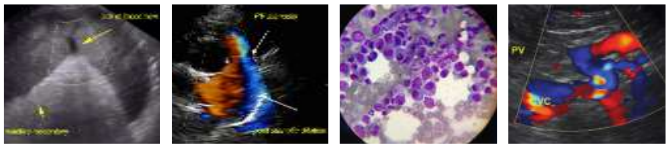
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lola Beals

SPECIES
Canine

BREED
Dachshund

SEX
FS

AGE
13 Years

WEIGHT
10.8 lbs

INTERPRETED BY
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Family Pet Practice

INVOICE
48852

DATE
12-7-21

PRESENTING CLINICAL SIGNS

History of vomiting since Dec 2020 with increased frequency. Previous AUS performed April 27 2021 noted what appeared to be a mass in stomach (muscularis layer 7.1mm x 9.2mm). Right limb pancreas also appeared hyper echoic. Stomach also appeared severely dilated with echogenic debris/fluid.
Presents today for increased vomiting and weight loss ~2.5lbs.
Abnormal PE/Chem/CBC/UA Results: BW performed today shows: HCT 59.4% (33%-56%) Amylase 1507 (100-1500 U/l) Lipase 502 (0-225 U/l) Urine unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are inconspicuous with a clear corticomedullary definition.

Left kidney measures 3.89 cm length, right kidney 3.92 cm. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

The left adrenal gland measures 0.38 cm in cranial pole, 0.45 cm in caudal pole. The right adrenal gland measures 0.46 cm in cranial pole, 0.49 cm in caudal pole.

Both present normal size, shape and echogenic texture.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

The gallbladder, -wall and CBD are unremarkable without signs of relevant sludge, a florid process or cholestasis.

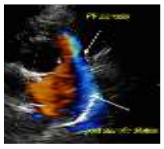
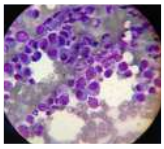
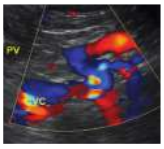
Gastrointestinal

The stomach presents marked sedimentation. The gastric and intestinal walls show a thickened muscularis layer with transverse diameters of 0.16 – 0.20 cm. At the level of the pylorus there is a well-defined, hypoechoic and encapsulated mass of 1.66 x 1.04 cm recognized included in the gastric/pyloric wall. The adjacent periphery is inconspicuous. Color doppler demonstrates no relevant perfusion. Mesentery and fat tissue are of normal appearance. Mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lola Beals

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

13 Years

WEIGHT

10.8 lbs

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

48852

DATE

12-7-21

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

- Pyloric mass-like lesion causing pyloric stenosis
- Thickened muscularis layer stomach and small intestine

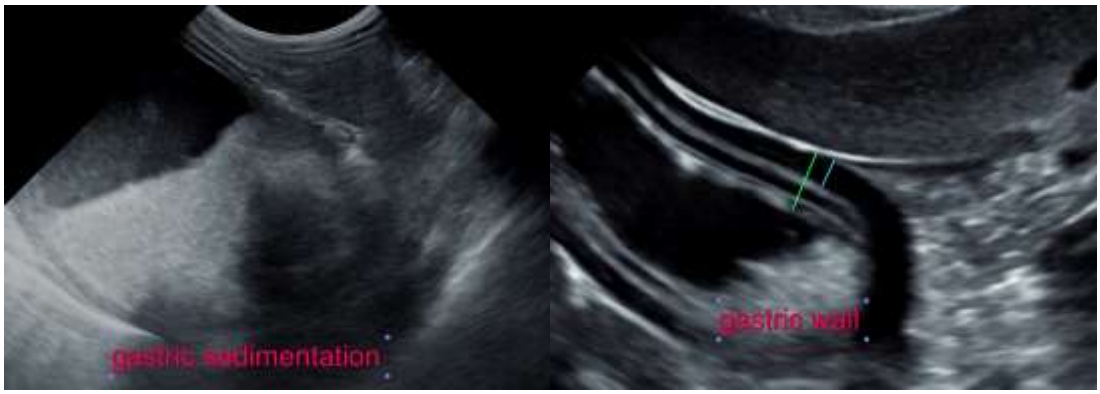
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric sedimentation is pathognomonic for pyloric stenosis. The mass-like lesion at the level of the pylorus is highly suspicious for a neoplastic process deviating/compressing the pylorus. The encapsulated appearance is also recognized with abscess/ulcer formation (perforating foreign body), which is a potential differential diagnosis.

