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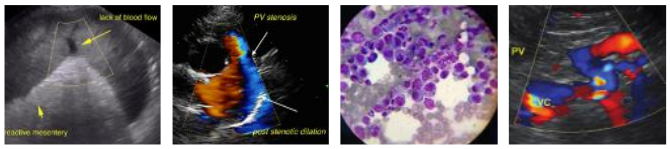
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Greta Sperling

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.57 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Justin Mergl

HOSPITAL NAME

Niagra Falls AMC

REFERRING VET

Dr. Justin Mergl

INVOICE

16302

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: Nauseous, lip smacking and hard swallowing, drooling since June 16. Not eating well, wants to eat but won't eat much at a time. Quiet, withdrawn and not social, sleeping a lot. Dec 2021 In and out of litter peeing small amounts, diarrhea. Bloodwork showed hypercalcemia, and calcium oxalate crystals on urinalysis. Switched diet to c/d canned from z/d canned and dry, began gabapentin and alprazolam. Sludge/crystals dissolved by end of Jan 2022 and normocalcemia on blood work. Kept on c/d canned. Always had history with vomiting 1-2 times a month (food/hairballs), but becoming more frequent starting end of Jan 2022 1-2 times weekly bile/hair/some food. Almost always early morning before eating. Also always passed stool every other day, large stools but normal. Was now pooping every 3rd day even with restoralax 1/2 tsp total daily. Stools always softer and formed. Started on cisapride 2.5 mg BID. Still vomiting bile/hair/food at least once weekly, always in am before feeding, but didn't affect her appetite and would eat normally/normal energy. Began giving cerenia as needed when vomit, increased Cisapride to 2.5mg TID, began prednisolone 5mg SID and taper down to now 1.25mg EOD. June 10, 2022 came home to three piles watery vomit with bile and food, seemed slightly nauseous but still eating. Started omeprazole 5mg SID and changed diet to i/d canned. Began passing stool every three days again increased one of TID cisapride to 5mg evening dose. June 16, 2022 vomited large amount foamy food/bile. Seemed off and quiet, nauseous. Not eating all i/d, mixed in some c/d and ate most, spitting out harder bits and this has continued even when mashed up or blender June 17, 2022 large amount watery vomit with food overnight. Very quiet/nauseous/uncomfortable. Stopped omeprazole as seemed to make nausea worse and return to c/d canned as per SD, start cerenia 8mg SID Nausea has not improved and becoming worse-lip smacking/drooling/hard swallowing and now pale/lethargic/quiet and uncomfortable and not eating well. Switched back to z/d diet with no improvement in appetite. June 22 given famotidine inj sq (0.43ml), b12 inj sq, sq fluids. In evening was back to normal self and eating great. This morning quiet and nauseous/drooling again, not eating. Gave cerenia inj 0.43ml. Current meds -cisapride 2.5mg BID 5mg SID -gabapentin 25mg BID -prednisolone 1.25mg EOD -Restoralax 1/2 tsp total daily -aventi GI 1 tablet daily (have not been giving) -cerenia 8mg as needed (has been on for 7days)

Abnormal PE/Chem/CBC/UA Results: -Mild regenerative anemia, con -Iron low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal is size (3.7 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.

Right kidney is normal is size (3.8 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 adrenal glands are unable to be visualized in these images, however, the area is evaluated without evident pathology.

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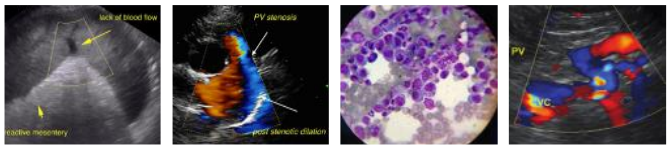

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Spleen

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

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.

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 gastric wall is normal in thickness and layering at the level of the fundus, however, approaching the pylorus along the lesser curvature, there is a 1.5 cm thick x 3.5 cm long hypoechoic mass resulting in complete loss of normal mural detail. The lumen of the stomach is empty without an obstructive pattern to indicate that the mass if fully obstructing likely outflow.

The visible small intestines are normal in wall thickness and layering. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

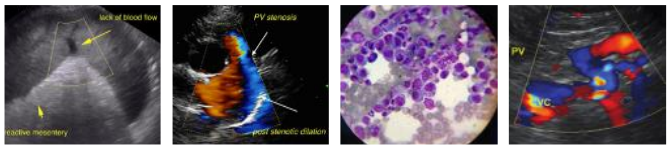
No appreciable free fluid is noted in these images. A lymph node around the gastric mass is enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail. The lymph node measures 1.0 cm x 0.8 cm.

ULTRASONOGRAPHIC FINDINGS

- The gastric mass is most concerning for infiltrative neoplasia
- The lymph node around the gastric mass is most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.



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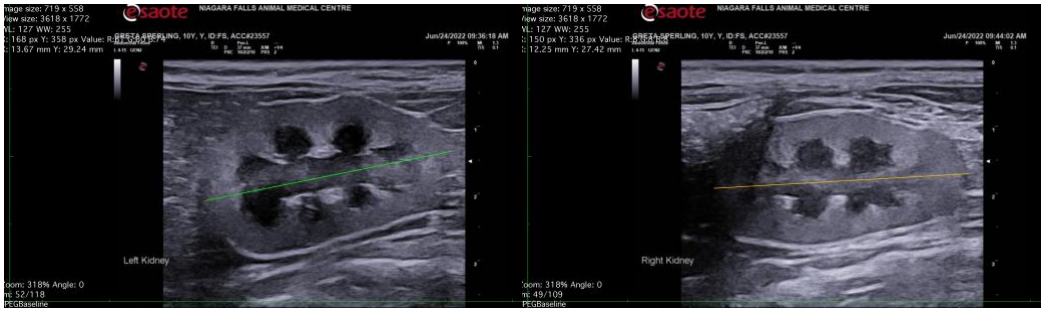
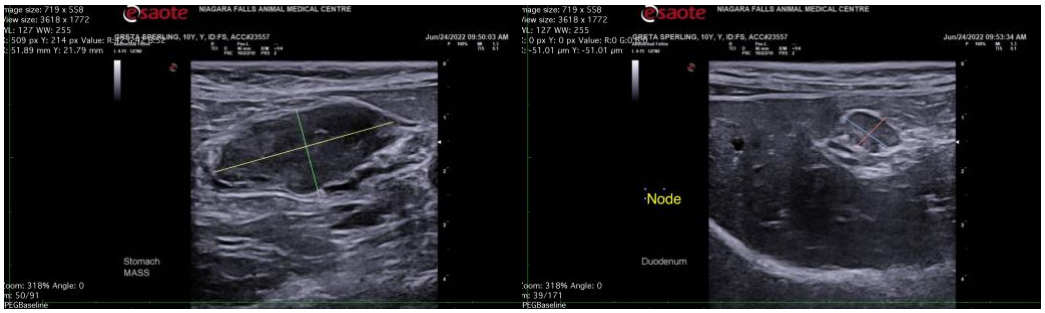
2. A fine needle aspirate of the gastric mass is recommended if patients coagulation status is appropriate.





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