



**PATIENT**

Splash Gallagher

**SPECIES**

CA

**BREED**

Labrador

**SEX**

FS

**AGE**

6

**WEIGHT**

70 lbs.

**PRESENTING CLINICAL SIGNS**

RDVM concerned about possible cranial abdominal mass or Gastric tumor

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

No evidence of pathology in the area of the aortic trifurcation.

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 6.0 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 2.4 cm length x 0.49 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 0.59 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 containing primarily anechoic content with mild, echogenic gallbladder sediment. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach exhibited mild to variably thickened wall exhibiting decreased to indistinct gastric wall layer detail. The ventral gastric body wall width measured 0.83 cm. The ventral pylorus wall width measured 0.63 cm. The stomach contained a moderate amount of variably echogenic ingesta exhibiting subtle progressive distal acoustic shadowing. There was no evidence of mechanical pyloric outflow obstruction or strongly shadowing gastric ingesta. Concurrent mild gastric lumen gas was noted.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Torch River  
Veterinary Mobile  
Services

**HOSPITAL NAME**

East Jordan AH

**REFERRING VET**

Dr. J Powers

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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 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.

### Free Abdomen

No overt or significant omental lymphadenopathy or evidence of peritoneal effusion was present. Subtle increased peri gastric omental echogenicity was noted.

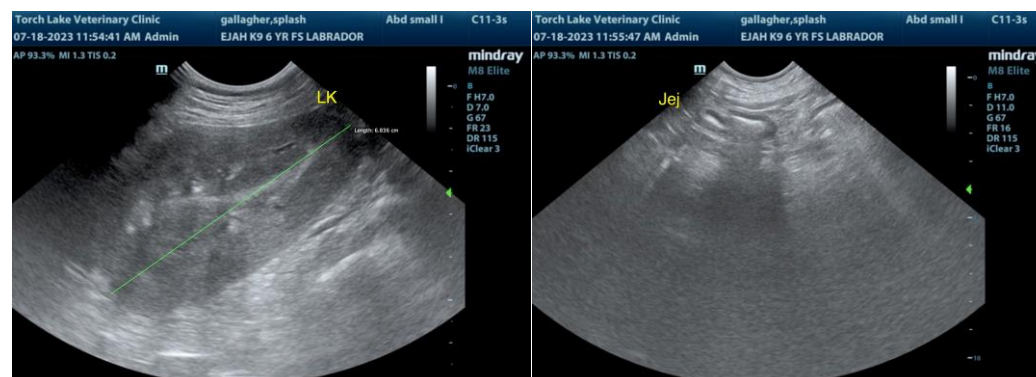
## ULTRASONOGRAPHIC FINDINGS

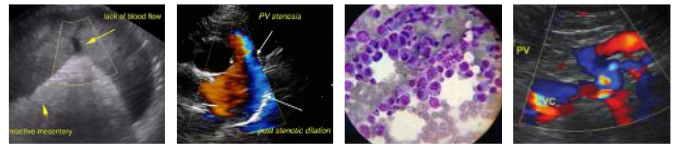
- Mild to variably thickened stomach containing variably echogenic gastric ingesta - ingesta sonographically suggestive of food
- Sonographically unremarkable small bowel
- Normal liver / spleen
- Minor gallbladder sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of reported clinical signs in this patient, the mild to variably thickened stomach is of unclear clinical significance. Considerations may include nonspecific gastritis, infectious or granulomatous gastropathy, emerging infiltrative gastric mural neoplasia, or other gastropathy.

If clinical signs suggestive of gastritis are present, gastroprotectant protocol, canned novel protein or hydrolyzed diet trial, +/- coverage for helicobacter with an assessment of clinical response and sonographic monitoring of the stomach for evidence of progressive mural changes would be reasonable. Gastric mural biopsy for histopathology would be ideal for a definitive diagnosis.





