



PATIENT PRESENTING CLINICAL SIGNS

Chance Bobbitt 7 month history of vomiting and weight loss. Has not been able to keep food nor water down. Suspect pyloric outflow obstruction

SPECIES Abnormal PE/Chem/CBC/UA Results: Lean BCS (4/9). Ultrasound: pyloric thickening and possible mass. Bloodwork has hypokalemia, hypochloremia, hyponatremia

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX and ABDOMEN

BREED Plain and post contrast, soft tissue and bone studies are available for review.

Hound Mix

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

SEX

MN

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

AGE

8yr

The cardiovascular structures, including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

HOSPITAL NAME

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ABDOMEN

The stomach is moderately dilated with fluid and small mineral foreign material compatible with a gravel sign. Diffuse thickening of the wall of the pylorus is seen with partial loss of mural layering. There is prolapse of pyloric mucosa into the gastric lumen. Maximum wall thickness is up to 15 mm. Margins of the lesion are ill-defined and blend into the pyloric antrum and proximal descending duodenum.

REFERRING VET

Jonathan Blakely

Mild dilation of the common bile duct and mild enlargement of the duodenal papilla are noted.

Mild regional epigastric lymphadenopathy is seen.

INVOICE

23487

Small mineral accumulations are seen in the right renal diverticula without evidence of dilation of the renal pelvis. The left kidney presents within normal limits.

DATE

01/07/2026

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The adrenal glands are within normal limits for size, shape and organ architecture.



PATIENT

Chance Bobbitt Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

SPECIES

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Canine The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

Hound Mix

- Diffuse pyloric wall thickening with partial loss of layering and mucosal prolapse
- Secondary gastric dilation with gravel sign consistent with chronically delayed gastric emptying and partial outflow obstruction.
- Mild regional epigastric lymphadenopathy
- Hypercalcemic nephropathy right kidney likely incidental
- Normal thorax

SEX

MN

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

AGE

8yr

The pyloric lesion is suspicious for pathological process causing partial gastric outflow obstruction. Differential diagnosis includes pyloric neoplasia, such as adenocarcinoma, leiomyoma, leiomyosarcoma, gastrointestinal stromal tumor and other, or hypertrophic pyloric gastropathy /pyloric fibrosis associated with severe chronic inflammation. Gastric fluid and mineral material correlate with the vomiting and weight loss.

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Clinically, the mild regional lymphadenopathy may reflect reactive changes or less likely early metastatic spread.

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Please note the presence of mild common bile duct dilation and enlargement of the duodenal papilla likely reflecting reactive /inflammatory papillitis.

Endoscopy with sampling for histology could be considered for definitive diagnosis if not performed already and the findings could be discussed with a specialized surgeon for pylorotomy or pyloromyotomy depending on biopsy results.

REFERRING VET

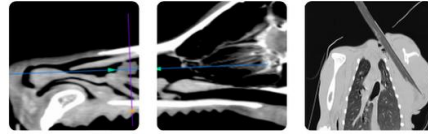
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PATIENT

Chance Bobbitt

SPECIES

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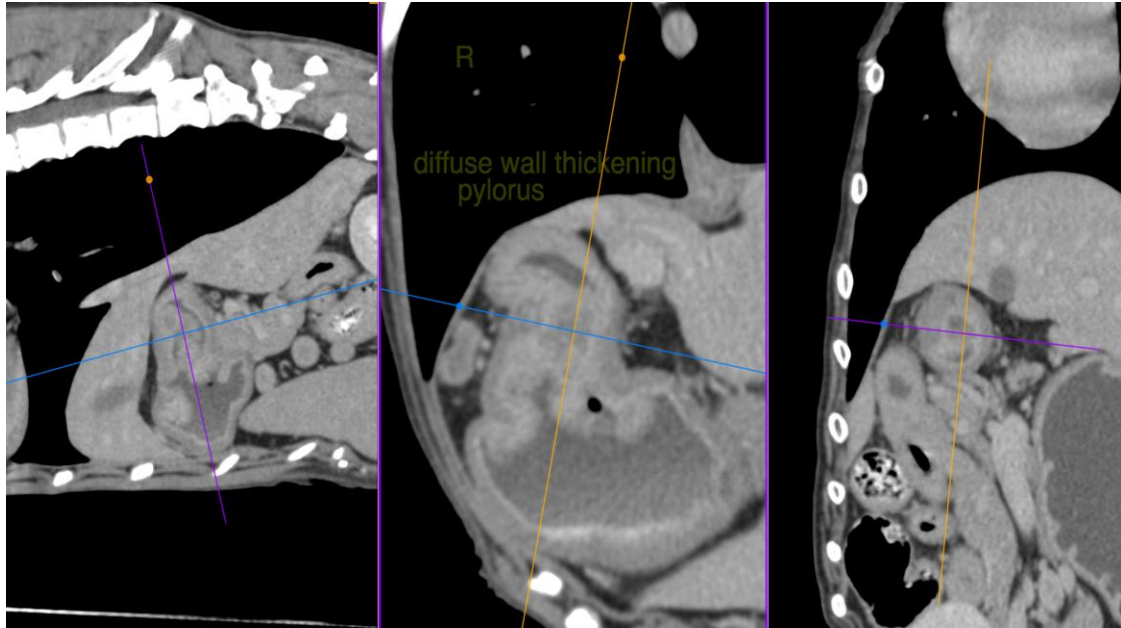
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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