

DATE PRESENTING CLINICAL SIGNS

2/15/22 History: bloated, not eating.

PATIENT Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Alley Cupit Sedation: IM sedation.
Stat Report: Not requested.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

BREED

DSH The right kidney is normal in size (3.05 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

SEX

Spayed Female The left kidney is normal in size (3.02 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

2004

WEIGHT

7 Pounds

Adrenal Glands

The adrenal glands were unable to be visualized in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Rachel Brilhart RDMS

HOSPITAL NAME

Madonna Vet Clinic

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

REFERRING VET

Dr. Cangro

Gastrointestinal

The normal stomach wall has been diffusely replaced by a thick, hypoechoic mass causing complete loss of normal layering, measuring 2.0-2.2 cm thick. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

INVOICE

35663

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

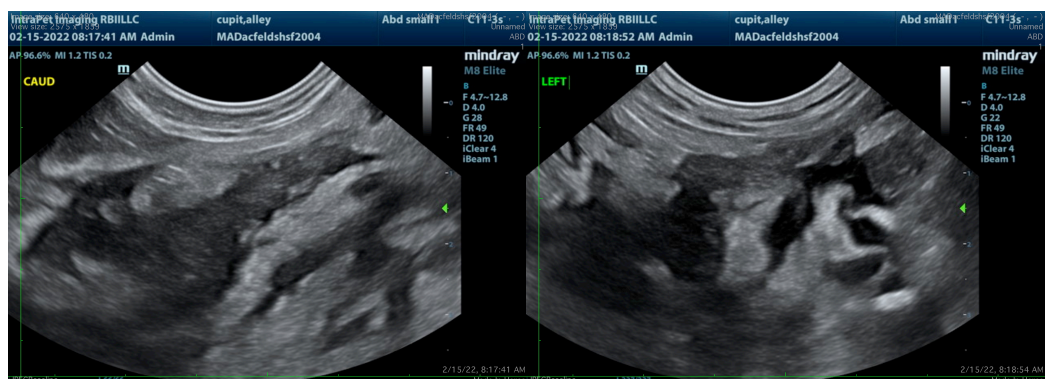
Large, round, hypoechoic, heterogeneous mesenteric lymphadenopathy is appreciated. There is a large amount of anechoic, suspiciously slightly cellular free fluid throughout the abdomen, and hyperechoic clumped mesentery

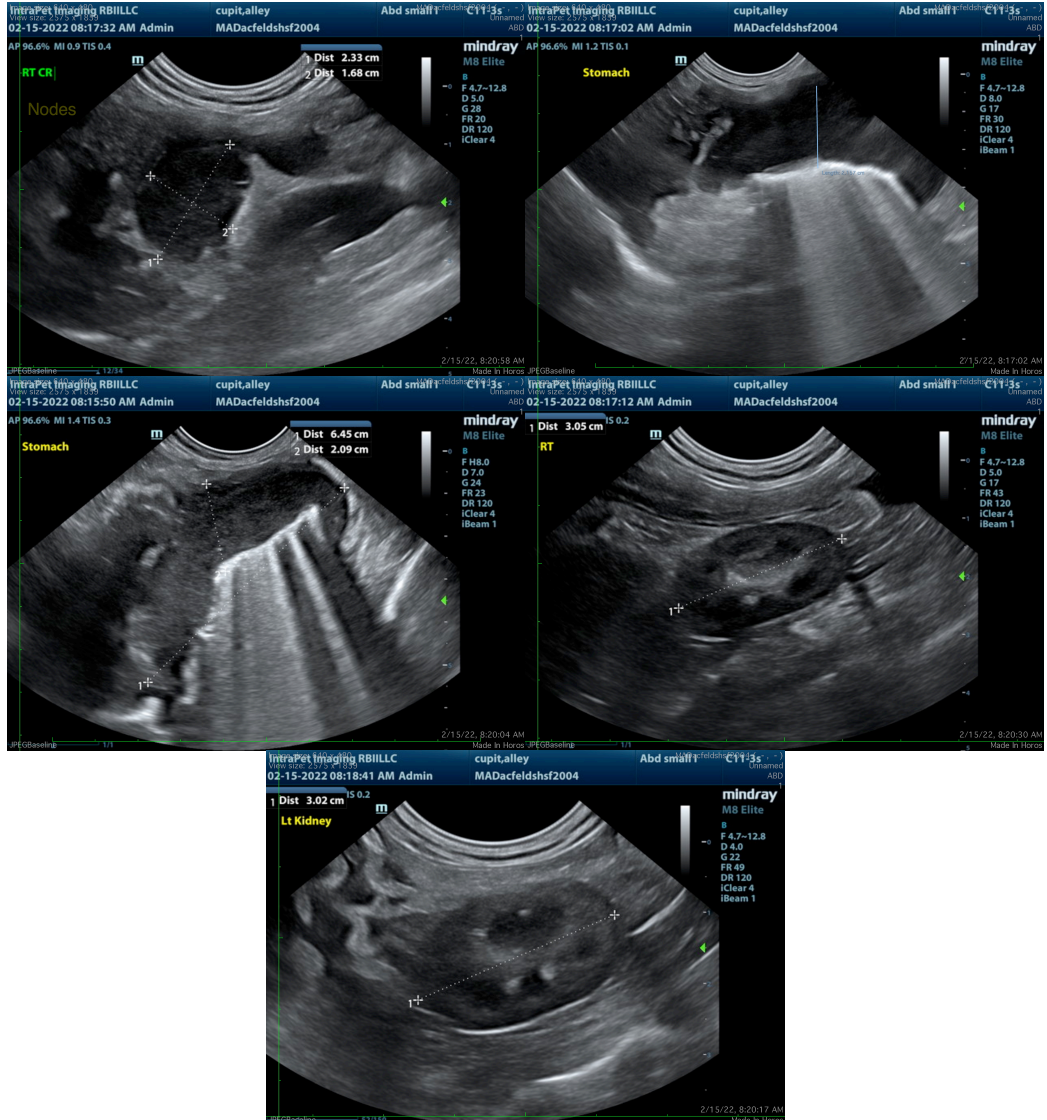
ULTRASONOGRAPHIC FINDINGS

- Gastric mass – Most concerning for infiltrative neoplasia such as round cell neoplasia/lymphoma versus carcinoma versus other.
- Mesenteric lymphadenopathy – Most concerning for metastatic disease.
- The mesentery and free fluid are concerning for metastatic carcinoma, as is seen with carcinomatosis. However, benign inflammatory changes cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fine needle aspirate of the gastric wall as well as the enlarged lymph nodes if patient's coagulation status is appropriate. Fluid sampling is also recommended to look for evidence of neoplastic effusion and to rule out sepsis due to gastric mass perforation/leakage, especially if sepsis is suspected due to other clinical signs and/or other laboratory changes. If not already performed, 3-view thoracic radiographs are recommended.





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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