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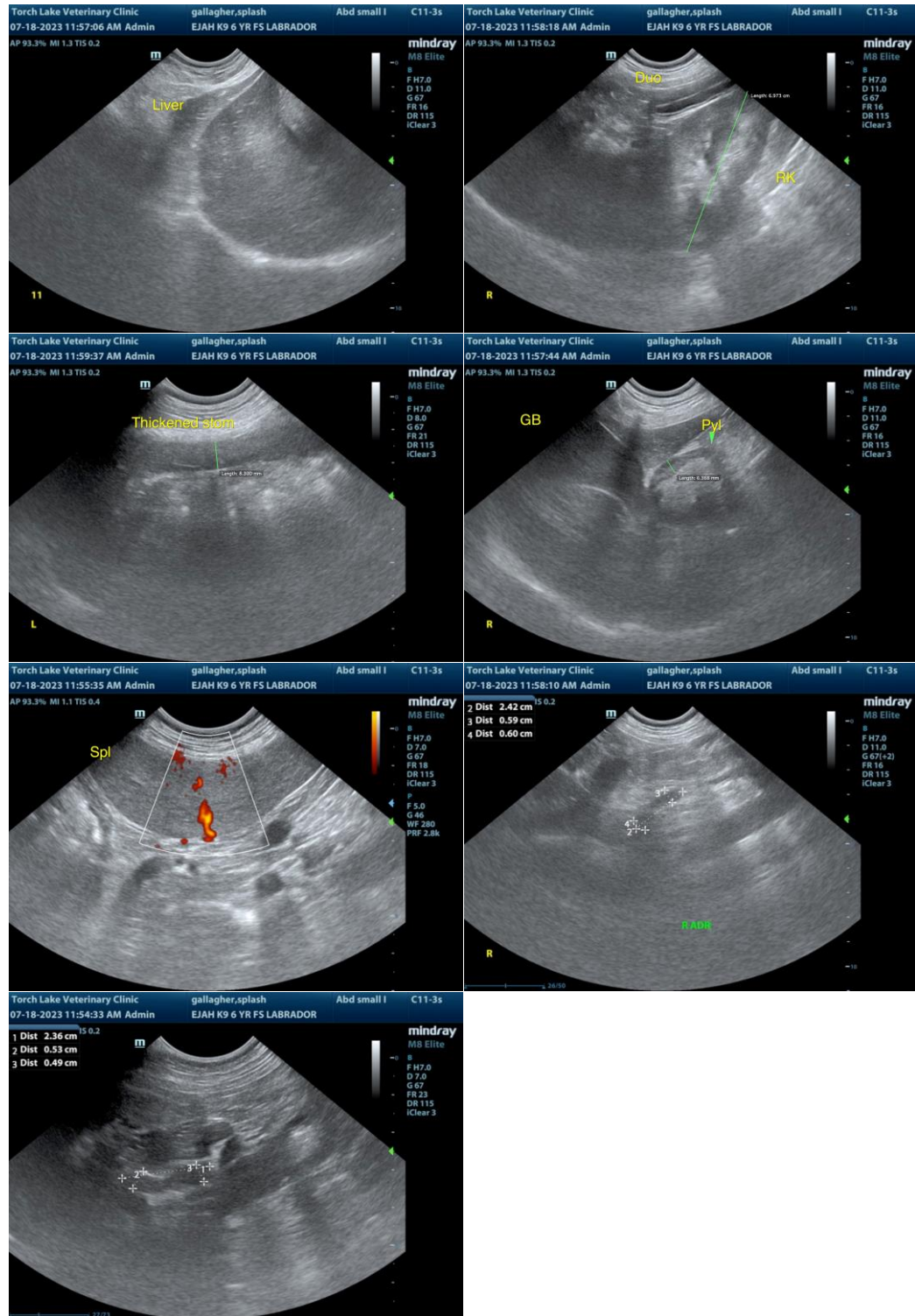
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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