



PATIENT

Strider Amodei

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered male

AGE

7 years

WEIGHT

50.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside AH

REFERRING VET

Dr. Fusselman

INVOICE

70050

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: BCS 4/9, vomiting and weight loss since Oct. Overall thin.
Abnormal PE/Chem/CBC/UA Results: ALB 2.8; WBC 19.8; Neuts 17028; Monos 1188; UA: Blood 3+; WBC 21-50; Rods (free catch); USG: 1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.3 cm, right measured 6.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 0.9 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.85 cm and 0.68 cm in width. The right adrenal gland measured 0.9 cm and 1.06 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.2 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Severe thickening of the gastric wall (1.9 cm) with a hypoechoic appearance and loss of layering. A moderate amount of ingesta is present within the stomach. Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of acellular ascites is present in the cranial abdomen.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric thickening.
- Urinary bladder sediment.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric thickening would be neoplasia such as lymphoma with ulcerative disease and granulomatous disease a differential diagnosis.

Etiologies for the urinary bladder sediment would be incidental debris, hematuria and possibly bacterial cystitis.

The ascites can be ascribed as secondary to the gastric wall pathology.

Further assessment would be urinalysis and possibly urine culture (from a cystocentesis sample), three view thoracic radiographs and FNA cytology of the gastric wall.



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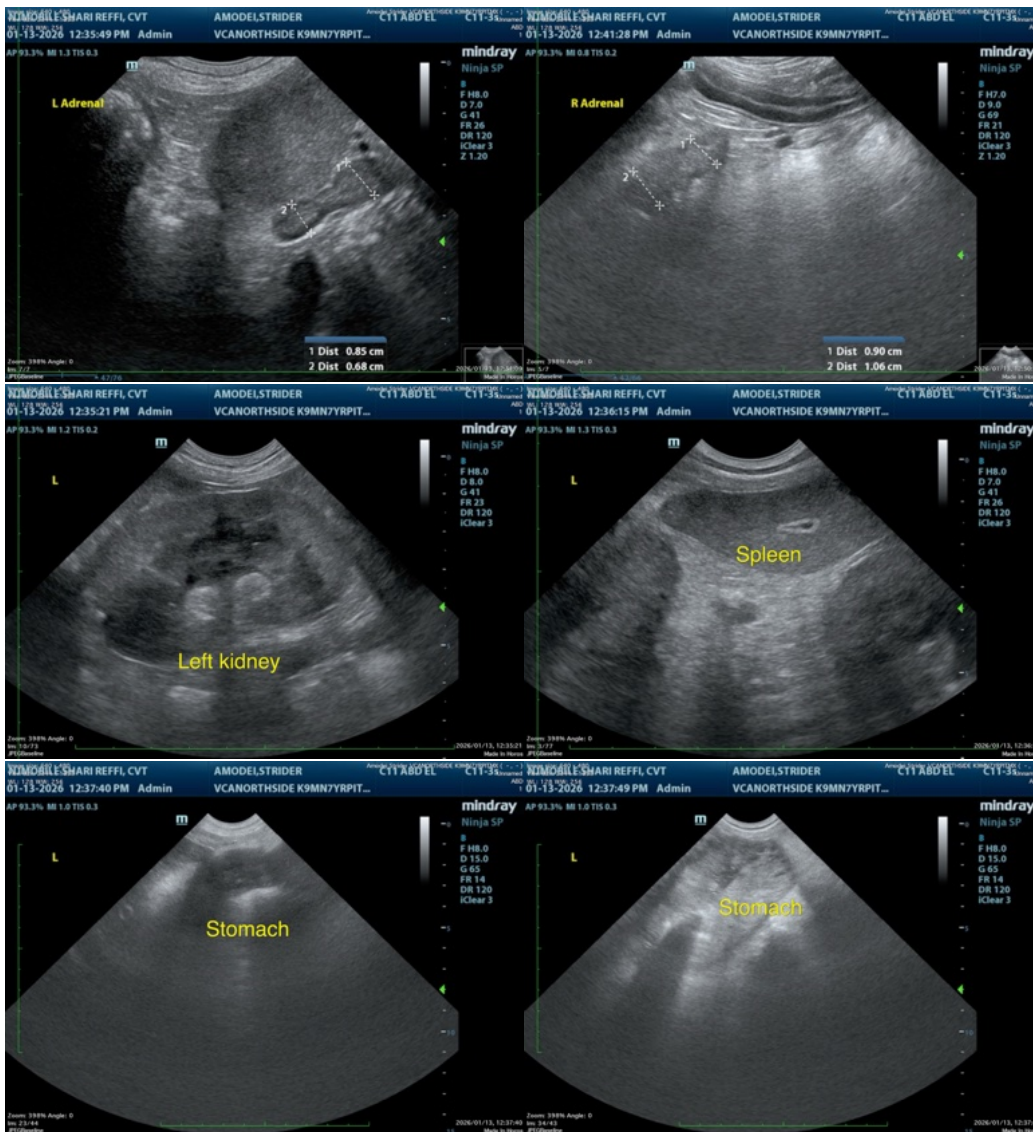
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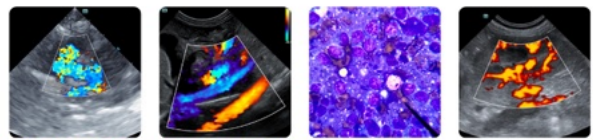
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Gastroscopy with biopsies can also be considered.

