



PATIENT

Isaboo Harris

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

4.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

Shohola

REFERRING VET

Dr. Gramazio

INVOICE

11926

DATE

8/20/21

PRESENTING CLINICAL SIGNS

History: Vomiting throughout the day, no food in vomit, is now dark in color. Wt loss. Current meds: Ondansetron 2mg po bid, Dasuquin 1 po sid., Gabapentin 100mg this am.
Abnormal PE/Chem/CBC/UA Results: Mono 932, ALT 24, CK 59, Alb slightly low at 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. A small to moderate amount of aggregated echogenic suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.51 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is subjectively normal in size (0.78 cm in width at the level of the hilus) with slight rounding of the peripheral contours. The parenchyma is hypoechoic and homogeneous in appearance. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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: caudal vena cava ratio is approximately 1:1. The gallbladder is mildly distended and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is distended with ingesta, particularly in the region of the fundus. A 4.73 x 1.72 cm irregular hypoechoic mass effect is observed along the greater curvature. There is a complete loss of the normal layering pattern in this region. The remaining gastric wall is normal in thickness with a normal



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layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The ileocecal colic junction and colonic wall are normal.

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Pancreas

A portion of the pancreas is obscured by the gastric mass. The left limb is visible with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

The mesentery adjacent to the stomach is hyperechoic. Trace free fluid is observed. At least 2-3 prominent lymph nodes are observed adjacent to the stomach, the largest measuring 0.95 x 0.56 cm.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Gastric wall mass along the greater curvature. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present. The regional lymphadenopathy may represent reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.

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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.
- The splenic parenchymal changes may be a normal variant for this patient or could be consistent with extramedullary hematopoiesis, infiltrative neoplasia or less likely lymphoid hyperplasia.
- Bilateral age-related renal changes.
- Urinary bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine needle aspirate of the gastric wall mass is recommended using a 25-gauge needle. Clotting status should be assessed prior to aspiration. If the region is not accessible or if cytologic evaluation is inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.

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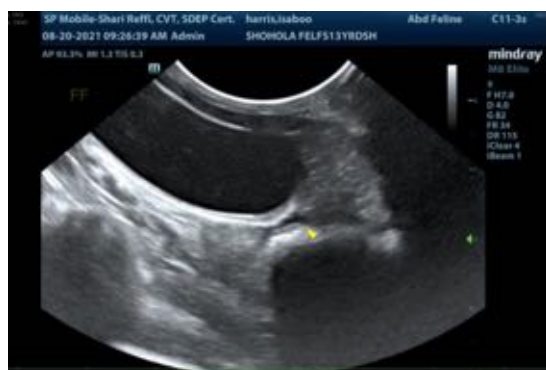
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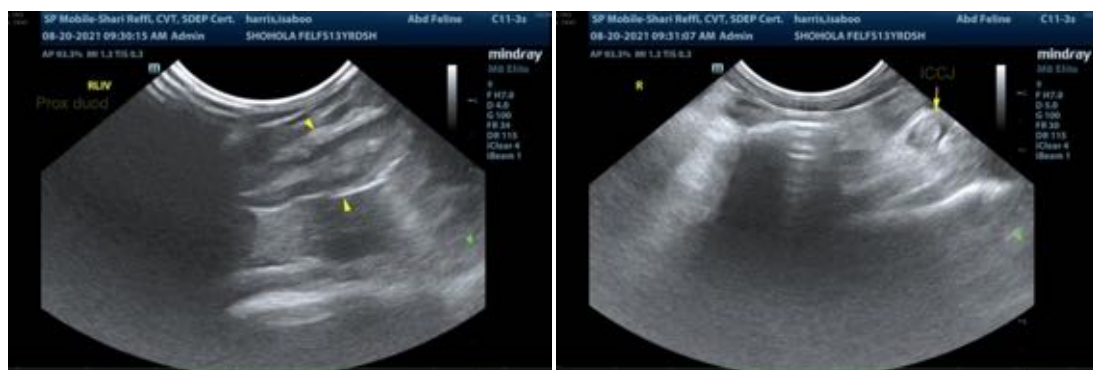
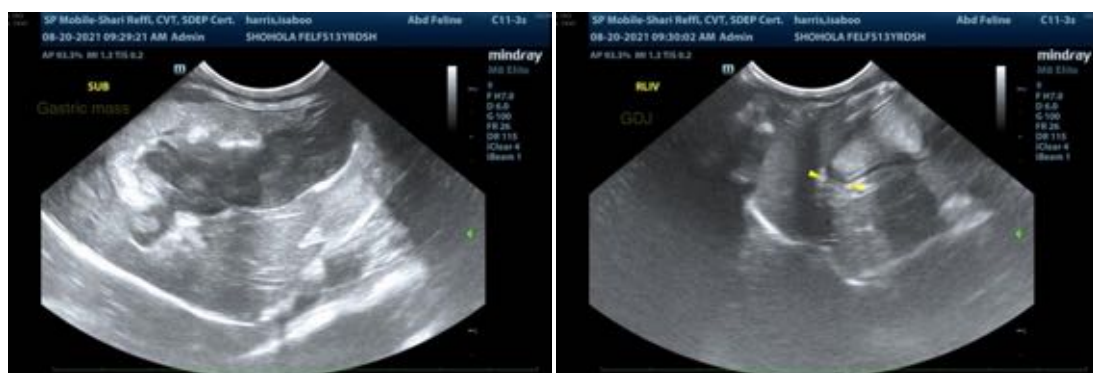
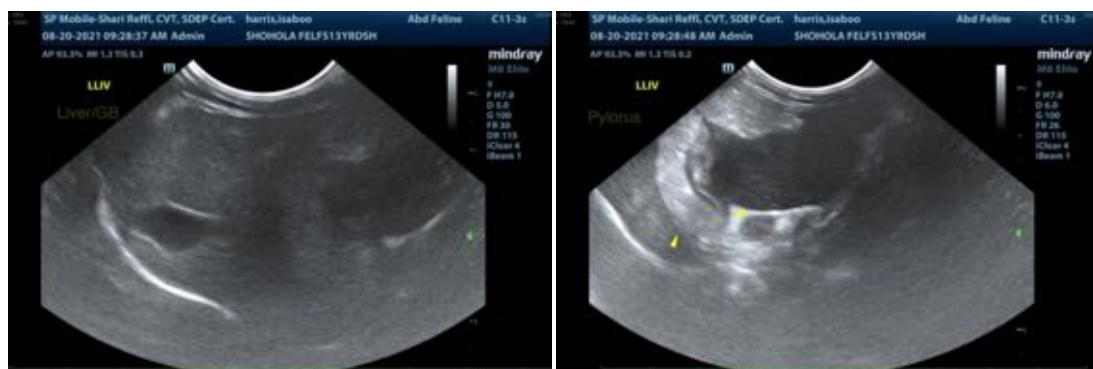
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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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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Andrea.nicastro@sonopath.com

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