IMAGING PERFORMED BY

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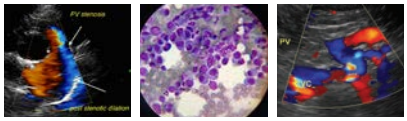

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/14/22

PATIENT

Riley Byers-Suzer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10/7/14

WEIGHT

6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

38694

PRESENTING CLINICAL SIGNS

Few months duration chronic vomiting, approximately twice a day. Gradual weight loss. Cat has a reasonably good appetite. No diarrhea.
Admitted to the ER and hospitalized for 2 days one week ago for vomiting.

Current Medications: Cerenia 16 mg- 1/4 tb QD, Omeprazole 3 mg QD, Metronidazole 40 mg BID.
These all prescribed at the ER. Did well on meds, back to vomiting once meds ran out. Also, on a hydrolyzed diet.
Lab Results: Bloodwork from ER - Elevated SDMA. All else NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.53 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.

The left kidney is normal in size (3.45 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.

Adrenal Glands

The right adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

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.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty, except for the ventral wall of the stomach along the lesser curvature approaching the pylorus, where there is a focal hypoechoic loss of layering/mass that measures 0.86 cm thick x 1.5 cm long.

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 pancreas is diffusely prominent in size, mildly irregular in shape, with a coarse, hyperechoic appearance.

Free Abdomen

No appreciable free fluid in these images. However, there are multiple hypoechoic prominent/enlarged lymph nodes around the stomach/pyloric area.

PRIMARY FINDINGS

- Focal gastric mass – concerning for infiltrative neoplasia. Benign inflammatory disease cannot be ruled out, but is considered less likely.
- Lymphadenopathy in the area – rule outs include both reactive as well as infiltrative neoplastic disease.

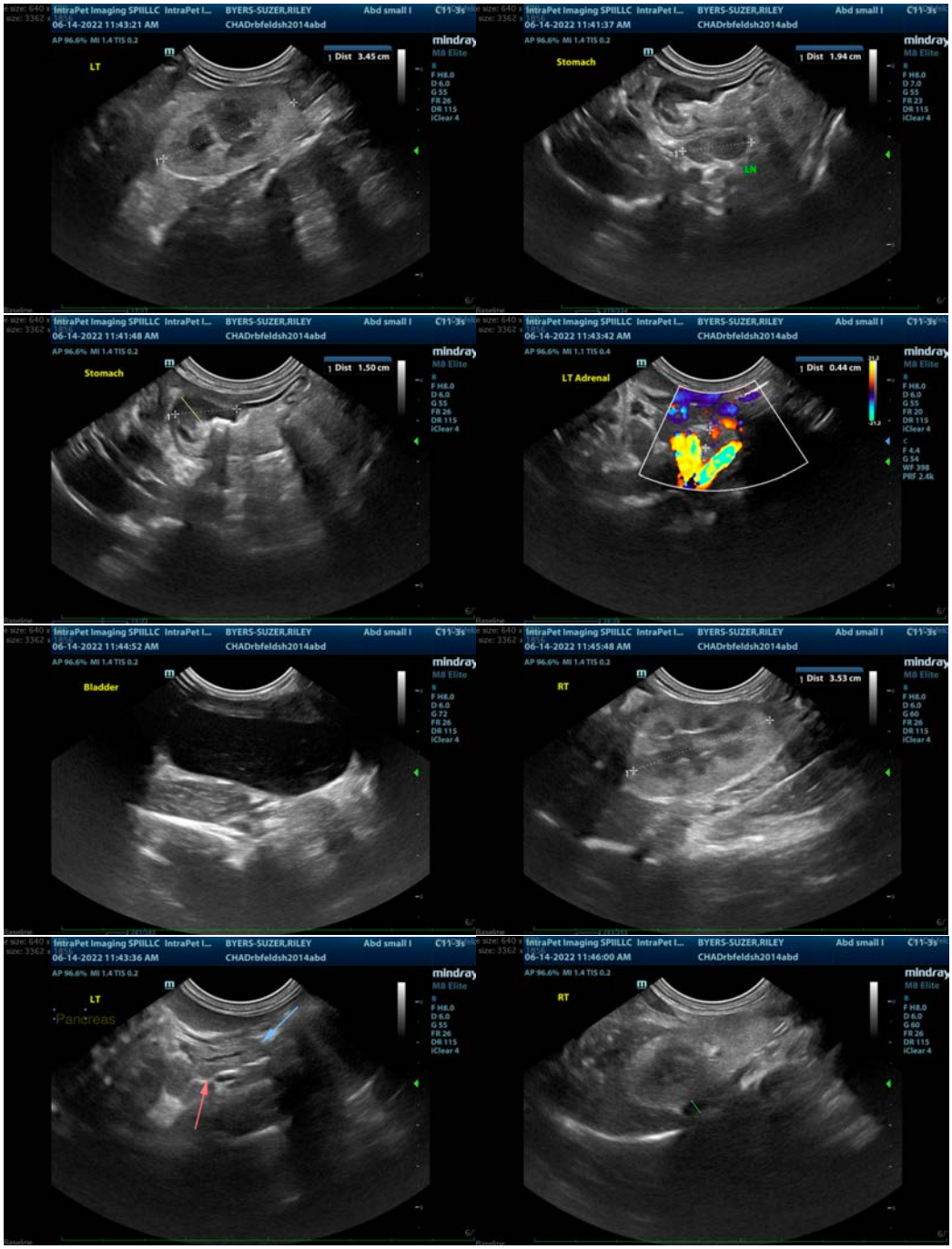
SECONDARY FINDINGS

- Age related pancreatic remodeling with chronic smoldering pancreatitis not able to be ruled out.
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

- Fine needle aspirate of the gastric mass +/- the enlarged nodes, if possible, and if patient's coagulation status is appropriate.
- Other diagnostic considerations could include gastroscopy versus surgical exploratory laparotomy for excisional biopsy.
- 3-view thoracic radiographs are recommended if not recently evaluated, for futher evaluation of possible metastatic disease.


IntraPet Imaging SPIILLC IntraPet I... BYERS-SUZER,RILEY Abd small I C11-3s
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LT
Dist 3.45 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... BYERS-SUZER,RILEY Abd small I C11-3s
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Stomach
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IntraPet Imaging SPIILLC IntraPet I... BYERS-SUZER,RILEY Abd small I C11-3s
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AP 96.6% MI 1.4 TIS 0.2
Stomach
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mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... BYERS-SUZER,RILEY Abd small I C11-3s
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LT Adrenal
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AP 96.6% MI 1.4 TIS 0.2
Bladder
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... BYERS-SUZER,RILEY Abd small I C11-3s
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AP 96.6% MI 1.4 TIS 0.2
RT
Dist 3.53 cm
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IntraPet Imaging SPIILLC IntraPet I... BYERS-SUZER,RILEY Abd small I C11-3s
06-14-2022 11:43:36 AM CHADrbfeldsh2014abd
AP 96.6% MI 1.4 TIS 0.2
LT
Pancreas
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... BYERS-SUZER,RILEY Abd small I C11-3s
06-14-2022 11:46:00 AM CHADrbfeldsh2014abd
AP 96.6% MI 1.4 TIS 0.2
RT
mindray M8 Elite

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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