



PATIENT PRESENTING CLINICAL SIGNS

Mr Max Rios

History: Vomiting.

SPECIES

Physical Examination: N/A.

Canine

Urinalysis: N/A.

BREED

CBC: N/A.

Labrador

Serum Biochemistry: N/A.

Radiographic Findings: Mass effect near pylorus.

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Male

Urinary System

AGE

Small urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

7 years

WEIGHT

Normal trigone area, proximal urethra (1 cm), and iliac blood vessels.

75 #

Normal iliac lymph nodes (1.4 cm). Ureters not visualized.

INTERPRETED BY

Normal renal size (left 7.5 cm, right 7.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

Reproductive System

Prostamegaly (3.9 x 4.6 cm) with a diffuse hyperechogenic appearance and regular capsule. Normal appearance of the testicles.

IMAGING PERFORMED BY

Adrenal Glands

Sonya Myers, DVM

Normal shape, echogenic appearance, size, and position. Left 0.57/0.47 cm, right 0.56/0.8 cm.

HOSPITAL NAME

Spleen

Lake Emma Animal
Hospital

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET

Liver

Dr Wilder

Small with normal echogenic appearance and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

INVOICE

303094

DATE

7/4/22


PATIENT *Gastrointestinal*

Mr Max Rios

SPECIES

Canine

BREED

Labrador

SEX

Male

AGE

7 years

WEIGHT

75 #

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HOSPITAL NAME

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REFERRING VET

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Large irregular mottled echogenic poorly vascularized mass (up to 5.6 x 9.8 cm) that extends from fundus to the proximal duodenum as well as into the lumen of the stomach. Normal appearance of the small intestine and ileo-cecal junction with no loss of layering, normal wall thickness (jejunum 0.42 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the gastric wall (0.52 cm), duodenum (0.55 cm), and colon (0.44 cm) but with no loss of layering or distension of the lumen.

Pancreas

Normal size (right 1.9 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (3.1 cm).
 No ascites.

Hyperechoic appearance of mesentery surrounding the gastric mass and proximal duodenum.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastric mass.
- Duodenal and colonic thickening.

Secondary Findings:

- Micohepatica.
- Benign prostatic hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric mass would be neoplasia (carcinoma, lymphoma) with a granuloma a far less likely diagnosis.

Etiologies for the duodenal and colonic thickening would be inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and lymphoma.

With the patient's age, the benign prostatic hyperplasia and micohepatica can be considered incidental findings.

Further assessment would be FNA cytology of the mass and 3-view thoracic radiographs.

From the size of the mass and involvement of a large portion of the stomach and extension into the duodenum, surgical excision does it seem feasible; however, if surgery is being considered then CT scan would be recommended.



PATIENT
IMAGES
 Mr Max Rios **Stomach**

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WEIGHT
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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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