

**PATIENT**

**PRESENTING CLINICAL SIGNS**

Zoey Roman

History: recheck gastric mass /growth

**SPECIES**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

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.

Miniature Pinscher

**SEX**

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

Spayed Female

**AGE**

11 years

**Adrenal Glands**

**WEIGHT**

7.9 lbs

The **adrenal glands** were not visualized.

**INTERPRETED BY**

**Spleen**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 was noted.

**IMAGING PERFORMED BY**

Jenn

**Liver**

**HOSPITAL NAME**

Rockaway AH

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**REFERRING VET**

Dr. Maniar

**INVOICE**

91861

**Gastrointestinal**

**DATE**

9/21/21

The **stomach** in this patient presented persistent 2.03 x 1.9 cm gastric mass. The distal aspect of the mass stops approximately 1-2 cm prior to the pylorus and gastric fundus to pyloric antrum. There was no significant change from the prior sonogram. Transit of chyme into the small intestine appears to be occurring. Less stasis was noted compared to the prior sonogram.



**PATIENT**

**Pancreas**

Zoey Roman

Minor heterogenous pancreatic changes were noted with enhanced surrounding mesentery.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

Persistent gastric mass. Consistent with low-grade epithelial tumor, yet space occupying. Gastric carcinoma is possible or lymphoma.

**BREED**

Miniature Pinscher

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

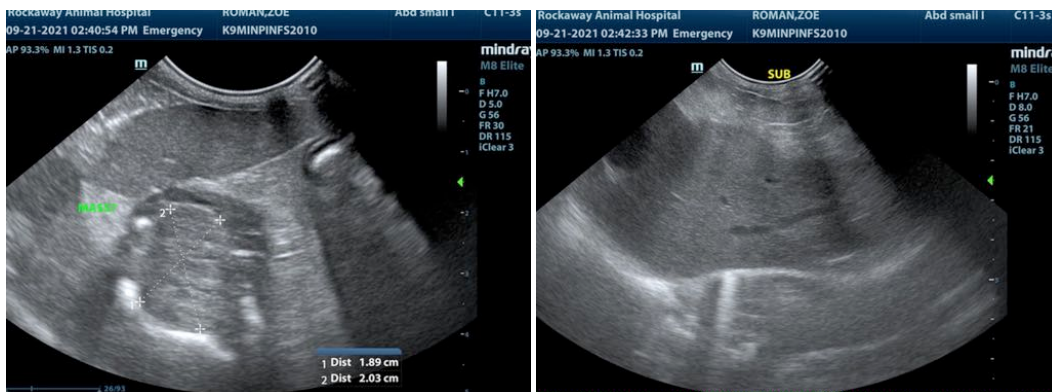
The gastric mass appears to be present in the fundus; however, it does approach the pyloric outflow. It may be resectable. It appears to be epithelial in origin. Endoscopy would be warranted or direct gastrotomy with partial gastric resection may be attempted or simple biopsies.

**AGE**

11 years

**WEIGHT**

7.9 lbs



**INTERPRETED BY**

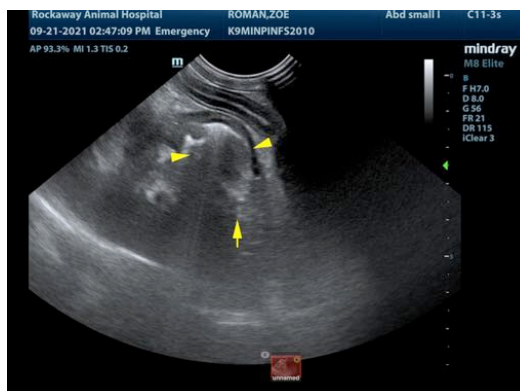
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**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH



**REFERRING VET**

Dr. Maniar

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

**INVOICE**

91861

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.

**DATE**

9/21/21

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