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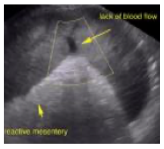
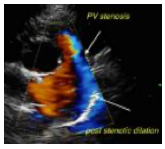
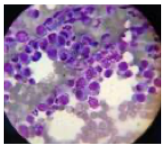
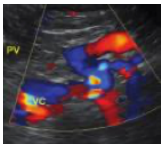

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PATIENT
Peggy Frantz

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
6 years

WEIGHT
12.8 lbs

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Tasha

HOSPITAL NAME
Dillsburg VC

REFERRING VET
Dr. Amber

INVOICE
11923

DATE
10.28.22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting for over a year. Regurgitates food an hour after eating every meal. Has not eaten in 4 days currently. x-rays= stomach is gas distended and empty; in the lateral view, the liver appears normal with a larger mass effect that COULD be a liver lobe or part of the stomach or spleen. It just looks more unusual in this area compared to normal; the rest of the organs and positioning is relatively normal for a cat that hasn't eaten (or kept it down) anything in 4 days. Last had cerenia and prednisolone Wed PM. Fever over past 3 days, with convenia on board. An US from you guys was done 2019 (for comparison)-that US did not reveal any abnormalities.

Abnormal PE/Chem/CBC/UA Results: BW revealed neutrophilia; all other values WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (4.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (3.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the **adrenal glands** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (0.59 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. A 2.40 cm irregular, multiseptated cystic nodule/mass is observed at the caudal aspect, approximately mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly distended with ingesta. In the region of the fundus, the wall is normal in thickness. In the region of the pyloric antrum, the wall is thickened (up to 0.78 cm) with questionable loss of the normal layering pattern. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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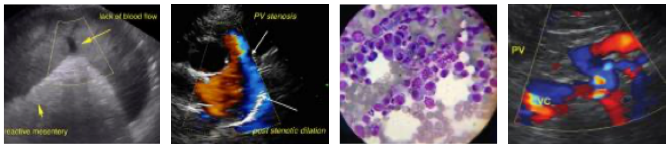

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Free Abdomen
The **mesentery** in the cranial abdomen surrounding the stomach, is hyperechoic. There is no evidence of free fluid. One to two prominent **lymph nodes** are suspected in the right cranial quadrant, the largest measuring 0.68 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric wall thickening could be consistent with an inflammatory process or emerging neoplasia (i.e., lymphoma, adenocarcinoma). Adjacent peritonitis is present. Suspected regional lymphadenopathy, which may represent reactive change or infiltrative neoplasia.
- The cystic hepatic nodule/mass is most consistent with biliary cystadenoma or less likely, cystadenocarcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

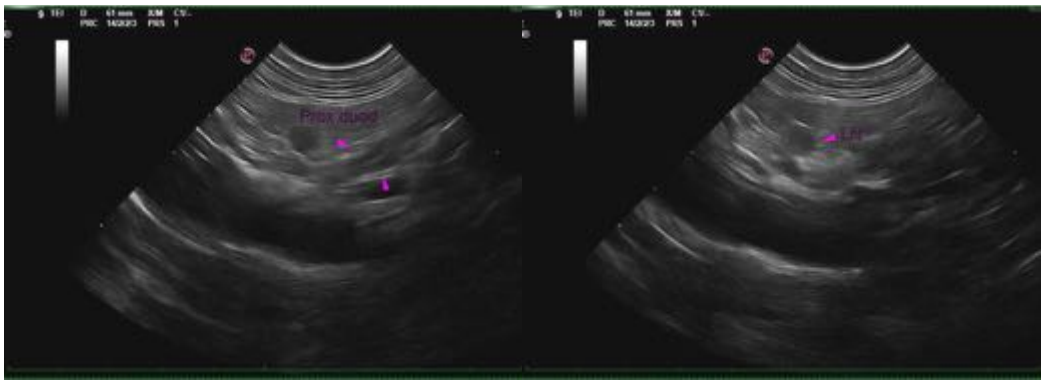
Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

If accessible, a fine-needle aspirate of the thickened portion of the gastric wall is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If the area is not accessible, or if cytology results are inconclusive, consider endoscopic or surgical biopsies of the gastrointestinal tract.

Given the history of chronic vomiting, a malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended.

