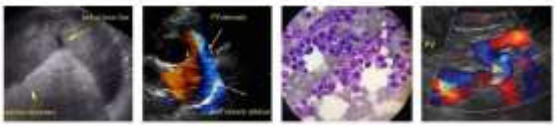


PATIENT

Cali Harbridge

SPECIES

Canine

BREED

American Dingo

SEX

FS

AGE

7 years

WEIGHT

49.2 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Centreville AH

REFERRING VET

Dr. Sandhu

INVOICE

13198

DATE

1/28/22

PRESENTING CLINICAL SIGNS

-dog hasn't been eating for almost 2 weeks. -Owner has been giving water and vanilla boost at home -chest x rays were done at previous AH and nothing of note was seen. -Bloodwork was done at Previous AH -we did barium series of x rays, abnormality was found in the stomach. Very thin. Cerenia sent but not being given consistently.
Abnormal PE/Chem/CBC/UA Results: please see attached rads. Bloodwork done at previous clinic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.8 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

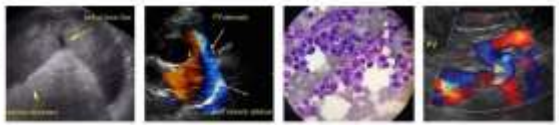
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation. No overt pathology associated with the right adrenal gland was noted. The right adrenal gland subjectively measured 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach exhibited generalized moderate hypoechoic mural hypertrophy with loss of discernable wall layering. The stomach contained a moderate amount of retained anechoic to echogenic fluid and potential mild chyme. The gastric wall width measured 1.7 cm. The pylorus wall width measured 1.7 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour heterogeneous to mildly hypoechoic parenchyma compared to adjacent reactive omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. Regional perigastric reactive mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Generalized moderately thickened stomach exhibiting hypoechoic mural echogenicity and loss of discernable wall layering, concurrent gastric stasis, and perigastric reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a definitive diagnosis, the presentation of the stomach exhibiting mural thickening and loss of wall layer detail is suggestive of neoplastic disease such as gastric lymphoma, carcinoma or other. The potential for severe gastritis or other non-neoplastic etiology is possible yet thought less likely.

Ideally, either endoscopic or surgical biopsies of the stomach are required for further clarification. Overt evidence of regional metastasis was not definitively evident. Secondary paralytic gastric stasis Is present. The potential for concurrent ulceration cannot be definitively excluded. Empirically, gastroprotectant protocol (Omeprazole, Sucralfate), and as-needed gastrointestinal support would be appropriate. A very guarded prognosis is warranted.

SonoPath
Clinical Sonography & Telecytology
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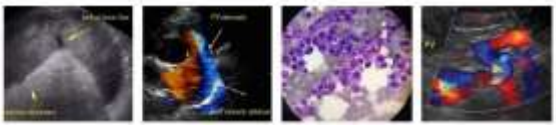

