

Identification of the veterinary practice


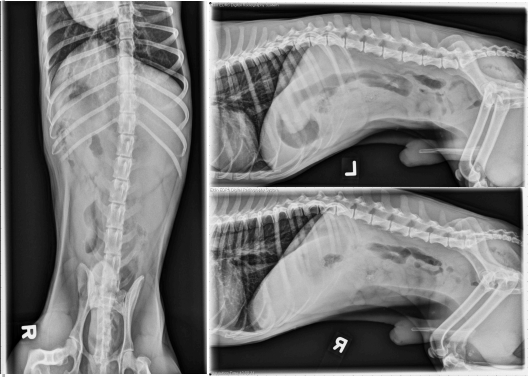
Practice's Code: Q01

Date: 01/02/2025

Exams Offered and Regions Examined:: Abdominal ultrasound and abdominal x-ray

Patient identification		Anamnesis
Owner's surname: Smith		Clinical history: intermittent vomiting for 10 days (undigested food) but maintains appetite. Blood tests with only a small increase in total proteins.
Patient: Kiko		
Species: canine		
Breed: Jack Russel Terrier		Additional comments: unresponsive to conventional antiemetic therapy
Gender: M	Age: 6Y	

Relevant imaging findings

Stomach (ultrasound)	On ultrasound, the stomach presents anechoic contents. Presence of a soft tissue-type hyperechoic structure in the pylorus, well circumscribed and confined to the mucosal layer. No thickening of the remaining gastric walls visible in the images provided. Other ultrasound images without changes.	
Abdominal x-ray	<p>In the right laterolateral projection and RV, the stomach is enlarged and filled with fluid. The rest of the abdomen is unchanged.</p> <p>In the left laterolateral projection, the pylorus is filled with gas, which shows a soft tissue type mass. The mass is near the beginning of the duodenum and possibly attached to the pylorus.</p>	

SUMMARY AND ADVICE

Descriptive summary: A soft tissue mass was identified in the pyloric region, associated with gastric dilatation and accumulation of fluid in the stomach lumen. This mass suggests an obstruction of the gastro-duodenal outflow tract, which is compatible with the clinical signs presented.

Differential diagnoses:

- ☐ Gastric neoplasia (ex.: adenocarcinoma, leiomyoma, round cell tumor...)
- ☐ Obstructive gastric polyp (e.g. adenoma)
- ☐ Chronic inflammatory granuloma
- ☐ Chronically impacted foreign body

Advise:

It is recommended to perform a gastric endoscopy to directly visualize the mass and possibly collect material for biopsies to confirm the diagnosis. If endoscopy is not available, an exploratory laparotomy to remove and/or biopsy the mass may be considered. If partial or total obstruction of the pylorus is present, surgical intervention may be necessary to alleviate clinical signs and make a definitive diagnosis.



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