

PATIENT

Bogie Wong

SPECIES

Canine

BREED

Staffordshire

SEX

Neutered Male

AGE

9 Years

WEIGHT

35.2 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Whole Pet Vet Care

REFERRING VET

Dr. Hazzard

INVOICE

15051

DATE

5/6/22

PRESENTING CLINICAL SIGNS

History: P has been vomiting off and on through cerenia. Trial of doxy attempted but that resulted in patient stop eating completely. P has lost 9 lbs over the past two weeks.

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 were noted. Aortic trifurcation was normal.

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 5.9 cm in length. The right kidney measured 5.8 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 0.61 cm width at the caudal pole and 0.69 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.54 cm width at the cranial 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

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 mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach was moderate to markedly distended with retained anechoic to mildly echogenic fluid and luminal gas. Regional, moderately thickened gastric walls, subjectively in the area of the antrum and pylorus, potentially extending into the gastroduodenal junction were present. The thickened gastric walls exhibited hypoechoic mural echogenicity with loss of discernable wall layering. The thickened



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gastric wall measured up to 1.2 cm width. Overt evidence of obstructive foreign body within the pyloric outflow was not overtly evident.

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The visualized segments of small intestine, including the upper to mid duodenum exhibited subjective intact wall layering and maintained 1:3 muscularis to mucosa ratio without evidence of concurrent small intestinal mural lesions, loss of small intestinal wall layering or small Intestinal mechanical/metabolic ileus. Regional perigastric reactive mesentery, along with focal to possible intermittent hypoechoic to prominent gastric lymph nodes were present. An example measured 1.2 cm in diameter.

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

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Pancreas

The pancreas base caudal to the area of the pylorus exhibited mild hypoechoic parenchyma compared to adjacent hypoechoic omentum. No overt evidence of peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

9 Years

- Regional, moderately thickened stomach/pylorus, exhibiting decreased mural echogenicity and loss of discernable gastric wall layering, potentially extending into the area of the gastroduodenal junction, concurrent metabolic versus mechanical gastric stasis
- Associated regional perigastric reactive mesentery and focal to intermittent hypoechoic to prominent gastric lymphadenopathy
- Possible concurrent low-grade pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification and definitive diagnosis, the regional hypoechoic thickened stomach, exhibiting loss of discernable wall layering is suggestive of infiltrative neoplastic criteria with severe regional gastritis, infectious or granulomatous gastropathy or other gastropathy possible yet thought less likely. Concern for potential early metastatic/neoplastic gastric lymphadenopathy warranted, although gastric lymphadenitis or hyperplasia cannot be excluded. No overt evidence of concurrent obstructive gastric foreign body.

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Assuming no evidence of thoracic pathology on three-view chest radiographs, endoscopic or surgical biopsies of the stomach are likely required for a definitive diagnosis. Potentially, ultrasound guided FNA of the thickened gastric wall could be accessible for screening FNA. No other evidence of additional gastrointestinal mural lesions noted. Very guarded prognosis pending additional diagnostics.

