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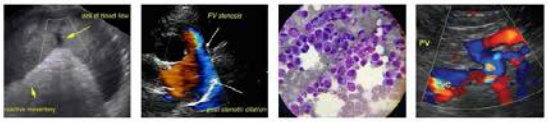

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Moose Vogedes

SPECIES

Canine

BREED

Rottie X

SEX

Neutered Male

AGE

6 Years 7 Months

WEIGHT

67.8 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Alexis Hazelwood

INVOICE

25688

DATE

9/16/21

PRESENTING CLINICAL SIGNS

P presented 9/13: has been vomiting on and off for about 2 months. It has gotten worse over the past few weeks. Vomiting occurred about once a week in June-July; at that time, O switched P's diet to rice/chicken/beef; as of August, the vomiting has become more frequent and O is noting the vomiting daily but only during the hours of 3-5am (P never appears to vomit outside this timeframe). P is losing weight and his coat quality doesn't feel the same. P's food was only switched after P started vomiting; otherwise he had been on the Kirkland large breed kibble beforehand, and this had been his diet for a long time. P's vomitus had included partially digested food and yellow bile; sometimes also has mucus. O changed to TID feeding of smaller proportions; last meal is usually given between 5-9pm, although O has been trying to feed earlier to see if it would help P's vomiting; in the last week or so, O hasn't appreciated as much vomit (no further undigested food; only bile/mucus). O states P also has a lump in the middle of lower chest; noted within the last week or two. Physical Exam Findings/Reason for Ultrasound: Eyes: Clear corneas, no discharge, no scleral injection or conjunctival hyperemia OU. Ears: External pinnae and visible canals are clean with no inflammation AU. Nose: Smooth nasal planum. No discharge noted. Oral: Grade 1/4 periodontal disease. No oral masses or lesions appreciated. Cardio: No murmurs or arrhythmias auscultated. Resp: Clear bronchovesicular sounds appreciated in all fields. No stertor, stridor, crackles, or wheezes noted. Abd: Soft, non-painful palpation. No overt organomegaly, fluid, or masses noted. MS: Ambulatory x4; no overt pain or lameness. Smooth, symmetrical muscling. Full ortho exam not performed. Neuro: Appropriate mentation. Isocoria. No overt deficits or ataxia. Full neuro exam not performed. GU: Appears externally WNL. No preputial masses or discharge noted. Integ: Dry/dull, coarse, full coat. No evidence of ectoparasites. ~5mm, soft, non-painful, circular, dermal growth on ventral chest along midline. PLN: No peripheral swellings. On abdominal radiographs, Dr. Majeczky and Dr. Hazelwood thought the stomach appeared abnormal. Radiology report said did not say it was abnormal. Attached for review. Labwork: RBC elevated and Creatnine high end- likely Hemonconcentration from mild dehydration. Lymphopenia - likely stress-related. Normal platelets, kidney and liver values, electrolytes, proteins, cholesterol, bilirubin, and pancreatic enzyme. Thyroid value normal, HWT negative. Urine concentration ideal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.84 cm in width.

The kidneys were normal in size and margination with minor loss of corticomedullary border demarcation. Maintained 1:3 cortex/medulla ratio present. The left kidney measured 5.3 cm. The right kidney measured 5.5 cm.

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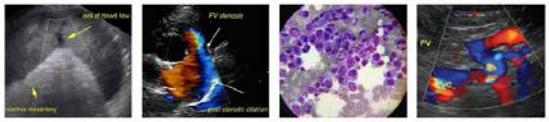

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Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland was not definitively visualized. No overt pathology in the area of the right adrenal gland.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

Generalized moderate to severe gastric wall thickening and loss of gastric wall layer detail with hypoechoic mural echogenicity was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. The stomach was primarily empty with mild luminal gas and potential for minor retained fluid. Gastric wall width measured up to 2.2 cm. Fundus wall measured 1.1 cm. Subtle evidence of perigastric reactive mesentery noted.

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. Duodenum wall measured 0.40 cm.

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 was evident.

Free Abdomen

Small pockets of scant peritoneal free fluid were noted in the lateral abdomen as well as in the caudal abdomen around the apical urinary bladder.

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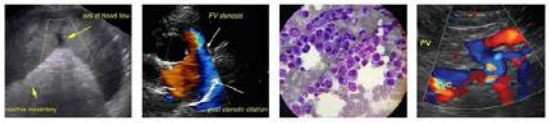

