



PATIENT

Koda Garth

SPECIES

Canine

BREED

Mastiff

SEX

Spayed Female

AGE

3 years

WEIGHT

42.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

96225

DATE

2/22/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for transfer from rdvm for possible GDV. Patient was seen there for vomiting, trouble making BM, and not eating. Not eating well starting 3 days ago, yesterday vomiting Previous Health Concerns: HBC- here 6/21 Current Medications: None
Abnormal PE/Chem/CBC/UA Results: Abdominal: very tense in cranial abdomen epoc: lactate 10.26 na 140 K+ 2.9 cl 97 rads: stomach in normal position; moderate distension with gas ; pylorus in normal position/ thickened; patchy gas pattern in the pylorus; small bowel thickened ; empty colon

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. Minor suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.53 cm. The right kidney measured 7.86 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was rotated caudally owing to gastric over distension and was folded upon itself cranially. The parenchyma was uniform.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **pylorus** revealed concentric wall thickening. This is consistent with a mass and measured 5.5 cm. Ultrasound-guided FNA is indicated. Gastric fundus was dilated with gas and fluid. The wall thickness measured up to 2.5 cm. The small intestine and colon were unremarkable.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

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Concentric gastric mass with secondary stasis and minor gastric over distension. Strongly suggestive for round cell neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the gastric mass is recommended. This does not appear resectable given the pyloric outflow issues. Round cell neoplasia/lymphoma is suspected, carcinoma is less likely, granulomatous disease is unlikely, but possible. No other organs appeared effected. Three view chest radiographs are warranted.

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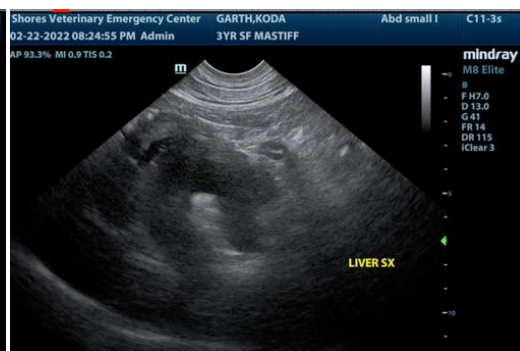
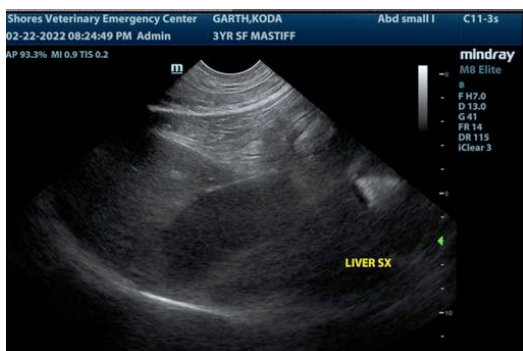
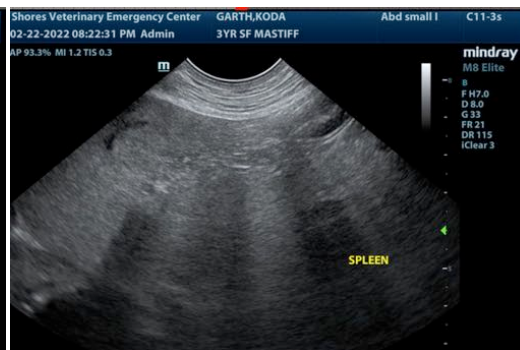
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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