



PATIENT

Dezzie Groppe

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

45.4 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Schanche

HOSPITAL NAME

TotalBond Veterinary
Hospital- Davidson

REFERRING VET

Dr. Schanche

INVOICE

13939

DATE

02/23/26

PRESENTING CLINICAL SIGNS

- 8 year old FS Border Collie Mix with history of not eating and vomiting. Patient has been not eating much and vomiting the last 3 weeks. She started having mild acid reflux in October after the owners moved. Their primary vet started Dezzie on Omeprazole, Entyce, and Cerenia - on Cerenia the vomiting stops but she will not be eating. Dezzie has lost 3-4 lbs. Full blood work performed completely unremarkable. The owners are offering small portions of GI diet at home. Brief ultrasound exam performed on Friday showed several thickening and irregularity of the stomach wall. FNA performed today while sedated for ultrasound scan, but FNA consistent with blood contamination - no obvious abnormal cells seen. Currently using Cerenia as needed, omeprazole, Entyce, and proviable.

Abnormal PE/Chem/CBC/UA Results: Blood work unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. The ureteral papilla is seen with normal urine jets.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.5 mm and the caudal pole measures 6.5 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.7 mm and the caudal pole measures 3.3 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. The spleen has normal blood flow.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

Gallbladder is moderately distended with anechoic bile. Gallbladder wall is diffusely normal in thickness. The anechoic bile contains a moderate amount of suspended hyperechoic debris that appears clinically incidental at this time.



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Gastrointestinal

Diffusely, the gastric wall is markedly thickened and has lost all normal layering. It is diffusely hypoechoic. Gastric wall measures approximately 1.2 cm in width. Gastric lumen is empty at this time. Colon contains normal contents with normal wall thickness. Duodenum diffusely has normal layering and thickness measuring 4.0 mm in width.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

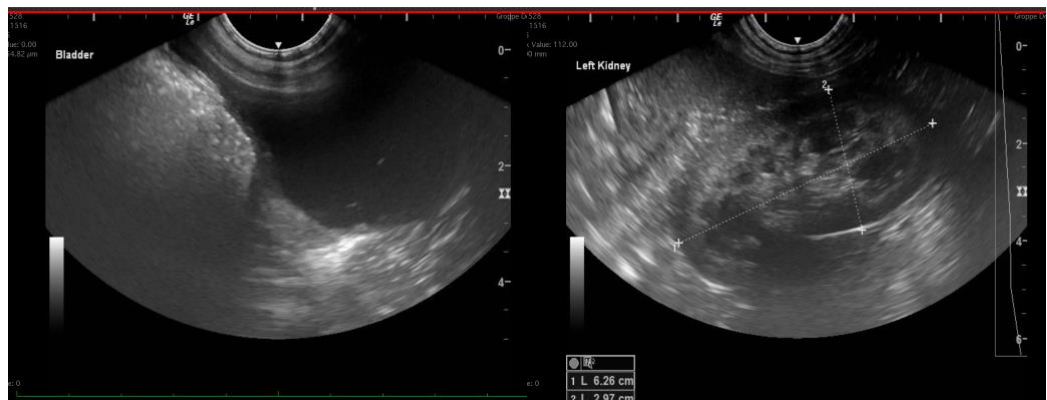
ULTRASONOGRAPHIC FINDINGS

- Markedly thickened gastric wall.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the markedly thickened gastric wall include most likely neoplasia such as lymphoma versus adenocarcinoma versus leiomyosarcoma. A diffuse severe gastritis is possible but seems unlikely given the significance of the gastric changes seen.

Given that the reported fine needle aspirates showed only blood contamination, I recommend performing gastric biopsies, preferably endoscopically. If endoscopy is unavailable, then consider surgical gastric biopsies. Prognosis is dependent on results of histopathology from gastric biopsies. Recommend obtaining three view chest x-rays to rule out pulmonary metastatic disease.