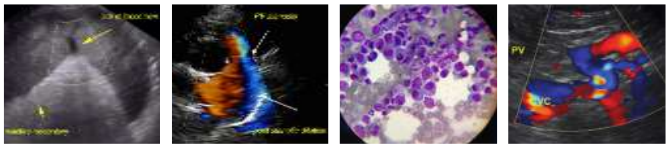
The thickened gastric wall could be secondary due to chronic obstruction. The thickened muscular layer of the stomach and small intestine are seen with infiltrative intestinal disease including lympho-plasmocytic, -histiocytic/eosinophilic inflammation (IBD) or initial lymphoma. The latter would match with the pyloric mass formation. Biopsy/FNA are needed to rule out neoplasia. Once excluded surgical intervention could be considered.

TECHNICAL COMMENTS

Well performed study!



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lola Beals

SPECIES

Canine

BREED

Dachshund

SEX

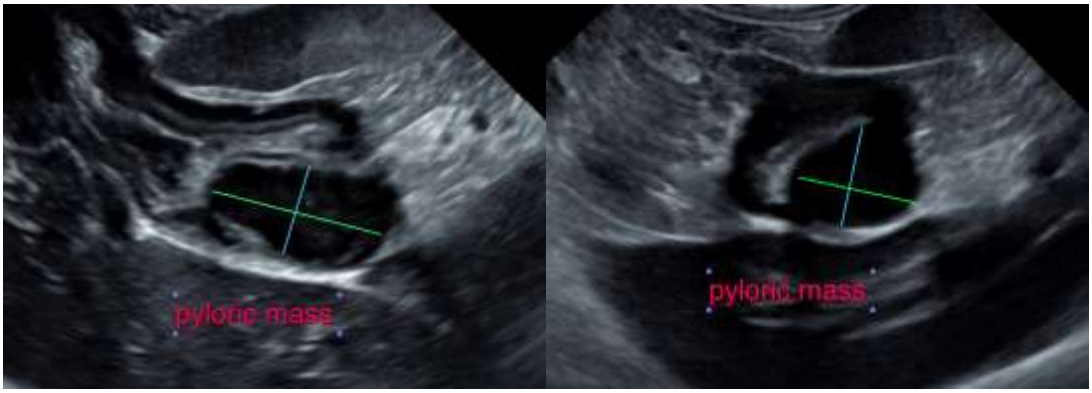
FS

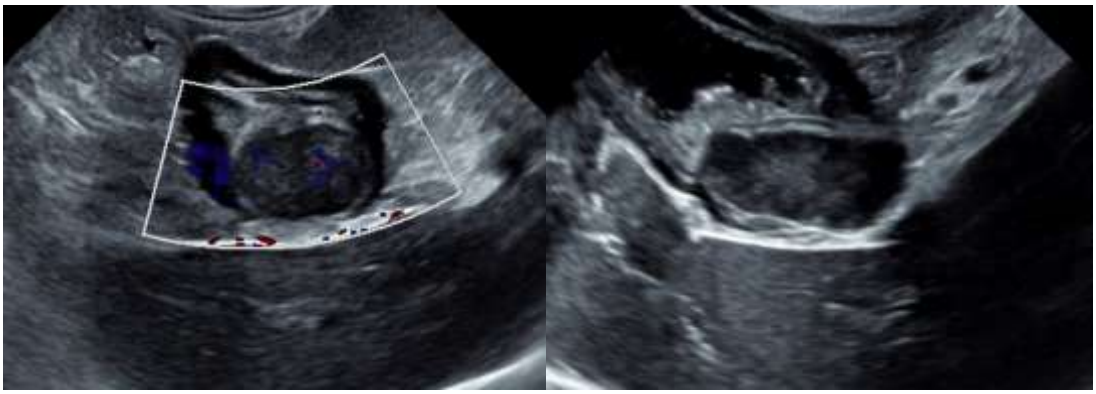
AGE

13 Years

WEIGHT

10.8 lbs





INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

48852

DATE

12-7-21

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com