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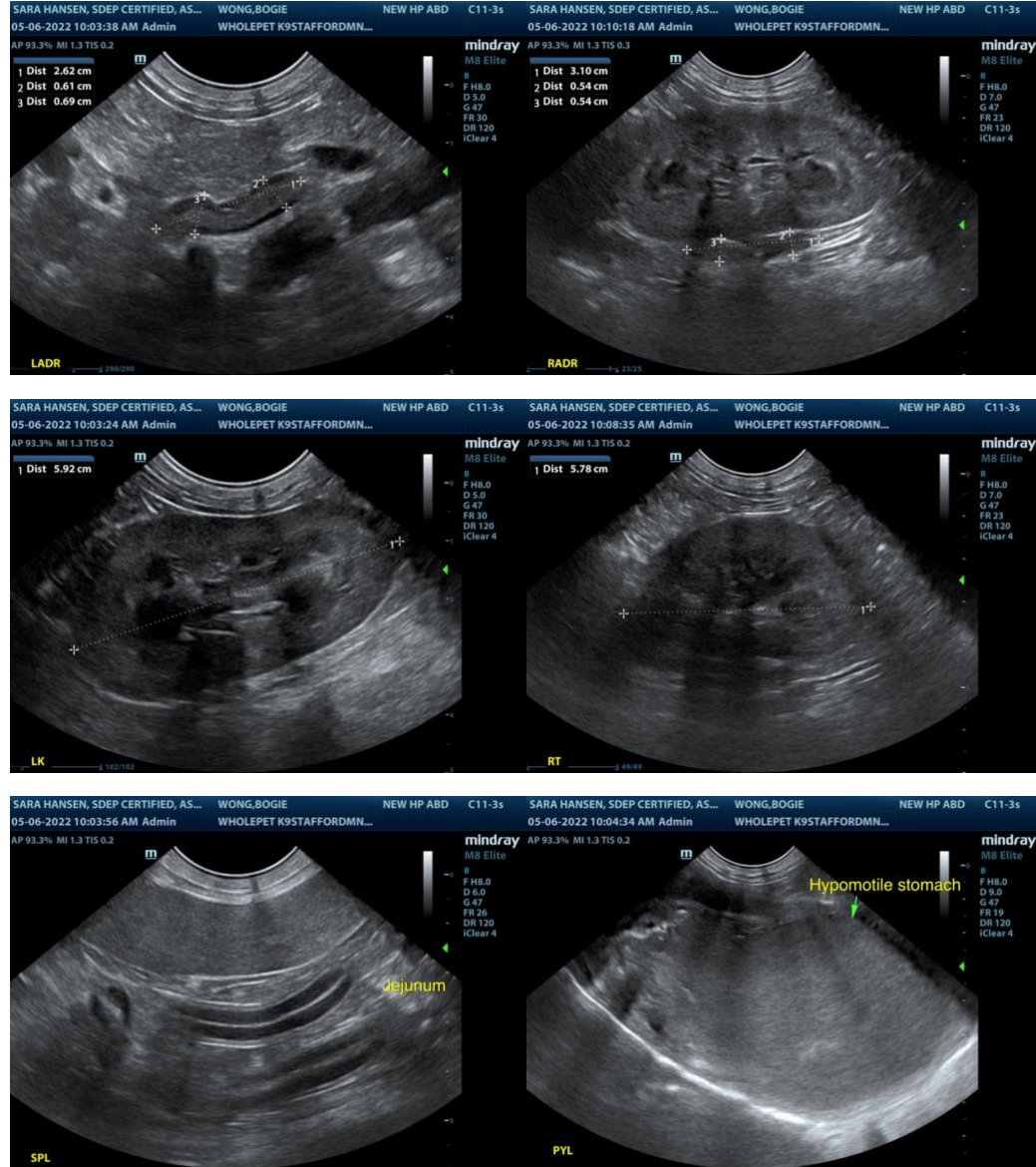
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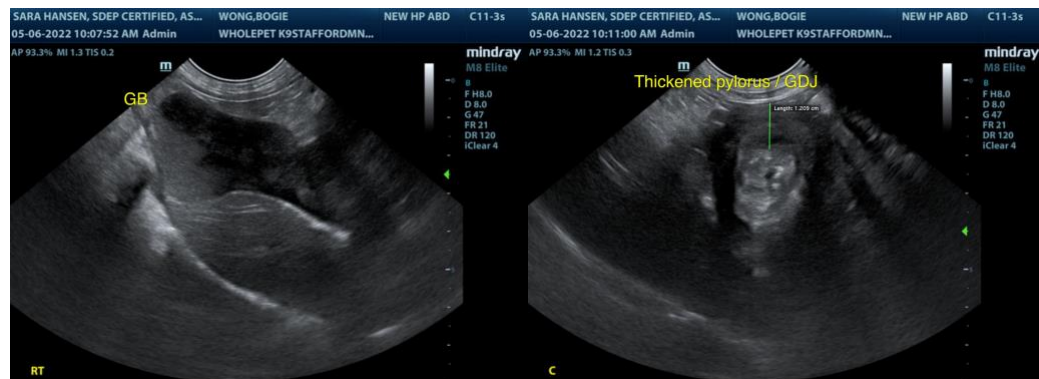
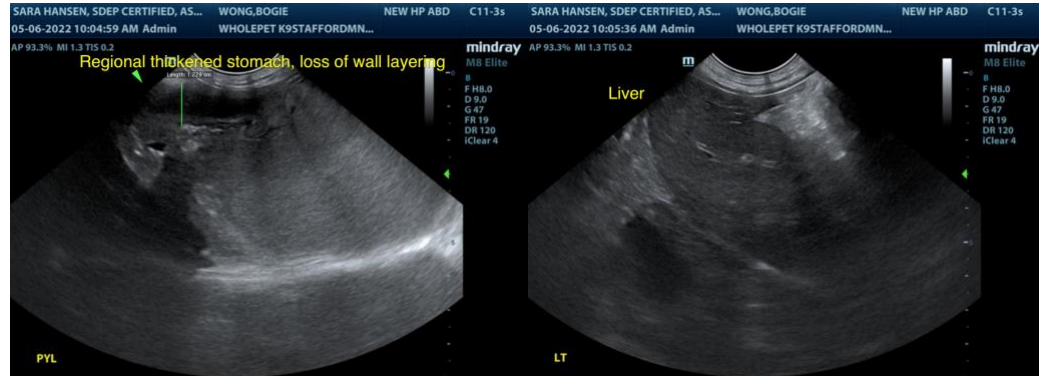
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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