



PATIENT

Maya Johnson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8 Years 10 Months

WEIGHT

67

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Pete Bashara, DVM

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Pete Bashara, DVM

INVOICE

35441

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: • Irregular thickening suspected within the stomach wall • Found on the left side • Along the greater curvature • Loss of normal layering and irregular fluid distention in the lumen • Potentially inflammatory or neoplastic • Difficult to assess with confidence, with the normal shadowing, folding and motion.

Abnormal PE/Chem/CBC/UA Results: Still doing well clinically – eating well, no weight loss, no vomiting • Previous elevation of the ALT and alkaline phosphatase • Normal bile acids • Ultrasound showed some questionable areas in the stomach, persistent one week later • Fecal occult blood test was normal/negative • Changed diet and rechecking ultrasound 3-4 weeks later to see if the changes are persistent- study included.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

The stomach impresses with hypertrophic/hyperplastic gastric folds at the level of the great curvature, maintaining the gastric wall layers as far as can be assessed with CT. These changes can be traced to the cardia and the caudal parts of the esophagus. A mass or nodular changes are not noted. The supplying vessels appear mildly hypertrophic. The gastric periphery is inconspicuous. The epigastric lymph nodes are mildly enlarged presenting a normal shape and contrast behavior. The splenic lymph nodes are mildly enlarged and inhomogeneous, again with an inconspicuous periphery. The spleen is moderately enlarged, presenting well-defined margins. There is no evidence of nodular changes.

The liver and gallbladder show normal findings, as well as the pancreas, the common bile duct and the duodenum. Free peritoneal fluid is not noted. The other abdominal organs are without particular findings apart from that.

There is marked fat storage noted in the subcutaneous, interfascial, intermuscular and abdominal regions.

The displayed bony structures of the spine are inconspicuous.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hypertrophic gastric folds great curvature, mildly thickened wall cardia and caudal esophagus
- Mild enlargement epigastric/splenic lymph nodes
- Unspecific splenomegaly, suspected ectopic splenic tissue ventral to the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings do match with the sonographic report and present marked thickening/hypertrophy of the gastric folds at the level of the great curvature. Nodular changes are not noted. With that, there are no compelling signs of a neoplastic process. The latter cannot be fully excluded. Initial malignant lymphoma, for example, can look similar. There are several inflammatory changes possible (esophagitis/gastritis), including eosinophilic and lymphoplasmacytic inflammatory patterns, which could represent a pre-leukotic stadium. The enlargement of the epigastric and splenic lymph nodes is still consistent with reactive lymphadenitis. Currently, the changes are limited to the stomach without signs of perifocal peritonitis and/or peritoneal effusion.



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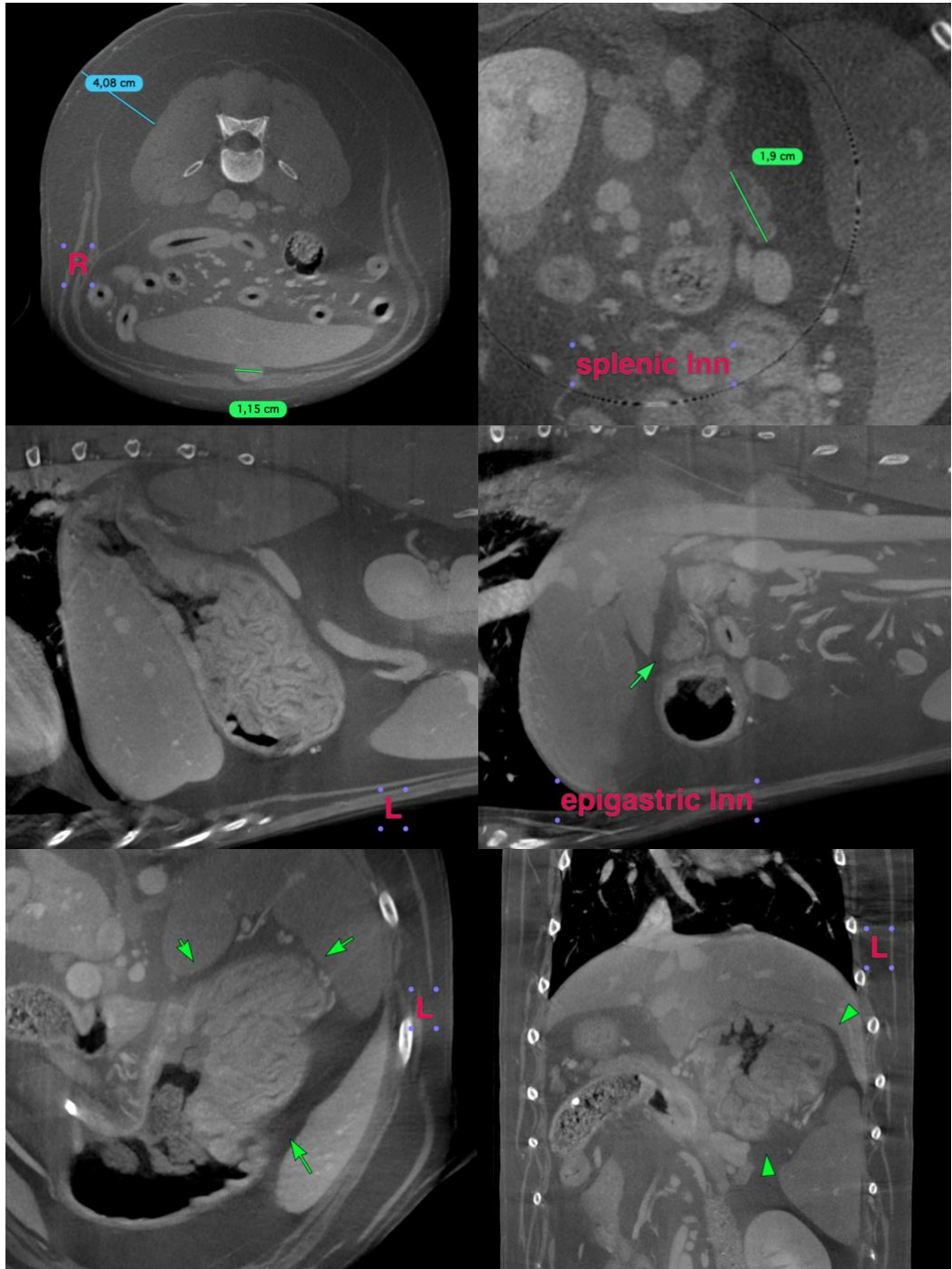
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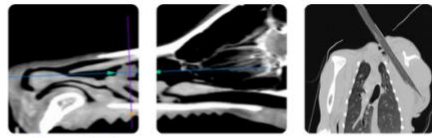
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For further assessment, complementary endoscopic evaluation and sampling could be performed next.





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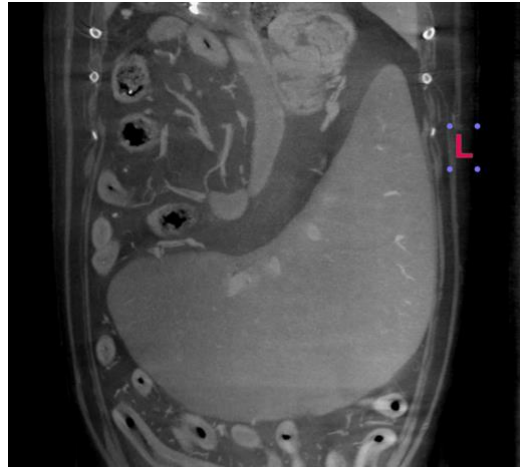
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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