



## PATIENT

Tenley Chang

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

FS

## AGE

7

## WEIGHT

6.33kg

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Dr. Runde

## HOSPITAL NAME

Northeast Veterinary  
Referral Hospital

## REFERRING VET

Dr. Runde

## INVOICE

73616

## DATE

2-4-26

## PRESENTING CLINICAL SIGNS

History:

- Presented for chronic progressive vomiting and anorexia. RDVM suspected thickening of the stomach. Ultrasound showed a gastric mass. Pyloric mass noted on endoscopy post CT>

Abnormal PE/Chem/CBC/UA Results: alk 12, otherwise normal

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Pre- and post-contrast computed tomographic examination of the thorax and abdomen are provided for review, totaling 3 series. One pre-contrast series of the thorax and abdomen (soft tissue algorithm). One post-contrast series of the abdomen (soft tissue algorithm). One post-contrast series of the thorax (soft tissue algorithm)

## COMPUTED TOMOGRAPHIC FINDINGS

### ABDOMEN

There is a large, mass-like, focally thickened region of the gastric wall, located at the pyloric antrum and pyloric canal. The lesion is irregular, heterogeneously contrast-enhancing, with marked peripheral enhancement. There is loss of normal gastric wall architecture, disruption of gastric folds, and an extra-gastric (exophytic) component. The lesion measures at least 5.1 × 4.4 × 3.3 cm.

The stomach is severely distended, containing a large volume of hypoattenuating fluid and gas, consistent with partial outflow obstruction.

The gastric and duodenal lymph nodes are mildly enlarged.

The body of the pancreas is effaced by and closely apposed to the extra-gastric portion of the mass, without a clearly defined fat or tissue plane. The remaining pancreatic parenchyma is within normal limits.

The duodenum and small intestine are mildly dilated and contain small amounts of fluid and gas, with normal wall thickness.

The cecum, colon, and rectum contain gas and heterogeneously soft tissue-attenuating fecal material, with normal wall thickness.

The liver is homogeneous, normally sized, and shows uniform contrast enhancement. The gallbladder, cystic duct, and common bile duct are within normal limits.

The spleen is normal in size and shape, with homogeneous soft tissue attenuation and incidental mild mottled contrast enhancement.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvises and ureters are unremarkable.

The urinary bladder is mildly filled with homogeneous hypoattenuating fluid and is displaced caudally into the pelvic canal. Wall thickness is normal.



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The remaining abdominal lymph nodes and adrenal glands are within normal limits.

The serosal fat shows normal attenuation.

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The musculoskeletal structures are unremarkable.

A small, rounded, subcutaneous soft tissue nodule is present dorsally at the level of the right flank (approximately L5), measuring 0.9 cm.

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## THORAX

The trachea and main bronchi are within normal limits.

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The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

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The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

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The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

The pleural space, ribs, diaphragm, and thoracic wall are unremarkable.

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The thoracic esophagus is unremarkable.

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, aggressive-appearing pyloric gastric mass characterized by severe focal wall thickening, heterogeneous contrast enhancement, loss of wall layering, extra-gastric extension, and secondary marked gastric distension, consistent with partial gastric outflow obstruction. Primary differential diagnoses include gastric neoplasia, such as adenocarcinoma, leiomyosarcoma, gastrointestinal stromal tumor (GIST), or lymphoma; granulomatous fungal disease is considered less likely.
- Mild enlargement of the gastric and duodenal lymph nodes, suspicious for reactive change or metastatic involvement.
- Close association of the mass with the pancreatic body, without a clear separation plane, raising concern for local invasion or adherence.
- Incidental small subcutaneous soft tissue nodule in the right flank region (granuloma versus soft tissue neoplasm).
- Normal thoracic structures.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a large, locally aggressive pyloric gastric mass causing severe gastric distension and concurrent partial pyloric obstruction. The imaging characteristics—including loss of normal wall layering, heterogeneous enhancement, extra-gastric extension, and regional lymphadenopathy. Primary differential diagnoses include gastric neoplasia, such as adenocarcinoma, leiomyosarcoma, gastrointestinal stromal tumor (GIST), or lymphoma; granulomatous fungal disease is considered less likely.



