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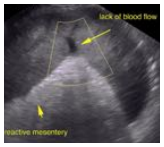

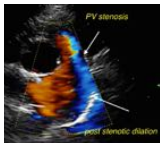

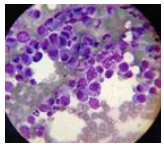
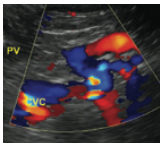


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Gibson Legge

**SPECIES**

Canine

**BREED**

Bichon Shih Tzu Mix

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

11 kg

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gira

**HOSPITAL NAME**

Resolution Veterinary Ultrasound

**REFERRING VET**

Dr. Sabadilla

**INVOICE**

40070

**DATE**

10/12/22

## PRESENTING CLINICAL SIGNS

History: Weight loss , inappetence , vomiting and diarrhea
Abnormal PE/Chem/CBC/UA Results: ALT 357 10 - 125 ALP 487 23-212 borderline low Creatinine , rest unremarkable

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.85 cm.

### *Adrenal Glands*

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

### *Spleen*

The **spleen** revealed a hyperechoic nodule in the cranial pole with minor, heterogenous splenic changes noted elsewhere. The spleen was folded upon itself caudally.

### *Liver*

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

### *Gastrointestinal*

The **stomach** revealed a 3.0 cm, hypoechoic fundic mass deriving from the caudal gastric wall. The gastric fundic mass appeared to enter into the gastroesophageal inlet.

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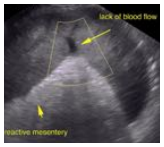
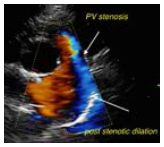
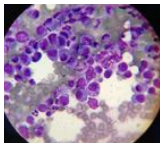
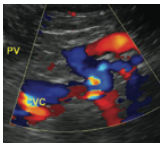

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## *Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

Gastric fundic mass.

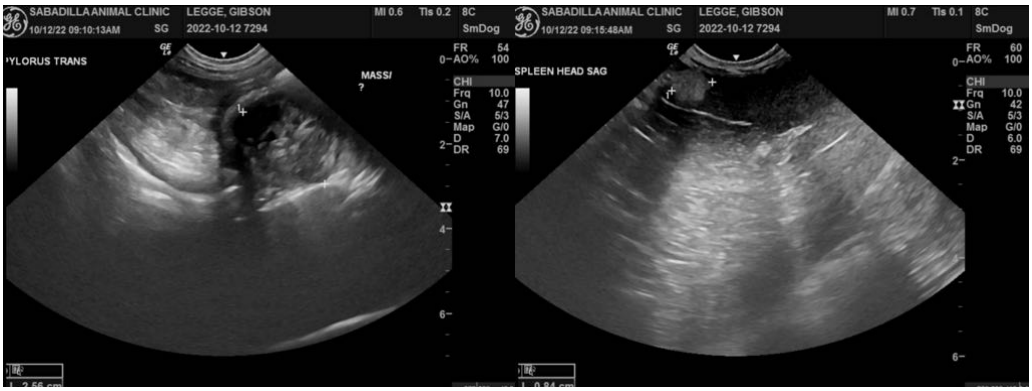
Subjectively benign splenic nodules.

Age related renal changes.

Benign hepatopathy with minor remodeling.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric mass is unlikely to be resectable. However, surgical evaluation +/- CT would be appropriate. Given the position of the mass underlying gastrinoma may be the underlying pathology. Serum gastrin levels are warranted. Endoscopy with biopsies can be considered or ultrasound-guided FNA if the sonographer is comfortable with the procedure. Surgical intervention with removal would likely be difficult given the position impinging upon the gastroesophageal inlet. Abscessation or granulomatous lesion owing to penetrating foreign body is less likely; however, sampling is necessary to define this.



