

**DATE**

5/20/22

**PRESENTING CLINICAL SIGNS**

Vomiting daily- O suspects hairballs. Mild weight loss. Large 3 inch firm mass w/in cranial abdomen.  
Current Medications: None listed.

**PATIENT**

Gigi McCall

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Andi Parkinson, BS, RDMS

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

**BREED**

American Bobtail Mix

Left kidney is normal in size (3.79 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**SEX**

Spayed Female

Right kidney is normal in size (3.72 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**AGE**

9/21/10

**Adrenal Glands**

Left adrenal gland is normal in size (0.23 cm thick), shape and contour. Corticomedullary structure is unremarkable.

**WEIGHT**

8.125 lbs

Right adrenal gland is not visualized.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**HOSPITAL NAME**

Timonium AH

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**REFERRING VET**

Dr. McMichael

**Gastrointestinal**

The stomach is markedly distended by a hyperechoic, irregular structure that appears adhered to the gastric mucosa. Acoustic shadowing and infiltration by luminal fluid and gas are present. The visible gastric wall in the area of the pylorus and around the cranial aspect of the abnormal structure is normal in thickness and layering, but the caudal aspect of the stomach, greater curvature, is thick and measures 1.4 cm with early loss of layering appreciated.

**INVOICE**

30614

The small intestines are normal in wall thickness and layering except for a focal area of jejunum that contains a focal, mucosal swelling with some early emerging disruption to the submucosa. Another focal area of jejunum contains an echogenic curvilinear foci with acoustic shadowing. This is consistent with a small foreign object such as a pill or similar with no evidence of an obstructive pattern or plication. The muscularis layer is diffusely thick relative to the mucosa.

Colon is normal in wall thickness (< 0.2 cm) and layering.

### ***Pancreas***

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

### ***Free Abdomen***

Hypoechoic, enlarged, mesenteric lymph nodes measured 0.6 cm thick, 2.1 cm long are noted as is an enlarged, epigastric lymph node that measures 0.72 cm x 1.0 cm long. All of the lymph nodes are hypoechoic in appearance. A scant amount of anechoic free fluid and hyper reactive enhanced mesentery is noted around the mesenteric lymph nodes and around the bowel loop containing the above described mucosal swelling.

## **ULTRASONOGRAPHIC FINDINGS**

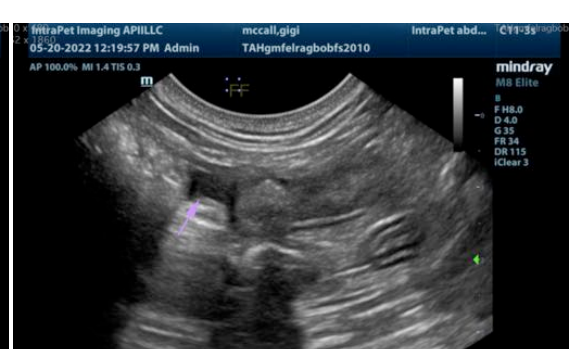
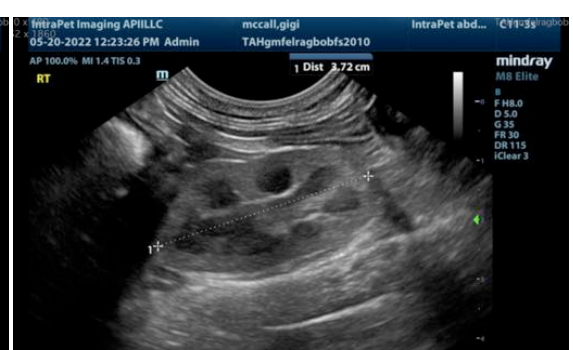
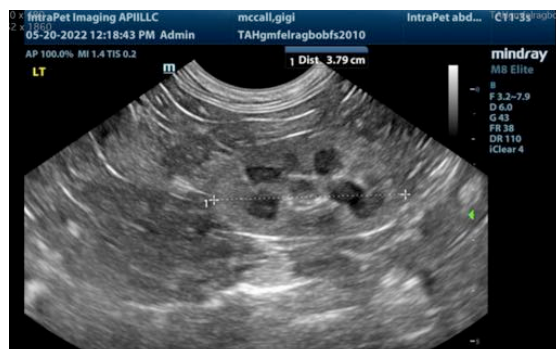
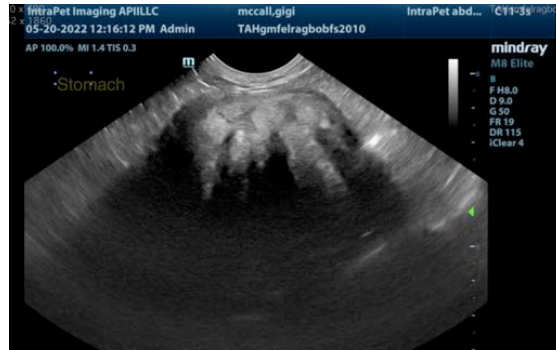
### **PRIMARY FINDINGS:**