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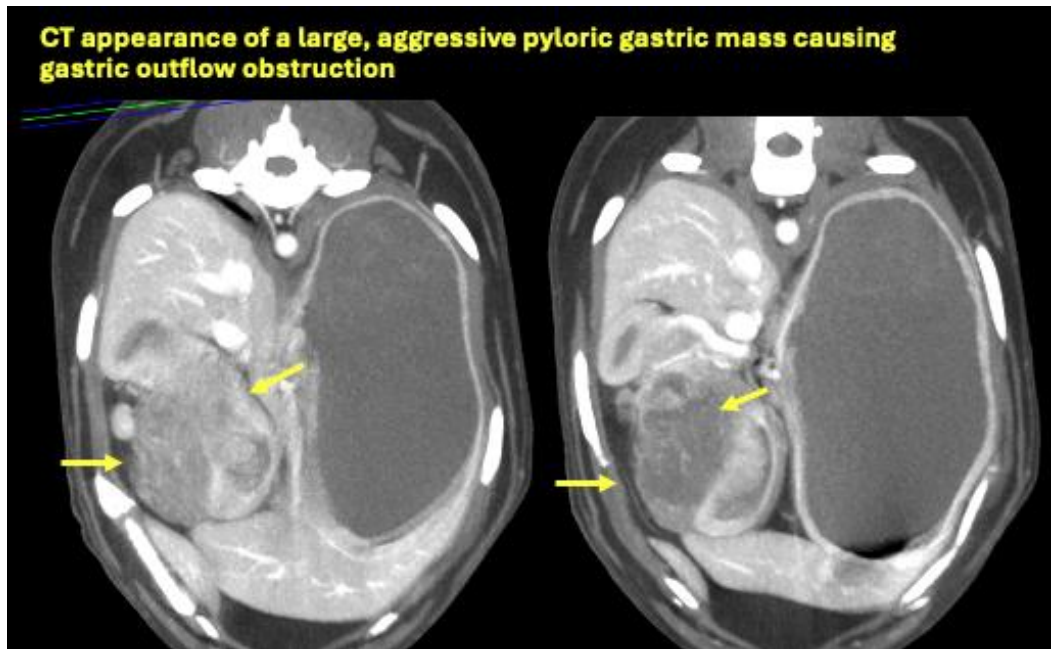
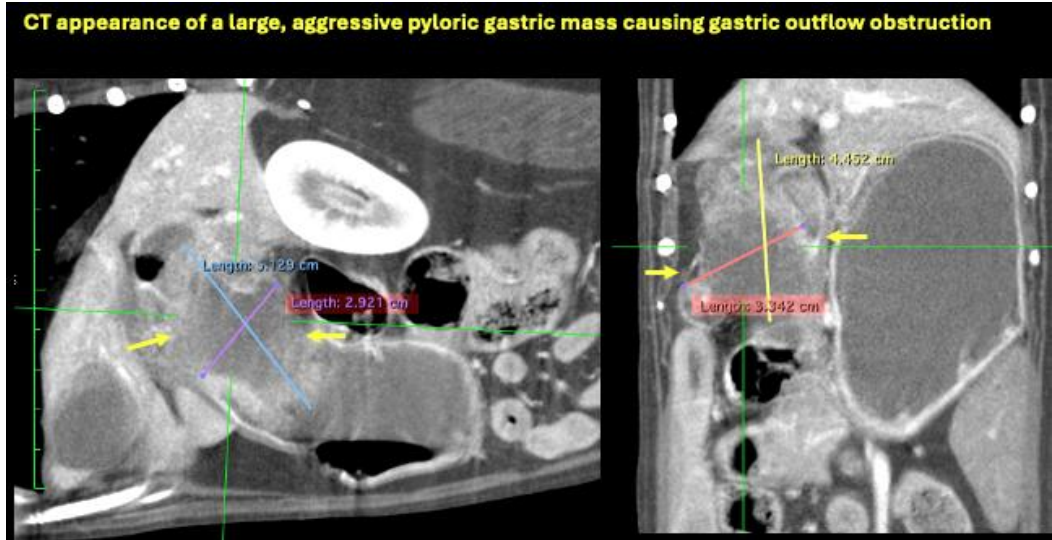
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The close apposition of the mass to the pancreatic body, without a discernible fat plane, may complicate surgical resection and should be considered during surgical planning.

Definitive diagnosis requires histopathological confirmation, and correlation with the endoscopic findings and biopsy results is recommended. Staging appears favorable with no evidence of pulmonary metastasis on this examination.





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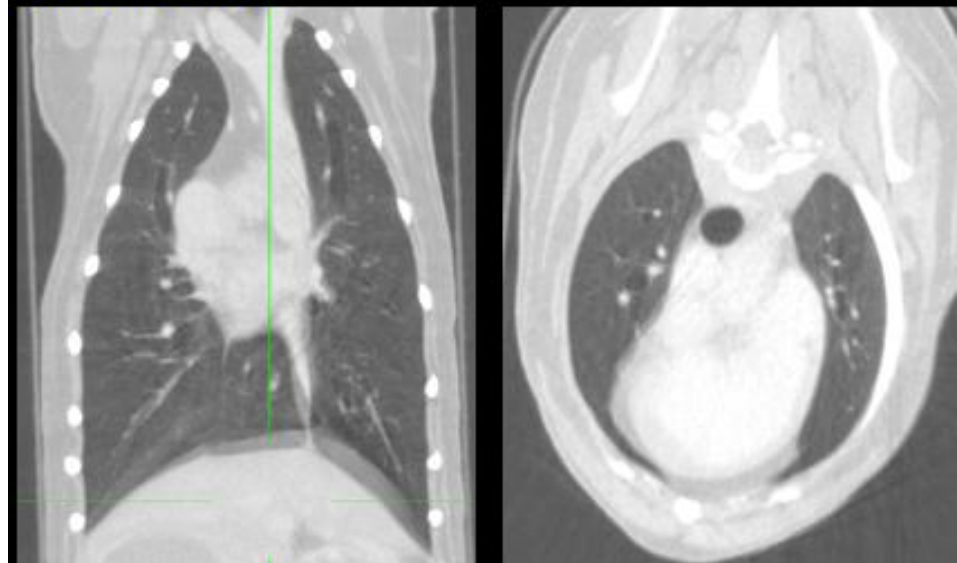
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## CT appearance of a large, aggressive pyloric gastric mass causing gastric outflow obstruction



## Normal thorax





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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.

**Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet**  
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