



PATIENT

Akashi Farro

PRESENTING CLINICAL SIGNS

History: Lethargic, vomiting

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Depressed, poss abd mass, fever Rads suggested mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted. A small volume of anechoic free fluid was visualized near the urinary bladder.

SEX

Spayed Female

The kidneys have slightly irregular capsules and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The right kidney measured 4.08 cm. The left kidney measured 4.4 cm.

AGE

7

Adrenal Glands

Adrenal glands were not distinctly visualized. The area of the adrenal glands and surrounding vasculature were normal.

WEIGHT

10

Spleen

The spleen was normal in size with a mottled parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

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.

IMAGING PERFORMED BY

Chelsea Pastor

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

HOSPITAL NAME

Fredon AH

Gastrointestinal

Gastric fundic wall is focally thickened and hypoechoic measuring at least 1.26cm with loss of wall layering. Surrounding mesentery is hyperechoic and thickened. The stomach contains gas shadowing partially obstruction visualization of contents.

REFERRING VET

Michelle Roche

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

INVOICE

22377

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

DATE

5/8/23

Pancreas



PATIENT

Akashi Farro

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

SPECIES

Feline

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

BREED

DSH

Free fluid near urinary bladder.

SEX

Spayed Female

- Gastric fundic mass with hyperechoic mesentery

AGE

7

- Abdominal effusion

- Splenomegaly with parenchymal changes and smooth capsule

- The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

WEIGHT

10

- Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric changes and surrounding focal peritonitis are most concerning for neoplasia. Gastric tumors are typically primary in origin. Malignant tumors are more common than benign ones and lymphoma is most common in cats. Other reported gastric neoplasms include the leiomyoma, leiomyosarcoma, gastrointestinal stromal tumor (GIST), adenoma, mast cell tumor, carcinoid tumor, extramedullary plasmacytoma, and other sarcomas. Fine needle aspirate of the gastric wall is recommended for further differentiation. Endoscopic biopsy may be diagnostic. Abdominal exploratory surgery with plan for gastrectomy may be both diagnostic and curative.

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

The presence of free fluid is concerning for possible perforation and abdominal exploratory surgery should be strongly considered. Ideally sampling of the effusion with evaluation for sepsis is recommended, though gastric perforation may not show bacteria. Volume of effusion is small and sampling may be challenging. Rehydration with IV fluids may increase the volume of effusion allowing for sampling.

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Michelle Roche

Splenomegaly with parenchymal changes are concerning for infiltrative disease (lymphoma, MCT, other) but may represent a benign reactive or inflammatory change, immune stimulation or could reflect extramedullary hematopoiesis. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate should be considered to further characterize parenchymal changes.

INVOICE

22377

Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated.

DATE

5/8/23



PATIENT

Akashi Farro

Renal changes are likely age-related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7

WEIGHT

10

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

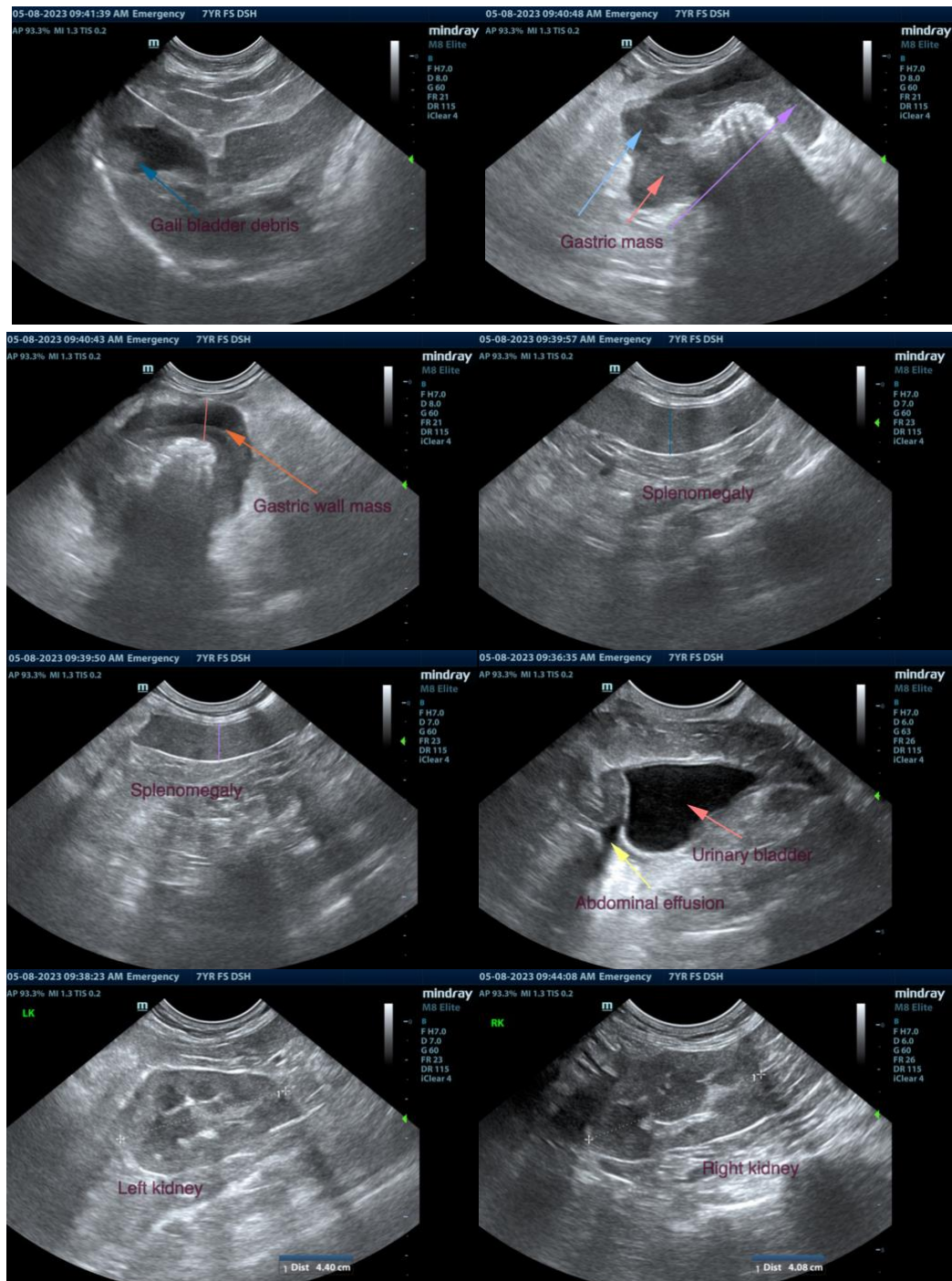
Michelle Roche

INVOICE

22377

DATE

5/8/23





PATIENT

Akashi Farro

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.

SPECIES

Feline

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.

BREED

DSH

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com

SEX

Spayed Female

AGE

7

WEIGHT

10

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

**IMAGING
PERFORMED BY**

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Michelle Roche

INVOICE

22377

DATE

5/8/23