



PATIENT

Molly Wheeler

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

11 years

WEIGHT

48 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

13694

DATE

4/20/22

PRESENTING CLINICAL SIGNS

Presented for chronic intermit vomiting
Abnormal PE/Chem/CBC/UA Results: WNL

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.7 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 2.6 cm length x 0.68 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.77 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.

Gastrointestinal

The stomach exhibited moderate distention with retained ingesta / chyme. Regional mild thickened yet intact ventral gastric body wall was present, measuring 0.63 cm width. By comparison, normal-appearing non-thickened caudal gastric body wall width measured 0.3 cm. A moderately sized, nonhomogeneously echogenic luminal mass lesion appearing to arise from the inner surface of the ventrally thickened gastric wall extending into the gastric lumen was present, measuring approximately 3.1 cm x 1.8 cm. The luminal mass appeared to be connected to the inner luminal wall by a small band



PATIENT	of tissue measuring 0.6 cm - 0.8 cm in diameter. No overt evidence of mechanical pyloric outflow obstruction was noted.
Molly Wheeler	
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild retained duodenal chyme was present without evidence of duodenal mechanical obstruction.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
Mixed	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
SEX	
MN	<i>Free Abdomen</i>
AGE	No overt lymphadenopathy or peritoneal effusion was present.
11 years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Regional mildly thickened yet intact ventral gastric wall with associated nonhomogeneous gastric luminal mass lesion, moderate retained non-shadowing gastric ingesta / chyme • Sonographically unremarkable small bowel with mild duodenal chyme • Bilateral mild age-related kidneys
48 lbs.	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The cause of the patient's chronic intermittent vomiting is likely associated with the gastric luminal mass lesion. This mass lesion was nonspecific with several potential etiologies including regional primarily ventral gastritis with associated moderately-sized to atypical polyp, regional gastric mucosal hyperplasia, neoplasia, granuloma, or other. Diffuse evidence of gastric mural disease was not evident, given maintained intact visualized gastric wall layering. Ideally, gastric endoscopy should be considered for further assessment and potential biopsies for histopathology.
IMAGING PERFORMED BY	
Dr. Rodriguez	Empirically, medical therapy for gastritis including gastroprotectants, canned or slurry hydrolyzed diet initially for 4 weeks with potential for helicobacter coverage and sonographic reassessment of the gastric luminal mass lesion could be considered.
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REFERRING VET	Subjectively, this mass lesion appears to potentially be amendable to surgical resection.
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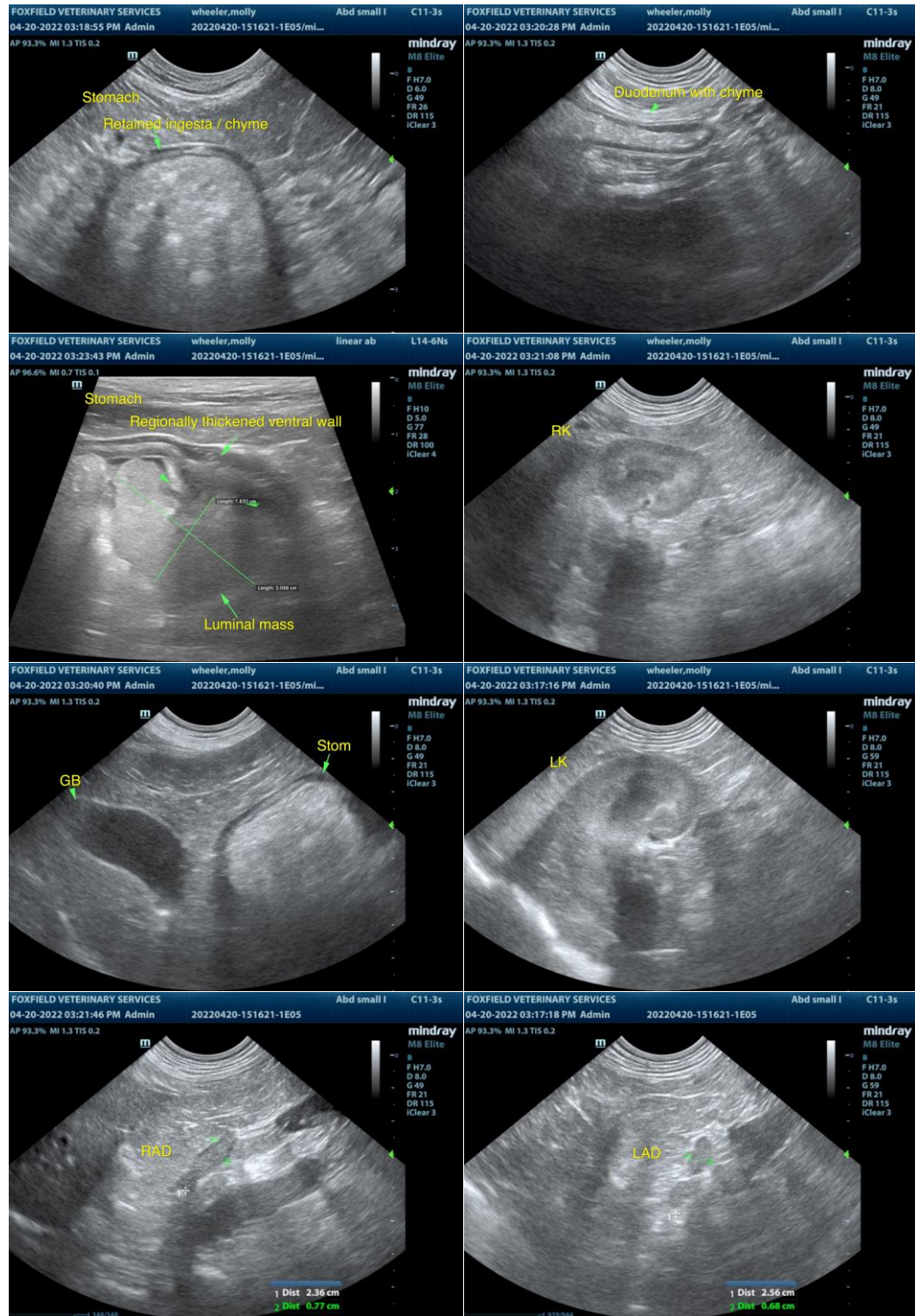
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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