DATE

4/13/26

PATIENT

Luna Ferrarro

SPECIES

Canine

BREED

Cattle Dog Mix

SEX

Spayed Female

AGE

4/20/14

WEIGHT

21.1 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Perez

INVOICE

36572

PRESENTING CLINICAL SIGNS

Patient History: Tasted AXR taken today: "very atypical homogenously soft tissue opacity structure in the area of the outflow tract of the stomach. This appearance is somewhat concerning for mass; however, a much lesser differential would be intussusception." Hx of vomiting 3 times on 4/11 and having hematochezia. Hospitalized with IVF and supportive care overnight, starting 4/12

Current Medications: IVF 100 ml/hr, Zofran injection 0.4 mg/kg IV once, Metronidazole inj 15 mg/kg IV q 12 hrs
Labwork Results: Attached, reported as: 4/12/26- Neuts 11.68, Basophils 0.11, PLT 638; CREA 2.1; USG 1.015, leuko esterase 25 Leu/µL, Non-Squamous Epithelial Cells <1 /HPF. 4/13/26- repeat EPOC after overnight hospitalization on IVF: CREA 1.59
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IM DexDomitor and Torb.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 were 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 mild 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Slight mineralizations were noted. The right kidney measured 5.3 cm. The left kidney measured 5.3 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Mild swelling of the cranial pole of the left adrenal gland was noted. The left adrenal gland measured 0.92 cm at the cranial pole and 0.67 cm at the caudal pole x 2.58 cm in length. A hyperechoic nodule was noted in the left adrenal gland, measuring 0.95 cm at the cranial pole of the left adrenal gland. The right adrenal gland measured 2.46 cm x 0.63 cm at the caudal pole and 0.68 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or

thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. An isoechoic nodule was noted, measuring approximately 4.3 cm.

Gastrointestinal

The **stomach** in this patient was significantly overdistended. The pylorus revealed a mixed echogenic mineralizing 5.3 cm x 4.4 cm mass, partially obstructive. The mass appeared to enter into the upper duodenum. Some retention of ingesta was noted, moderately obstructive pattern. The proximal descending duodenum was otherwise unremarkable, as was the remainder of the small intestine. The colon was unremarkable.

Pancreas

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.

Free Abdomen

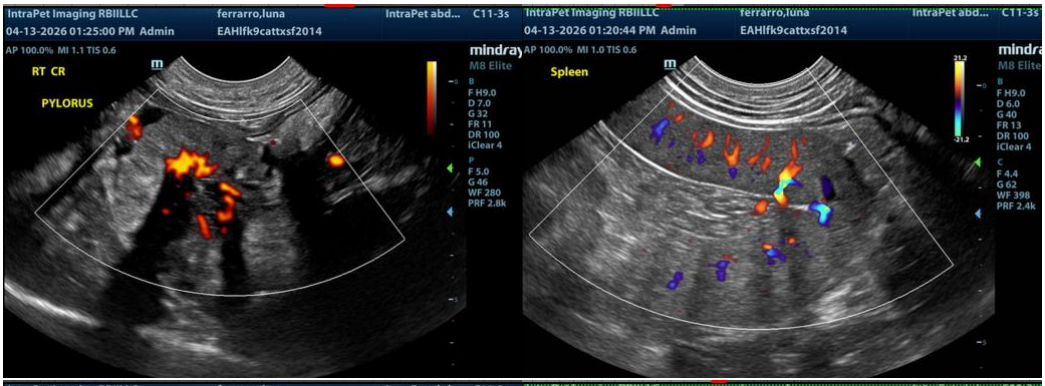
The sublumbar **lymph nodes** (3.3 cm x 0.6 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Pyloric mass- likely carcinoma. The mass was pedunculated, entering into the upper duodenum.
- Left adrenal nodule
- Age-related hepatic changes with an isoechoic liver nodule- this is likely unrelated to the pyloric mass.
- Reactive sublumbar lymph nodes
- Age-related adrenal gland changes with left adrenal nodule
- Age-related renal changes with mineralizations

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery with Bill Roth potential procedure, liver inspection and biopsy +/- left adrenalectomy could be considered. Endoscopy with biopsies could be considered for further definition, or ultrasound guided FNA of the liver nodule and pyloric mass all potential options.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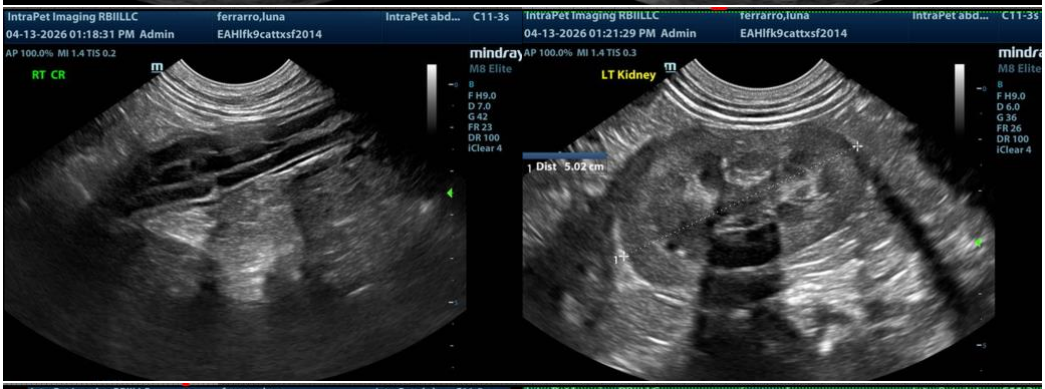
Spleen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LT Kidney
Dist 5.02 cm


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RT Kidney
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Stomach

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.

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