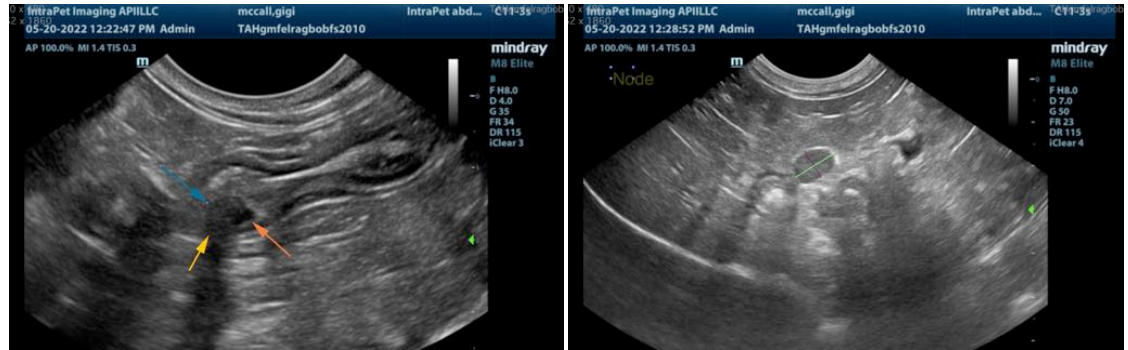
- Markedly distended stomach with shadowing object suspect to be foreign material (possibly hair vs similar soft material), but atypical appearance of irregular shadowing mass cannot be ruled out. Part of the gastric wall appears to have some early loss of layering, so hair or foreign material adhered to or within an infiltrative inflammatory or neoplastic mass is a probable scenario.
- Thick muscularis- This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. With a more focal area of bowel that contains a mucosal swelling and some emerging submucosa loss, possible early or emerging round cell neoplasia has to be considered.
- Incidental, non-obstructive, small intestinal, foreign object.
- Reactive mesenteric lymphadenopathy.
- Enlarged epigastric lymph node, likely reactive however, infiltrative neoplasia cannot be ruled out.
- Scant free fluid and enhanced mesentery. Concerning for peritonitis.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

While there is suspicion for the presence of foreign material in the stomach, it is likely a secondary problem related to the more significant infiltrative gastric wall and small bowel disease.

Recommendations for this patient include three view thoracic radiographs for further evaluation of possible metastatic disease if not recently evaluated followed by an exploratory laparotomy for removal of the suspected gastric foreign material (and possible mass) as well as biopsies of the thick, abnormal, gastric wall and full thickness small intestinal biopsies ideally using intraoperative ultrasound to identify the focal mucosal swelling for biopsy of that area as well.





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 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.

**Beth Johnson, DVM DACVIM**

Beth.Johnson@SonoPath.com