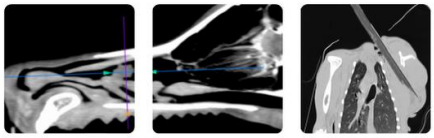

PATIENT

Mowgli Gores

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

MN

AGE

8

WEIGHT

26kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

MP

HOSPITAL NAME

Green Dog Dental and Wellness

REFERRING VET

Dr. Garcia

INVOICE

73247

DATE

1-8-26

PRESENTING CLINICAL SIGNS

Chief complaint: elective abdominal ct scan due to chronic hx of non-specific gi signs (V, lethargy, inappetence) Past medical hx: HX LIP MCT (SX REMOVED) 2025, benign fibroma removed 09/2025. AUS 12-29-2025 (thickened stomach wall, overall unremarkable abdomen). Current medications: CERENIA SID

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

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

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

Marked focal thickening of the gastric fundus with mass effect predominantly involving the medial wall is seen. The lesion measures approximately 10 x 10 cm. An area with a maximum wall thickness of approximately 3 cm. loss of normal wall layering is noted consistent with an infiltrative process. Contrast enhancement is relatively low. The lesion margins are ill-defined and blend into the peripheral wall of the gastric fundus. The pyloric region and remainder of the stomach wall appear normal.

Mild multifocal regional epigastric lymphadenomegaly is noted.

The small and large intestine and other mesenteric lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe extensive gastric wall thickening with mass effect and loss of wall layering in the gastric fundus.
- Mild multiple epigastric lymphadenomegaly.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are highly suspicious for a primary gastric mass in the fundic region. Differentials include gastric neoplasia such as histiocytic sarcoma, lymphoma, adenocarcinoma, and less likely leiomyoma, leiomyosarcoma, or stromal tumor (GIST). Severe hypertrophic or infiltrative gastritis with ulcer is less likely given the CT presentation.

The mild regional lymphadenomegaly may represent reactive change or early neoplastic involvement.

The remainder of the abdominal organs and lymph nodes are unremarkable.

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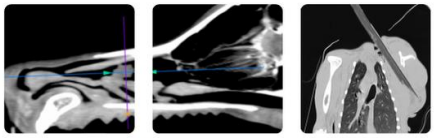

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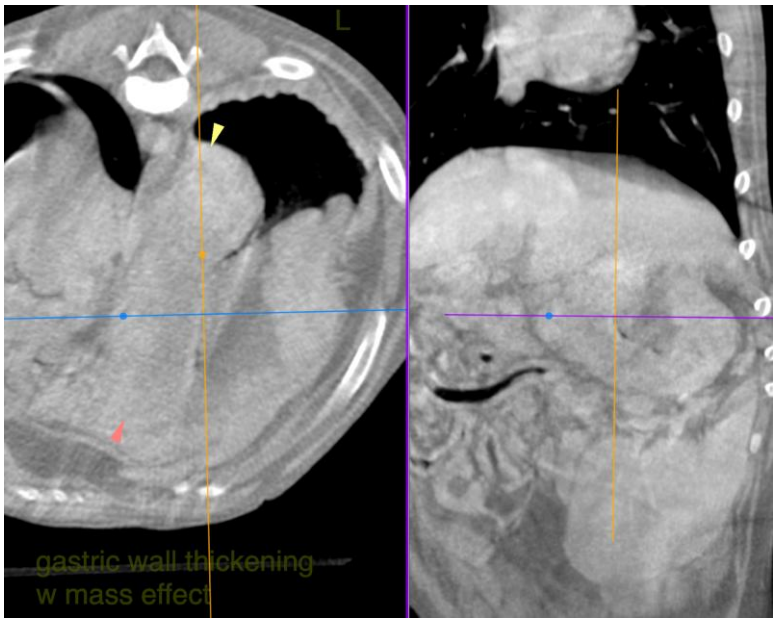
Tissue diagnosis is strongly recommended. Consider endoscopic biopsy if not performed already.



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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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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