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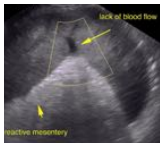
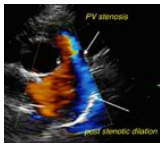
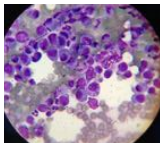
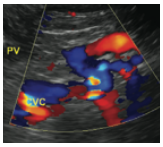

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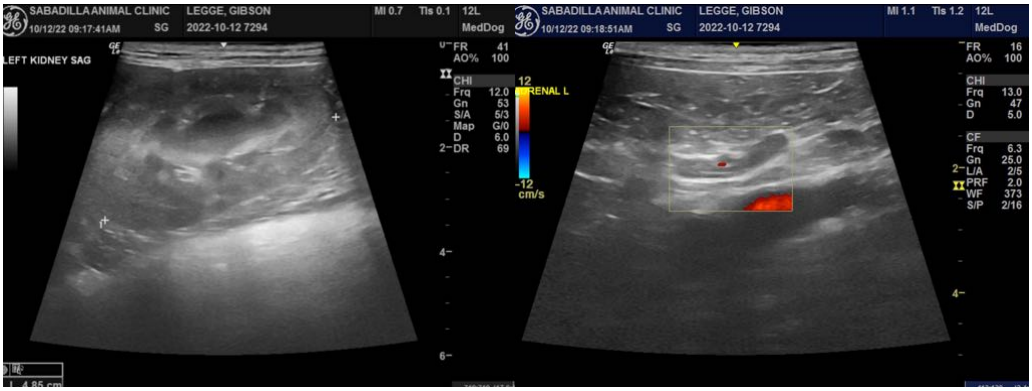


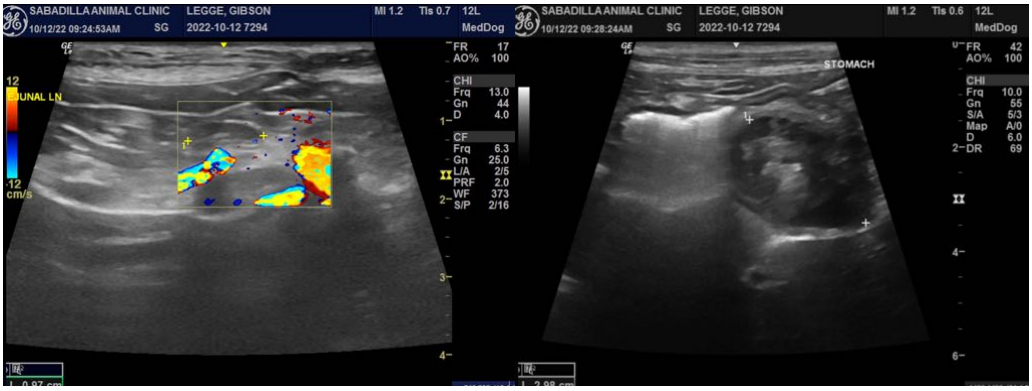


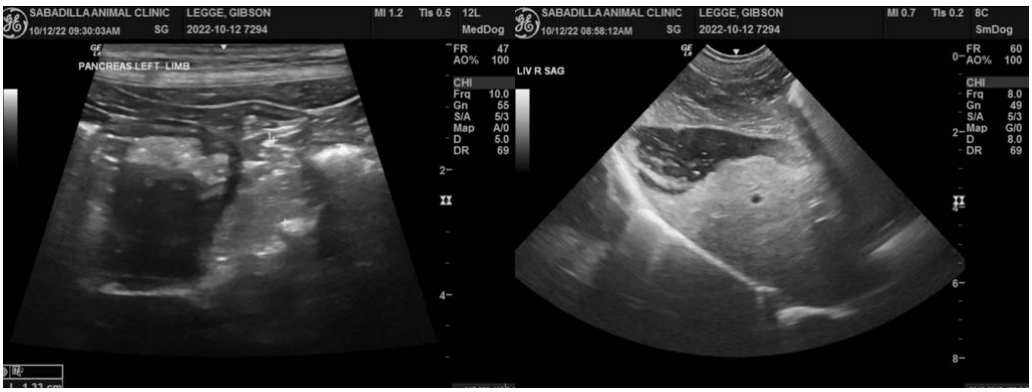


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com