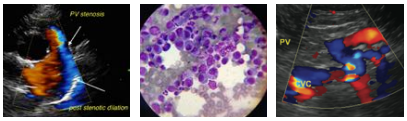
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
1/27/23

PATIENT
Kasey Shaffer

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
5.15 lbs

WEIGHT
1/1/09

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Jacksonville VH

REFERRING VET
Dr. Kablis

INVOICE
42371

PRESENTING CLINICAL SIGNS

1/7/23: vomiting past 2-3 months. Losing weight.
Current Medications: 1/7/23 Cerenia 0.27mL SQ. 1/11/23 Dexamethasone .015mL SQ. 1/13/23 Cerenia 0.27 SQ, Pred 2.5mg SID o unable to pill. 1/24/23 Cerenia 0.27mL SQ.
Lab Results: CBC: WBC 17.5, Neut 15925, Lymph 1050, T4 1.2, FT4 47.
Radiographs: 1/7/23 largely NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 2.86 cm with slight pyelectasia that measured 0.14 cm. The left kidney measured 3.1 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The gastric wall was thickened in this patient with loss of mural detail primarily in the gastric fundus. Gastric wall thickening measured 1.46 x 2.5 cm in a tapering infiltrative pattern. The pylorus was free of evident pathology. The small intestines and colon were unremarkable.

Pancreas

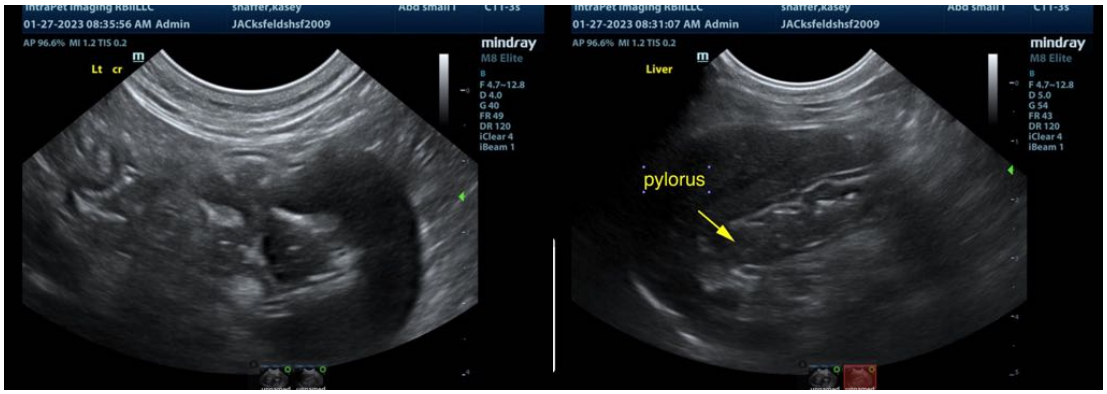
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

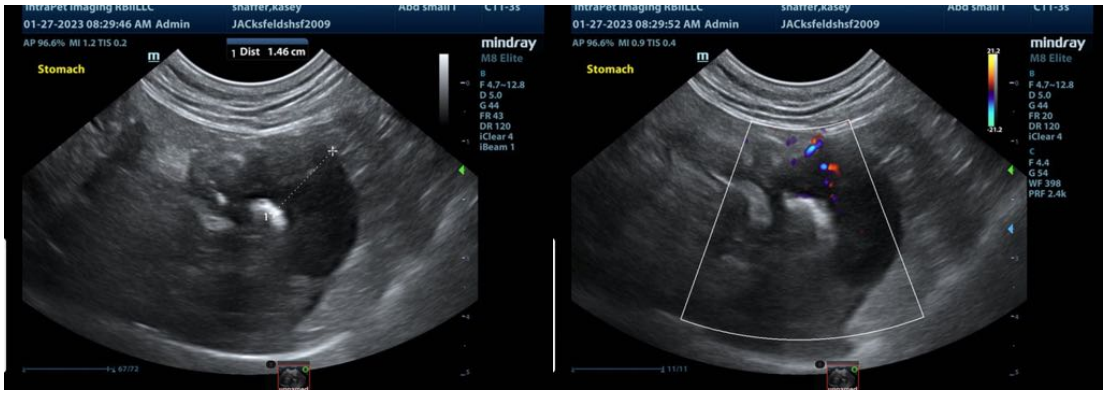
ULTRASONOGRAPHIC FINDINGS

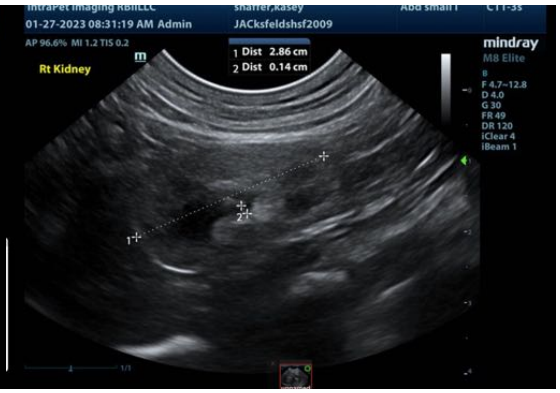
Concentric gastric mass and gastric fundus, strongly suggestive for round cell neoplasia. Granulomatous disease is less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This does not appear overtly resectable as it appears to be concentric and entered into the gastroesophageal inlet. FNA is recommended to confirm suspected lymphoma with immediate chemotherapeutic intervention is recommended.







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.

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