Analysis of the ascitic fluid could also be considered (if able to be aspirated).

Specific therapy would be dependent on an etiological diagnosis.





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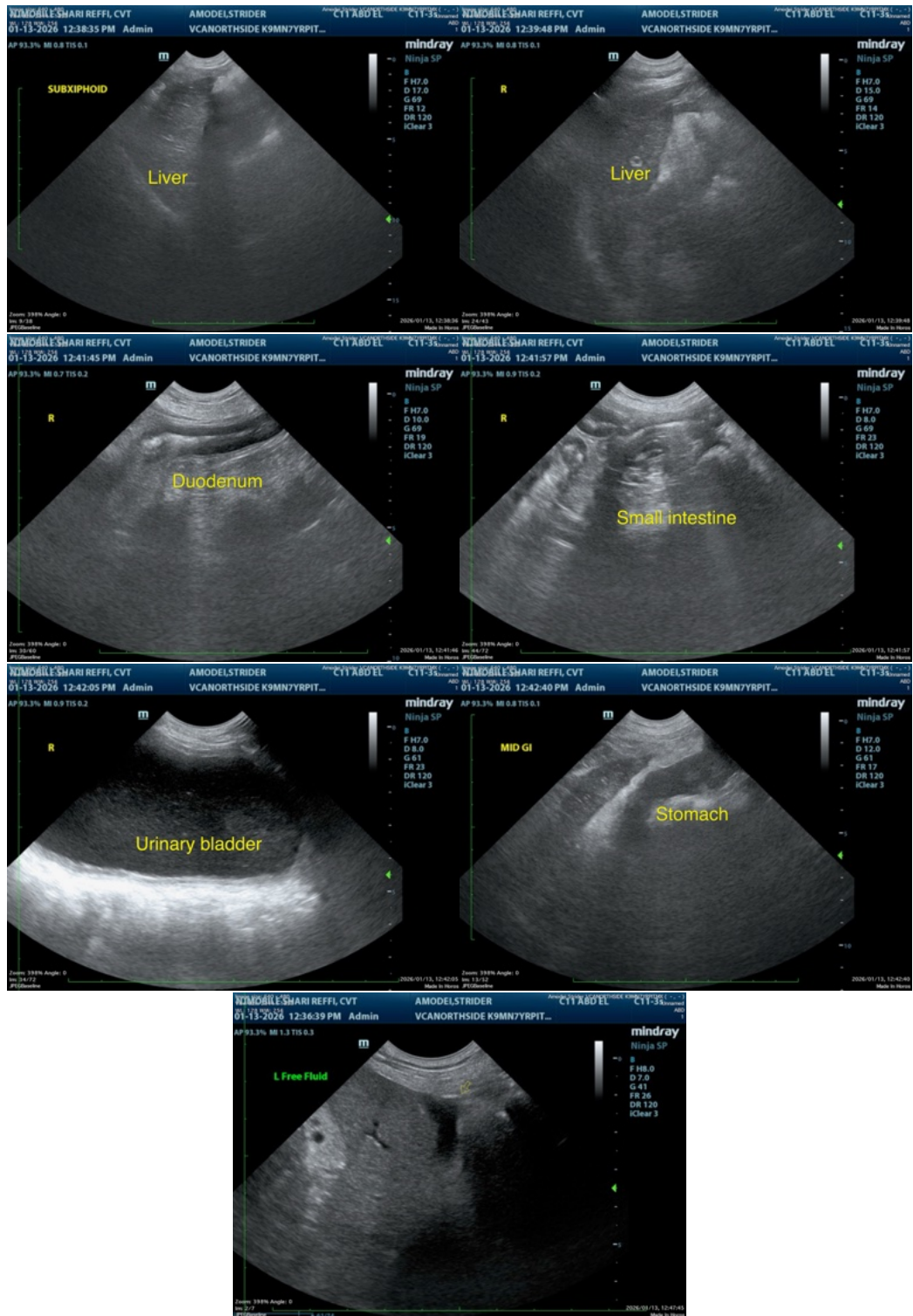
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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