

**DATE PRESENTING CLINICAL SIGNS**

12/14/21

History: Presenting Complaint: Vomiting with Blood. Date: 12-13-2021 Notes: Has been known to have mild kidney changes but is known to not be a good drinker. Started vomiting on and off for a few months - presented to rdvm: bw NWL, rads had four BBs. Lethargic. This weekend: vomiting on Sunday that look like it had bits of coagulated blood in it - tried to go to Blue Pearl but had extended wait times. Does not appear to be chewing as well - will pick food up and drop it, flicks his tongue like something is caught on it - fed processed food like turkey and ham. Owner recently gave aloe juice 1/4 teaspoon and 1/8 teaspoon of a probiotic - owner has attempted to syringe feed. No apparent BM in 4 days. Assessment: Vomiting with blood; Weight loss. Plan: Reviewed history and physical exam. Discussed ddx: gastroenteritis vs pancreatitis vs obstruction vs kidney disease vs liver disease vs neoplasia. Recommended hospitalization, full bw, abdominal x-rays, abdominal ultrasound, fluids, supportive care as needed.

PATIENT

Tigger Matson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12/13/13

WEIGHT

6 Pounds

Current Medications: Gabapentin, Cerenia, Pantoprazole.
 Lab Results: Hct 20, Glucose 209
 Radiographs: Mass effect in the cranial abdomen. Gas in stomach and colon. No obvious obstruction. Attached separately.
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** presented a sand accumulation measuring 2.7 cm. A second accumulation of sand was noted in the proximal pelvic urethra measuring 1.9 cm. The bladder itself was unremarkable.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.69 cm. The right kidney measured 3.91 cm.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

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. The left adrenal gland measured 0.46 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**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 were noted.

REFERRING VET

Dr. Nacke-Horney

INVOICE

33425

Liver

The **liver** presented heterogeneous changes, possibly related to early infiltrative disease. Minor gallbladder debris noted.

Gastrointestinal

The **stomach** presented a concentric mass measuring approximately 4.17 cm x 3.36 cm with complete loss of mural detail. Gastric wall thickness measured 1.56 cm with pericapsular inflammatory pattern. The small intestine and colon were unremarkable.

Pancreas

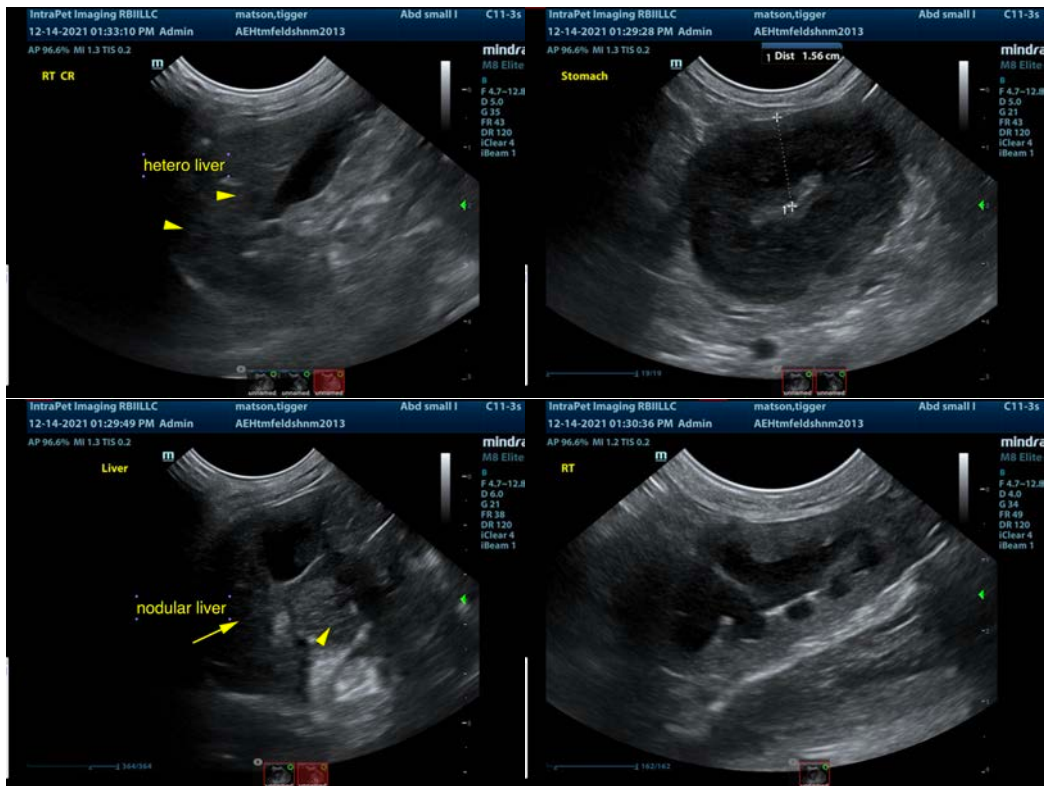
The **pancreas** was hypoechoic with mild duct dilation and irregular contour.

