



**PATIENT**

Jada Rankin

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

86.4 lbs

**INTERPRETED BY**

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline practice)

**IMAGING  
PERFORMED BY**

Dr. Schanche

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Schanche

**INVOICE**

42419

**DATE**

12/27/22

**PRESENTING CLINICAL SIGNS**

History: 14 year FS Labrador Mix presented for vomiting several times- first time possibly had blood started on Tuesday. Not interested in eating besides chicken nuggets on Wed. Holding tail down for last year, but normal energy at home. No diarrhea. Owner concerned of cancer. Weight loss - 97 lbs 8/21, 93 lbs 6/22, 86.4 lbs today. ALP 1844, Triglycerides 683, PSL 193 on 12/28/22. Previous ALP elevation 890 6/22.

Weight loss - 97 lbs 8/21, 93 lbs 6/22, 86.4 lbs today. ALP 1844, Triglycerides 683, PSL 193 on 12/28/22. Previous ALP elevation 890 6/22.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** was moderately full of anechoic urine with a minor amount of congealed sediment. The bladder wall appeared normal in thickness and layering. The trigone appeared normal. The pelvic urethra was not visualized.

The **left kidney** was normal in size and shape, measuring 7.5 cm in length. There are moderate aging changes with pinpoint mineralization in the cortex. There is mild pyelectasia, measuring 2.7mm in width.

The **right kidney** was normal in size and shape, measuring 7.9 cm in length. There are moderate aging changes with pinpoint mineralization in the cortex and mild pyelectasia. There is a cortical cyst with a central echogenic foci. This may represent fibrotic tissue or a renolith. It is not likely clinical in this case.

**Adrenal Glands**

Both **adrenal glands** were visualized, with normal echogenicity, size and shape. The left adrenal gland measured 0.7cm by 4.3cm at the cranial pole and 0.7cm at the caudal pole. The right adrenal gland was 1.3cm by 2.6cm at the cranial pole and 0.6cm at the caudal pole.

**Spleen**

The **spleen** was moderately enlarged and exhibited normal textured parenchyma. There was no capsular expansion and no evidence of masses. The spleen was followed to both poles and folded on itself both cranially and caudally.

**Liver**

The **liver** was subjectively normal in size with variably sized hypoechoic nodules throughout. The nodules were overall minimally disruptive to the normal architecture, with the exception of two nodules on the caudal border of the left liver and the caudate liver lobe which caused mild capsular expansion. The **gall bladder** was normal sized with acceptably anechoic contents. There was no sign of gall bladder obstruction.



**PATIENT**

**Gastrointestinal**

Jada Rankin

The **stomach** wall maintained wall layering within the body of the stomach, although mildly thickened with an irregular mucosal surface. There was some retained ingesta in the stomach. There is an intramural mass at the pylorus measuring 3 cm by 4.8 cm. This mass encompassed the pyloric outflow and extended through the pylorus. The **duodenum** appeared normal and the remainder of the small intestine appeared normal. There was hyperechoic omentum surrounding the mass.

**SPECIES**

Canine

**BREED**

**Pancreas**

Labrador Mix

The **pancreas** was isoechoic to the surrounding fat and maintained normal curvilinear pattern in regards to the capsule and pancreatic duct. There were no obvious masses or inflammation present.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14 years

- Intramural pyloric mass, likely causing partial outflow obstruction
- Multifocal nodular changes in the liver – benign nodular hyperplasia versus metastasis
- Moderate renal aging changes and cortical cyst

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

86.4 lbs

FNA of the pyloric mass could be considered, although it may not exfoliate well. Endoscopy may be able to sample the lesion for a diagnosis. This mass may not be surgically resectable, although CT and consult with a surgeon can be considered. The overall prognosis is guarded.

**INTERPRETED BY**

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline practice)

**IMAGING PERFORMED BY**

Dr. Schanche

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

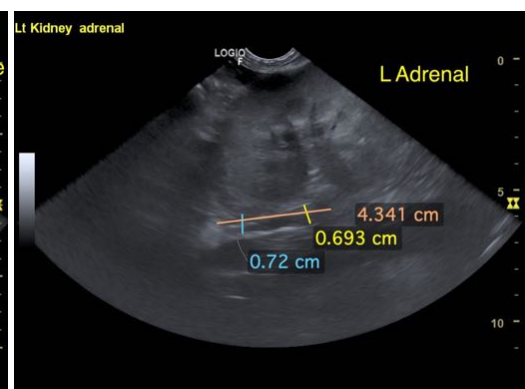
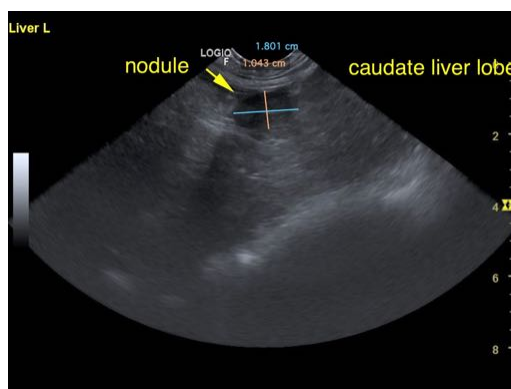
Dr. Schanche

**INVOICE**

42419

**DATE**

12/27/22





**PATIENT**

Jada Rankin

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

86.4 lbs

**INTERPRETED BY**

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline practice)

