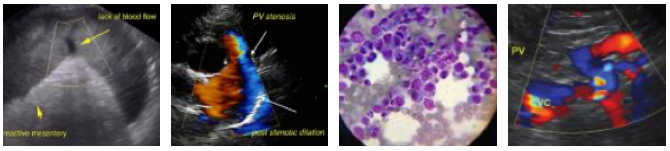


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Max Hemelgarn

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male

AGE
6 Yrs.

WEIGHT
3.2 kg.

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

IMAGING PERFORMED BY
Hayley Heindel

HOSPITAL NAME
Mason Dixon Animal ER

REFERRING VET
Dr. Keibler

INVOICE
14721

DATE
3/13/23

PRESENTING CLINICAL SIGNS

History: chronic vomiting x months, vomiting blood x days, decreased appetite, lethargic.
Abnormal PE/Chem/CBC/UA Results: CBC and Chem 27 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall 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 is normal.

The left kidney is normal size (3.67 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 (4.20 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 left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.56 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

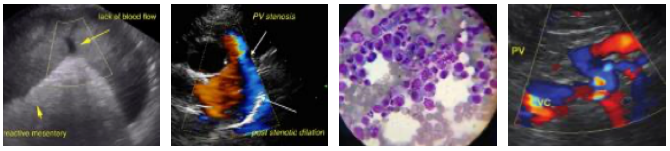
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1:1. 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.

Gastrointestinal

A 2.63 x 1.69 cm hypoechoic mass is observed in the region of the fundus. The remaining gastric wall is 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 ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb is visible with normal curvilinear peripheral contours. The parenchyma is mildly



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hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is observed. A 0.72 cm medial iliac lymph node is visualized. A few prominent, rounded lymph nodes are observed in the cranial abdomen (adjacent to the stomach), the largest measuring 1.36 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- A suspected gastric wall mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected. However, a focal inflammatory process (i.e., pyogranulomatous) or other benign process cannot be completely excluded.
- The cranial abdominal lymphadenopathy may represent metastatic disease or reactive change.
- Trace ascites.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider an upper GI endoscopy to biopsy the gastric mass. Alternatively, an abdominal exploratory with excisional biopsy of the gastric mass along with biopsies of the cranial abdominal lymph nodes can also be considered.

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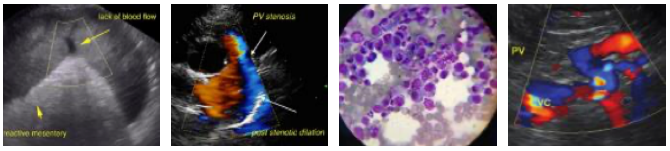

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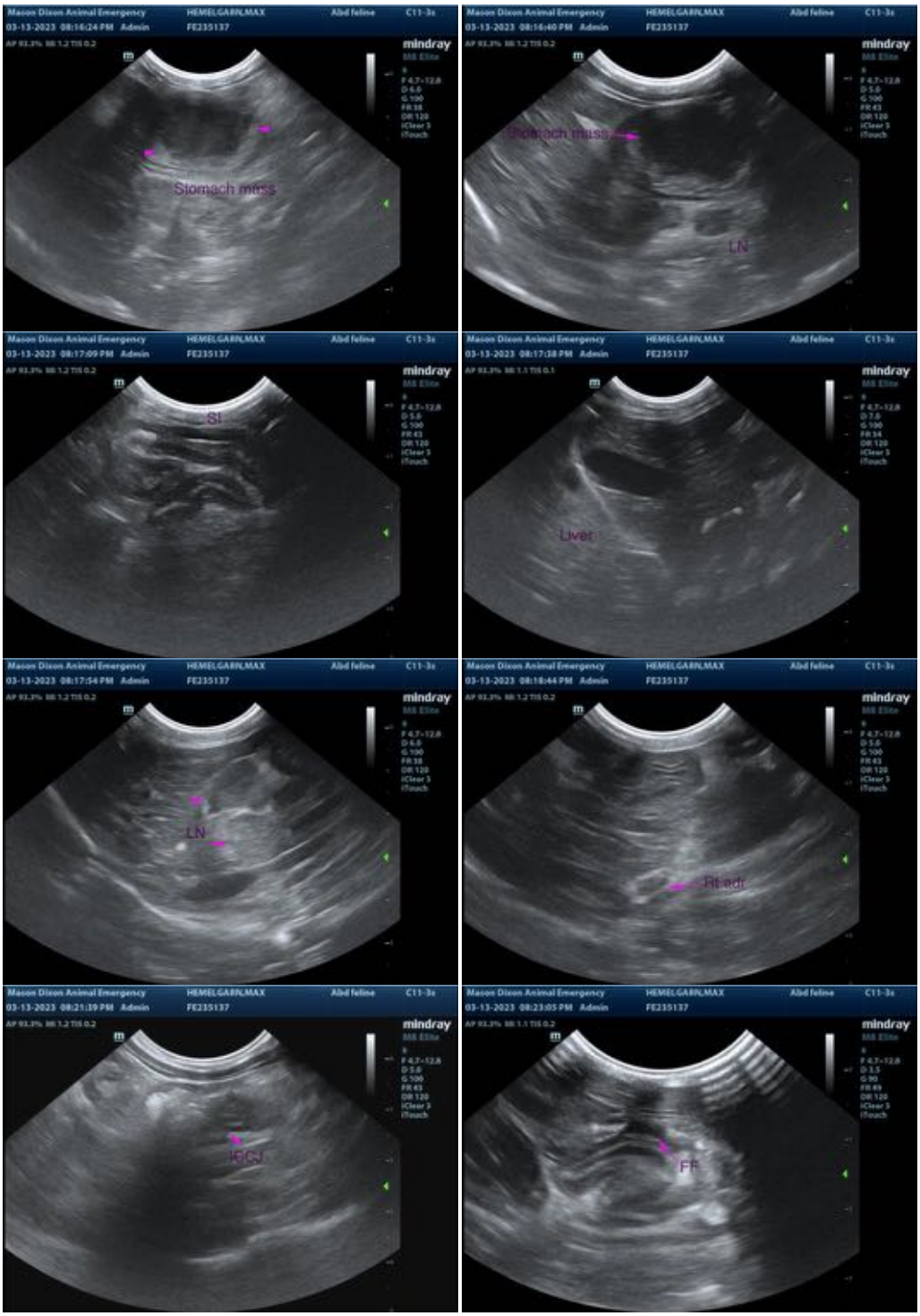

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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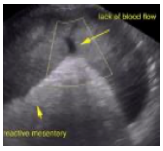
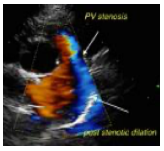
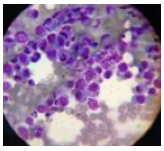
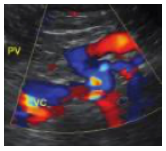

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