

PATIENT

Ophie Vetter

SPECIES

Canine

BREED

Great Pyrenees

SEX

Spayed Female

AGE

5 Years

WEIGHT

52.5 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

All Hearts Animal
 Hospital

REFERRING VET

Dr. Moe

INVOICE

16069

DATE

05/11/26

PRESENTING CLINICAL SIGNS

P presented for recheck US. P previously evaluated over the weekend at ER clinic, US findings concerning for pancreatitis. P hospitalized. P ate lean ground beef over weekend and seems a little better. US report attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.0 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 6.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 mm and the caudal pole measures 6.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 5.3 mm.

Spleen

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

Liver

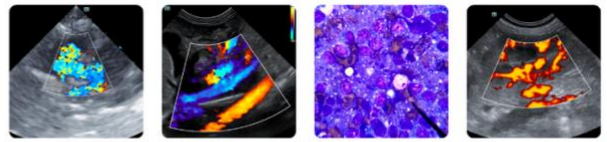
The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with minimal bile. The gallbladder wall is diffusely hyperechoic and appears mildly thickened at 4.7 mm in width. No evidence of bile duct distention or obstruction.

Gastrointestinal

The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

The body of the gastric wall is thickened with sections measuring up to 1.8 cm in width. Gastric wall has complete loss of layering and is diffusely hypoechoic. The appearance of the gastric wall is



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concerning for a neoplastic process, possibly an infiltrative process such as lymphoma, less likely mast cell disease or histiocytic sarcoma, adenocarcinoma is possible, leiomyosarcoma. Less likely the appearance of the stomach is consistent with gastritis. There is an enlarged perigastric lymph node that measures 1.34 cm in width that is hypoechoic and rounded. The pylorus is patent. The antrum area of the stomach has a normal gastric wall and it's normal in thickness and layering. Therefore, the mass in the fundus of the stomach is a focal mass suggesting that the mass lesion is most likely malignant neoplasia, less likely gastritis. There are additional perigastric and peripancreatic enlarged lymph nodes. A second representative lymph node is measured and it measures 2.9 cm x 1.2 cm. This node has surrounding hyperechoic fat, is more rounded than the first described, and is hypoechoic. It is concerning for a neoplastic process.

Pancreas

The visible pancreas is diffusely mildly hypoechoic with mild surrounding hyperechoic fat.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Gastric wall thickening with perigastric lymph nodes.
- Mild urinary bladder debris.
- Mildly thickened gallbladder wall- suspect gallbladder wall edema, possible bacterial cholangitis.
- Mild pancreatitis.

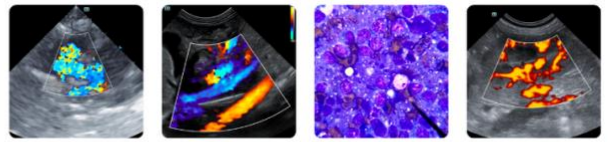
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend treating patient supportively and re-imaging patient in 48 to 72 hours to determine if there's improvement in the appearance of the patient's gastric wall. If no improvement is seen or the patient fails supportive care, consider gastric biopsies either surgically or endoscopically. Endoscopically is preferred as it is more minimally invasive.

Consider ultrasound guided bile aspirate with submission of bile for aerobic/anaerobic culture and for cytology to assist in determining etiology of gallbladder changes.

Recommend cPLI to confirm suspect pancreatitis. Suspect pancreatitis may be reactive due to the patient's gastric disease.

Recommend ultrasound guided fine needle aspirate of enlarged lymph nodes and for cytology. Suspect that may be able to make diagnosis as to the etiology of the gastric disease from a lymph node aspirate cytology. If cytology is non-diagnostic, then recommend pursuing biopsies as described for stomach previously.