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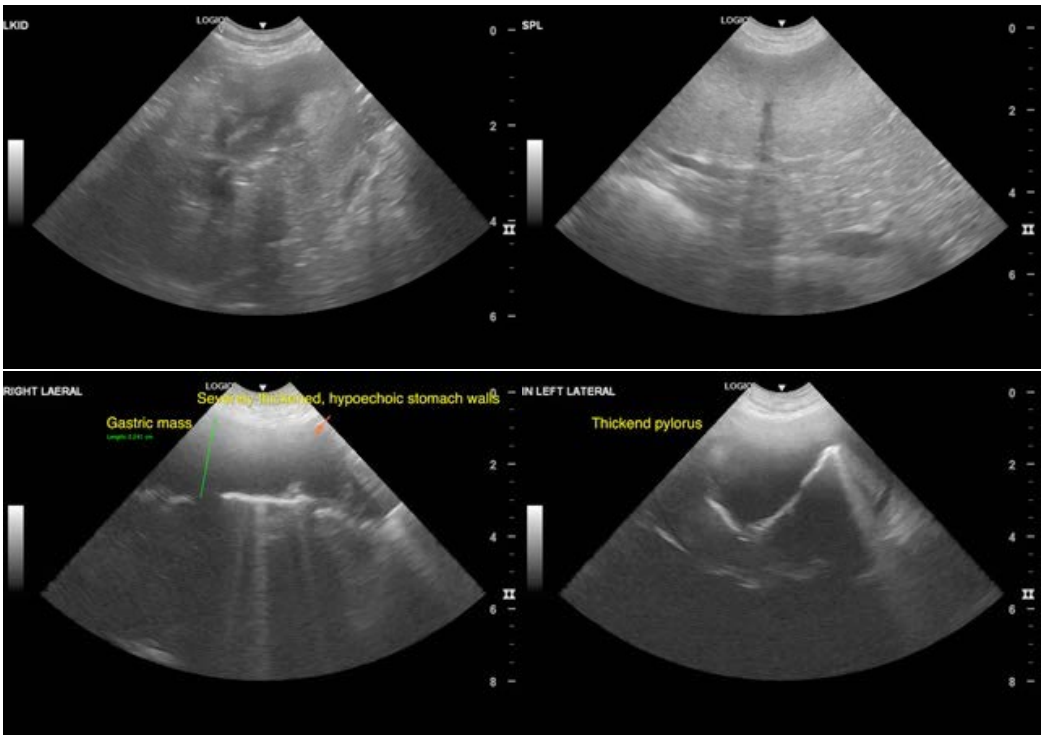
ULTRASONOGRAPHIC FINDINGS

- Gastric mass
- Sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate to severe gastric mural hypertrophy with decreased mural echogenicity and loss of distinct wall layering is consistent with a neoplastic process with considerations including adenocarcinoma, lymphoma or other. Potential for severe non-neoplastic inflammatory process possible, yet considered unlikely. Gastric biopsies are required for definitive diagnosis with potential for oncology consult. Unfortunately, given the generalized gastric thickening, this case appears to be non-surgical. Empirically, gastroprotectants along with multiple small feedings of canned limited antigen or hydrolyzed diet may be considered. 3-view chest radiographs recommended.



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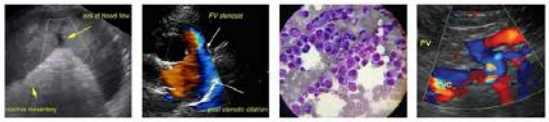

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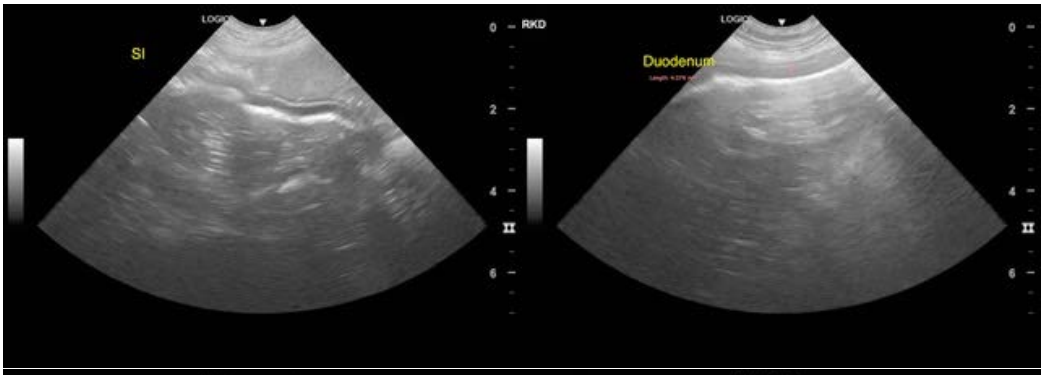

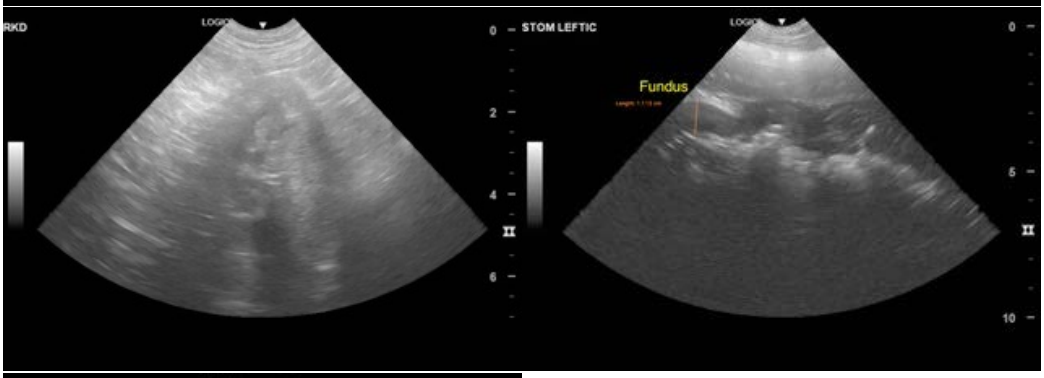

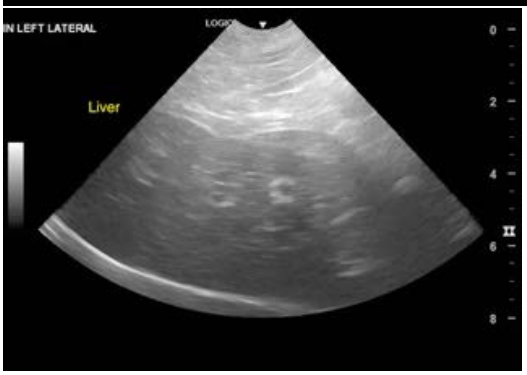

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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