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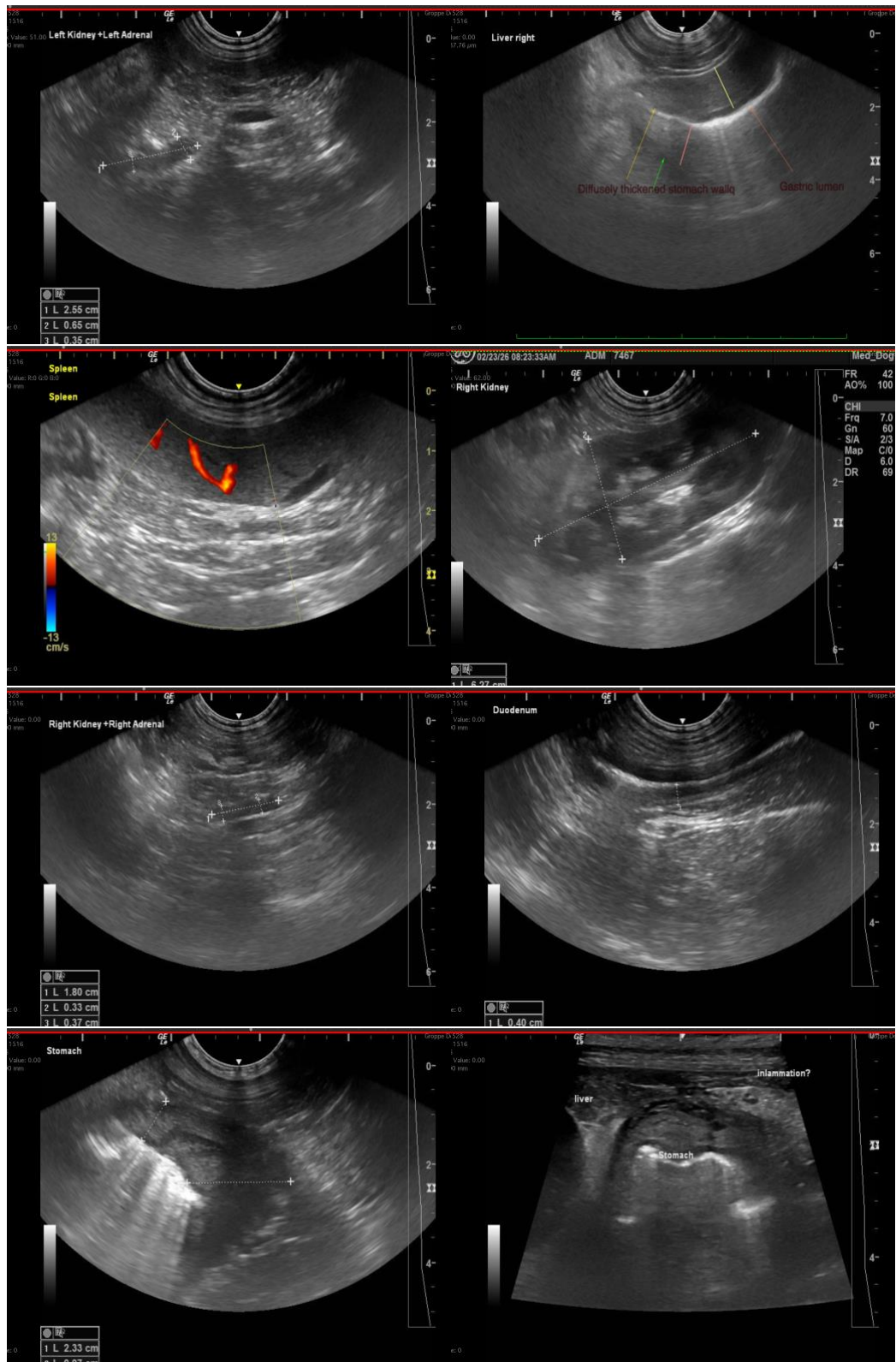
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
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