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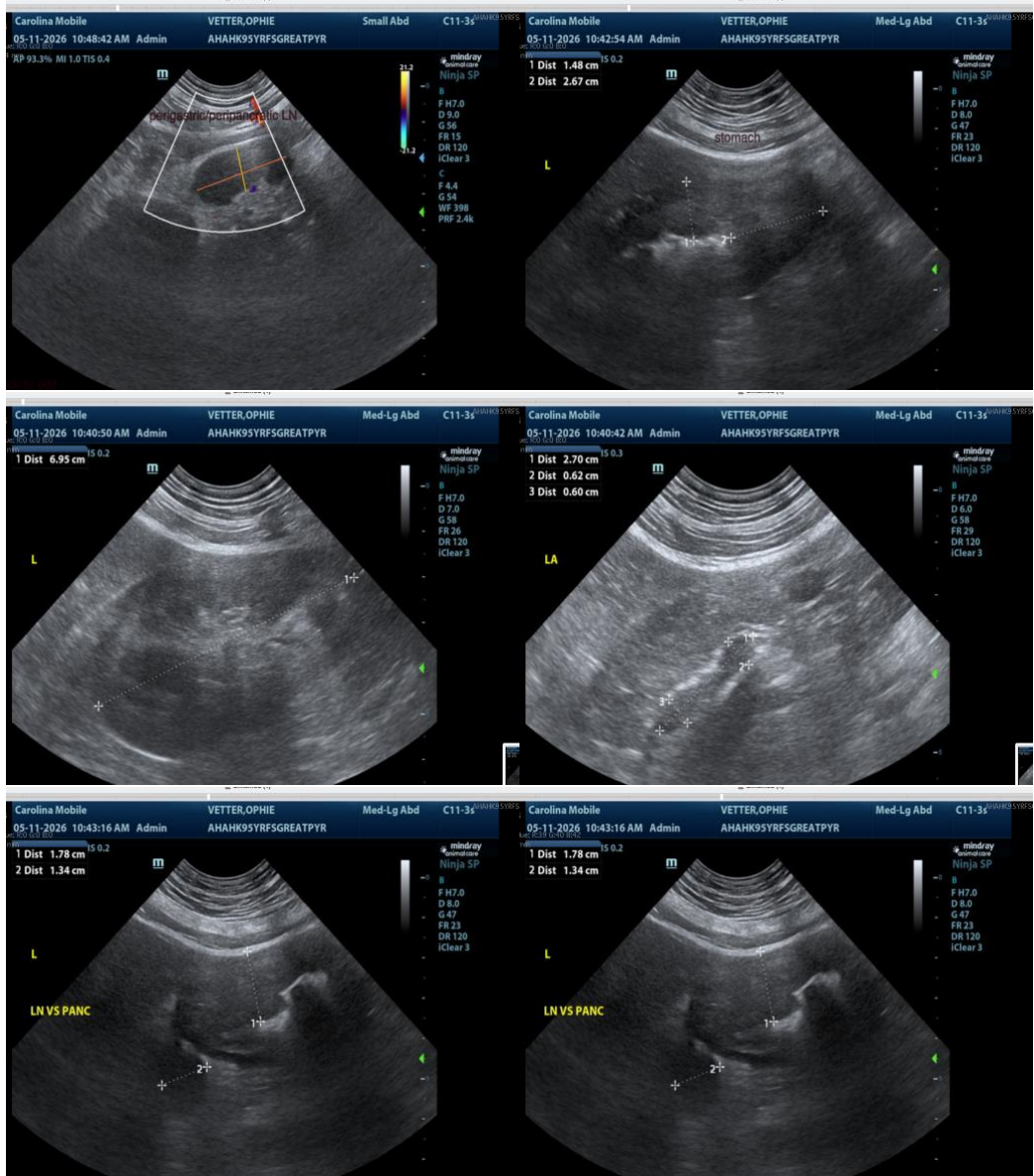
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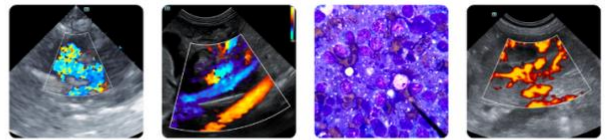
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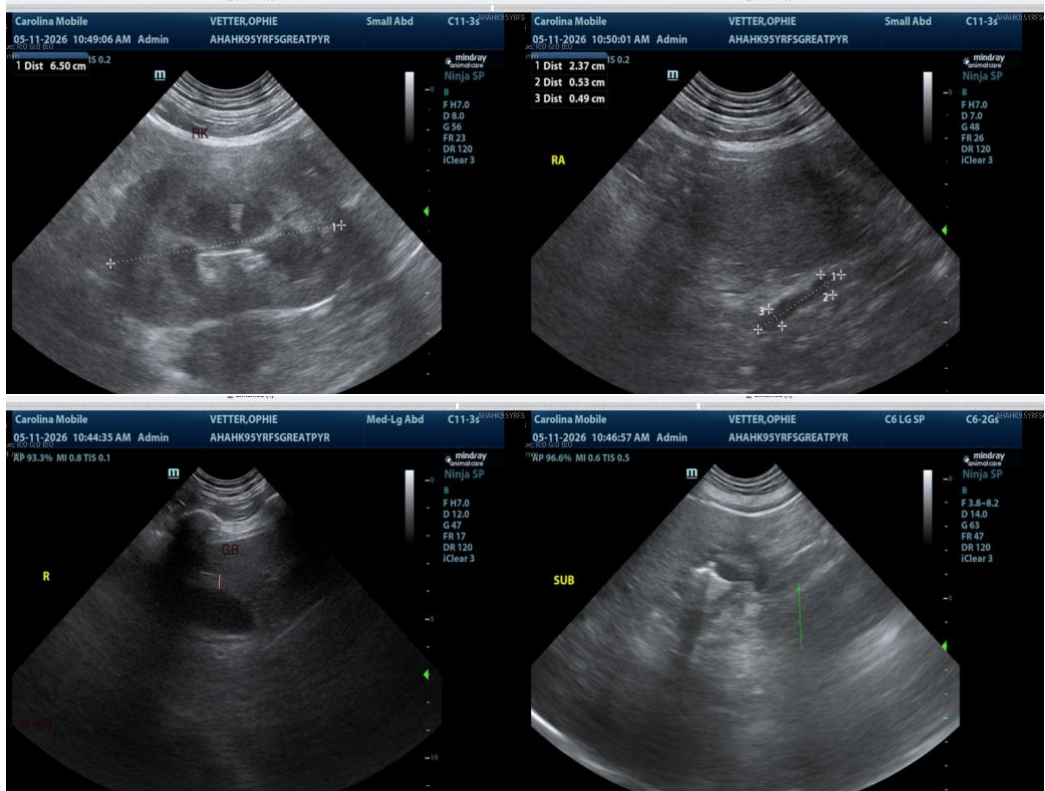
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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