THE FOCAL ZONE

IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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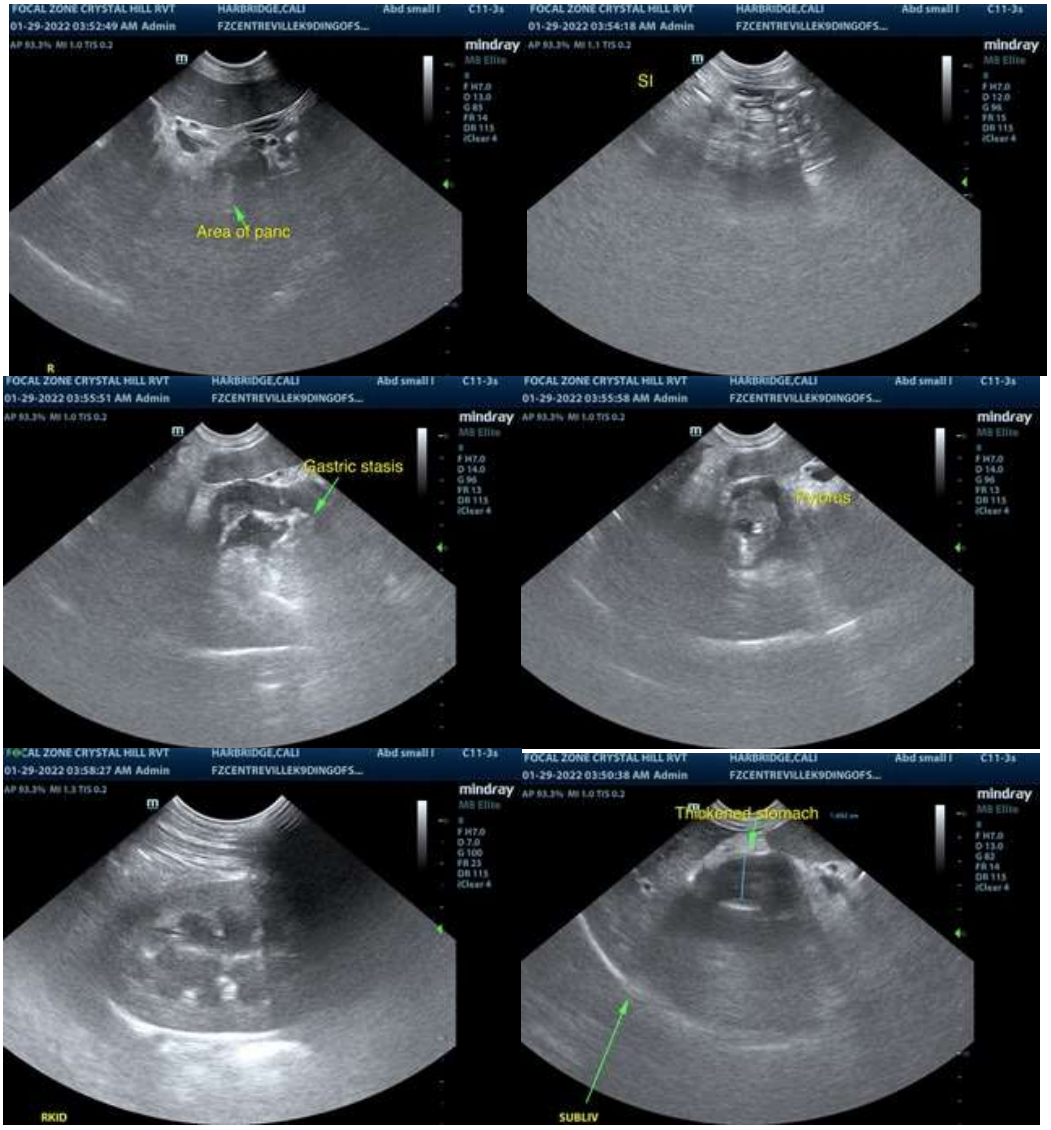

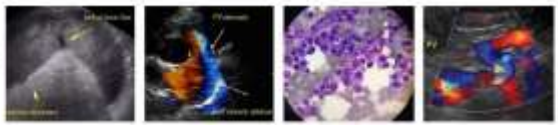

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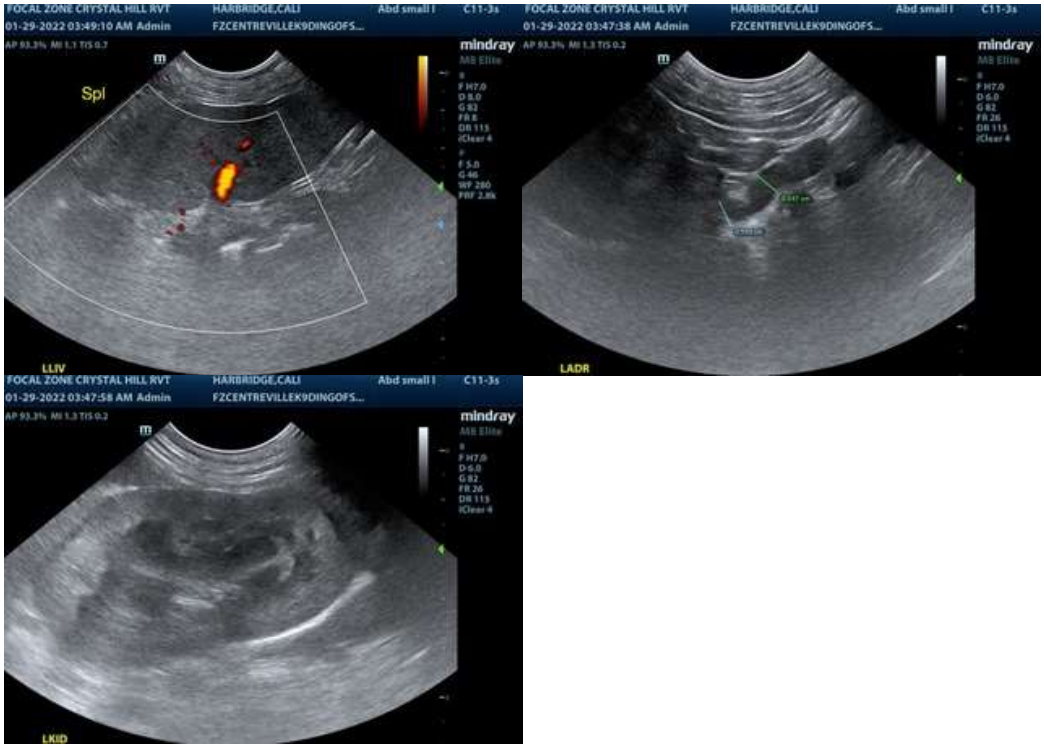

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com