**IMAGING  
PERFORMED BY**

Dr. Schanche

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

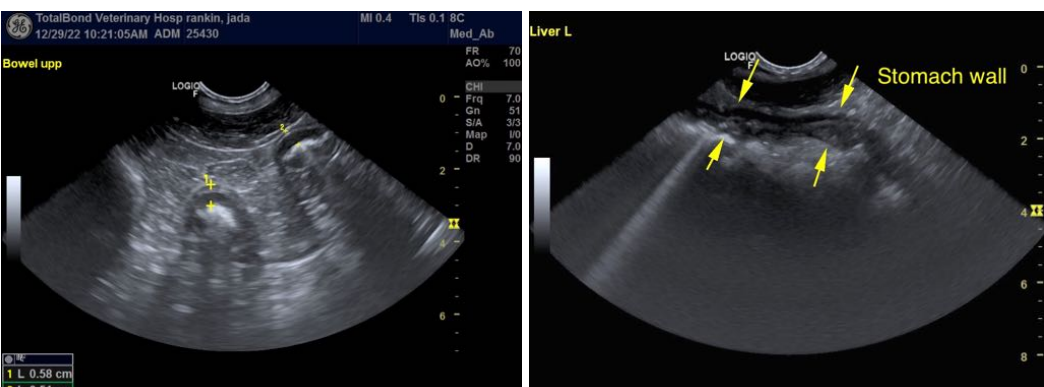
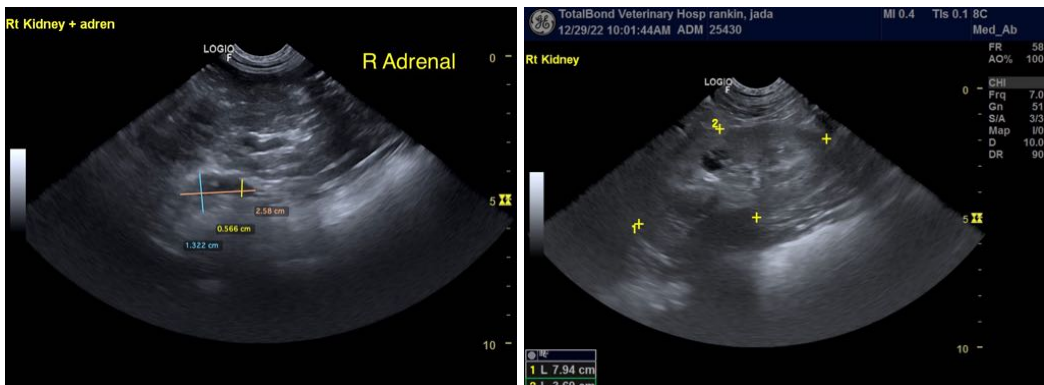
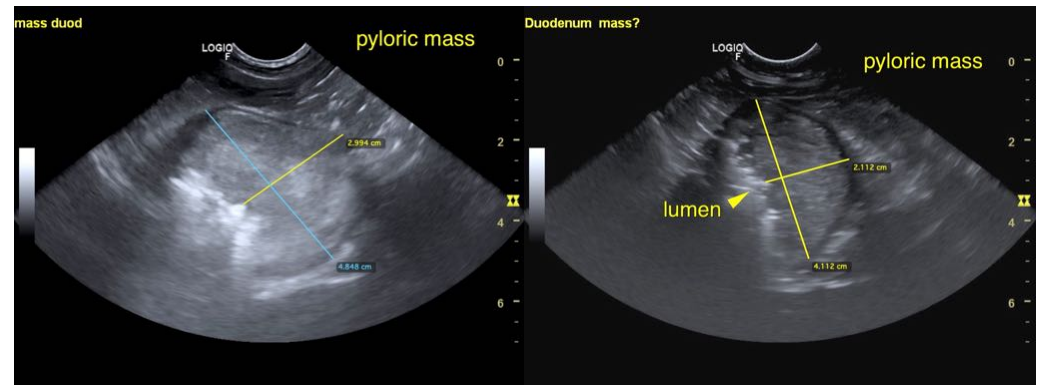
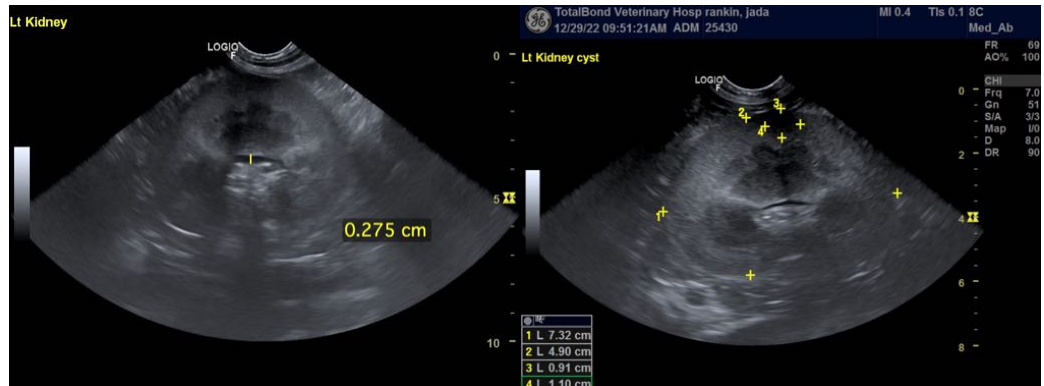
Dr. Schanche

**INVOICE**

42419

**DATE**

12/27/22





**PATIENT**

Jada Rankin

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.

**SPECIES**

Canine

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.

**BREED**

Labrador Mix

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
info@SonoPath.com

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

86.4 lbs

**INTERPRETED BY**

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline practice)

**IMAGING  
PERFORMED BY**

Dr. Schanche

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Schanche

**INVOICE**

42419

**DATE**

12/27/22