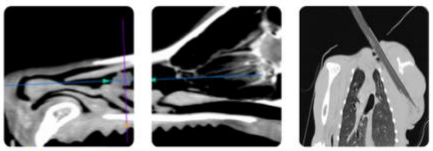

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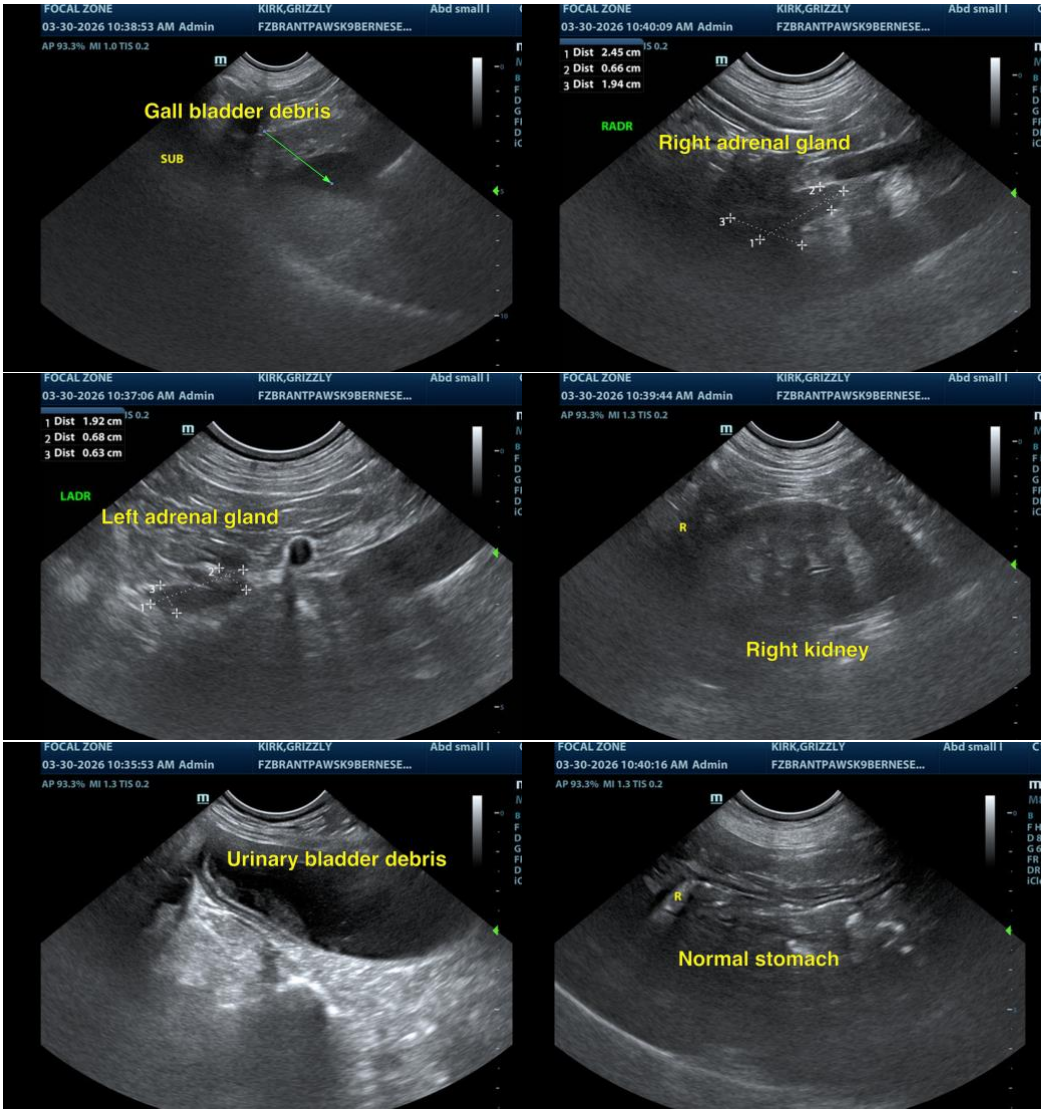

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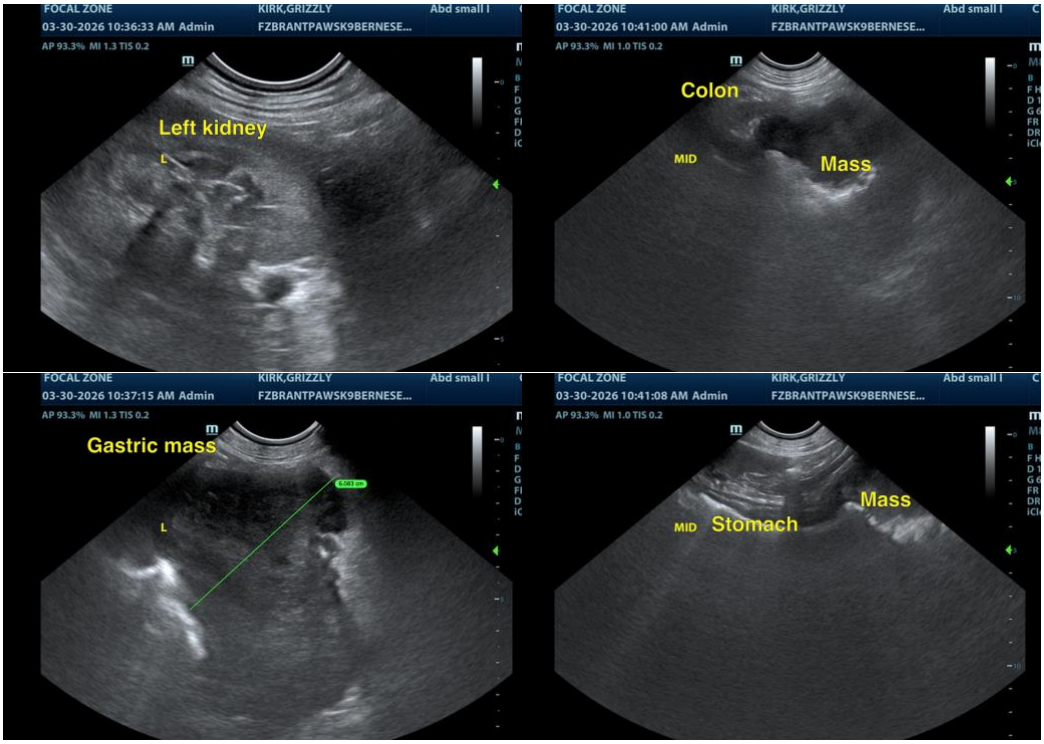

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com