If aggressive diagnostics are not pursued at this time, consider empirical treatment for Helicobacter as follows:

1. Amoxicillin: 10-22 mg/kg PO q 12 hours x 14-21 days
2. Metronidazole: 10-15 mg/kg PO q 12 hours for 14-21 days
3. Omeprazole: 0.7 mg/kg PO q 24 hours for 14-21 days
4. (+/- the addition of Bismuth subsalicylate: 3.85 mg/kg PO q 6-8 hours x 14-21 days)



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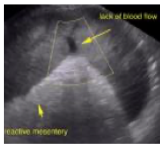
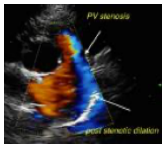
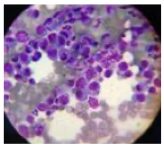
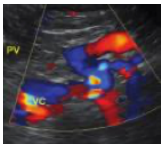

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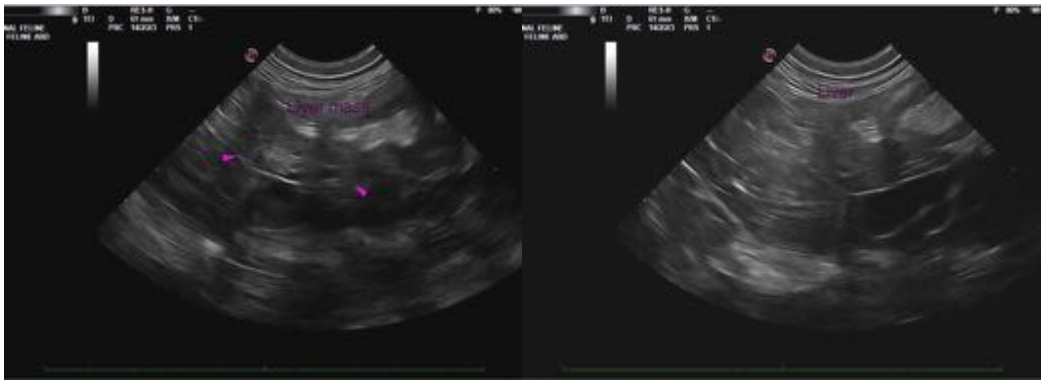

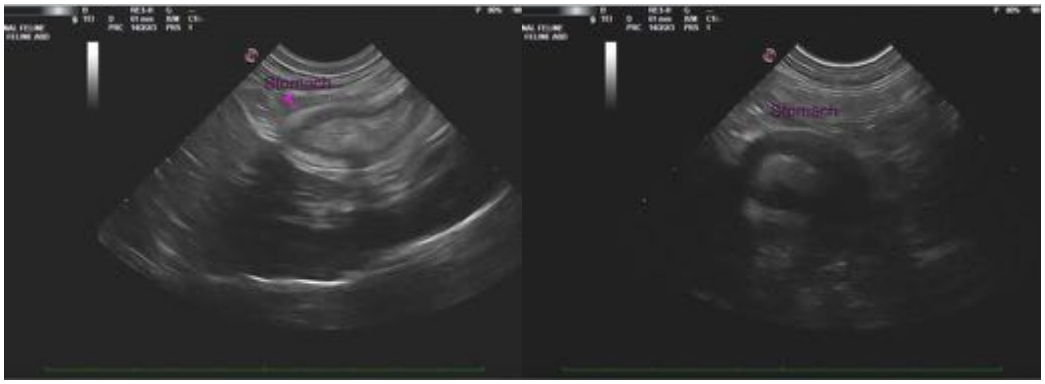

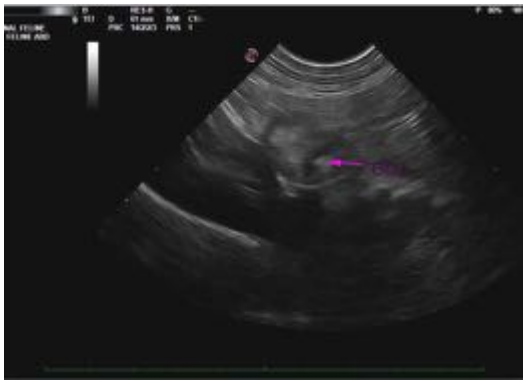

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com