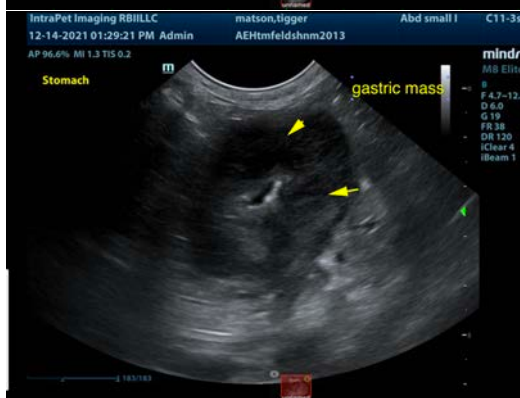
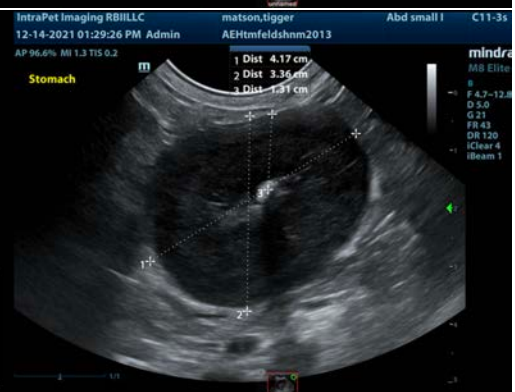
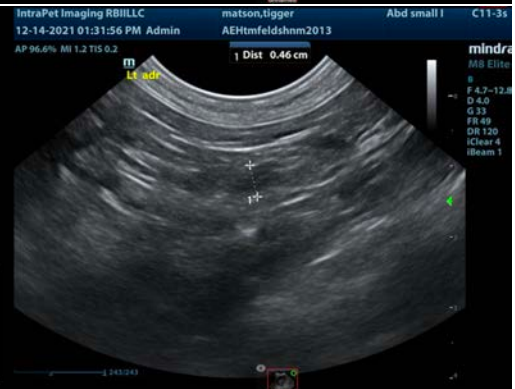
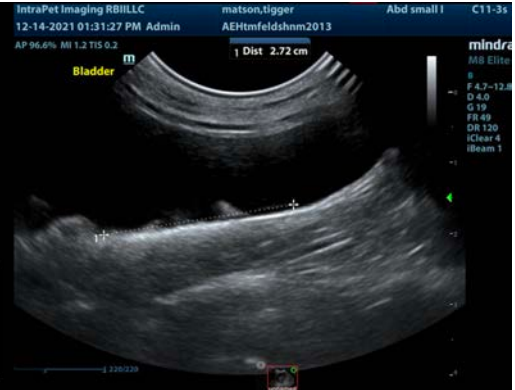
ULTRASONOGRAPHIC FINDINGS

- Infiltrative gastric pattern creating a gastric mass
- Heterogeneous liver
- Minor bladder and urethral sand, incidental finding

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric +/- hepatic lymphoma suspected. FNA of the gastric wall and liver recommended. Immediate chemotherapeutic intervention warranted. Prognosis is poor long-term. However, this may be responsive to chemotherapy. The anemia may be owing to blood loss through the GI tract or bone marrow disease depending upon CBC path review. Bone marrow aspirate would be ideal.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com