

**DATE**

06/01/2022

PRESENTING CLINICAL SIGNS

Acute vomiting that improves on medication but returns within 2-3 days after completion.

PATIENT

Snape Manack

Current Medications: Sucralfate 1g 1/2 tablet PO or dissolved in syringe q 8-12 hours.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

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 were noted. Ureteral papillae were normal.

SEX

MN

AGE

8 years

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 4.3 cm in length. The right kidney measured 4.6 cm in length.

WEIGHT

15.18 pounds

Adrenal Glands

The area of the left and right adrenal glands were free of pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Claws and Paws
Animal Hospital

Liver

The liver images submitted revealed multifocal hypoechoic nodular changes with an undulating contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

REFERRING VET

Dr. Singh

Gastrointestinal**INVOICE**

10712ag

The stomach exhibited severe concentric infiltrative pattern with wall thickness up to 2.0 cm in width. Complete loss of mural detail was observed creating a concentric gastric mass. The complete gastric mass 6.5 cm x 5.69 cm.

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.

Free Abdomen

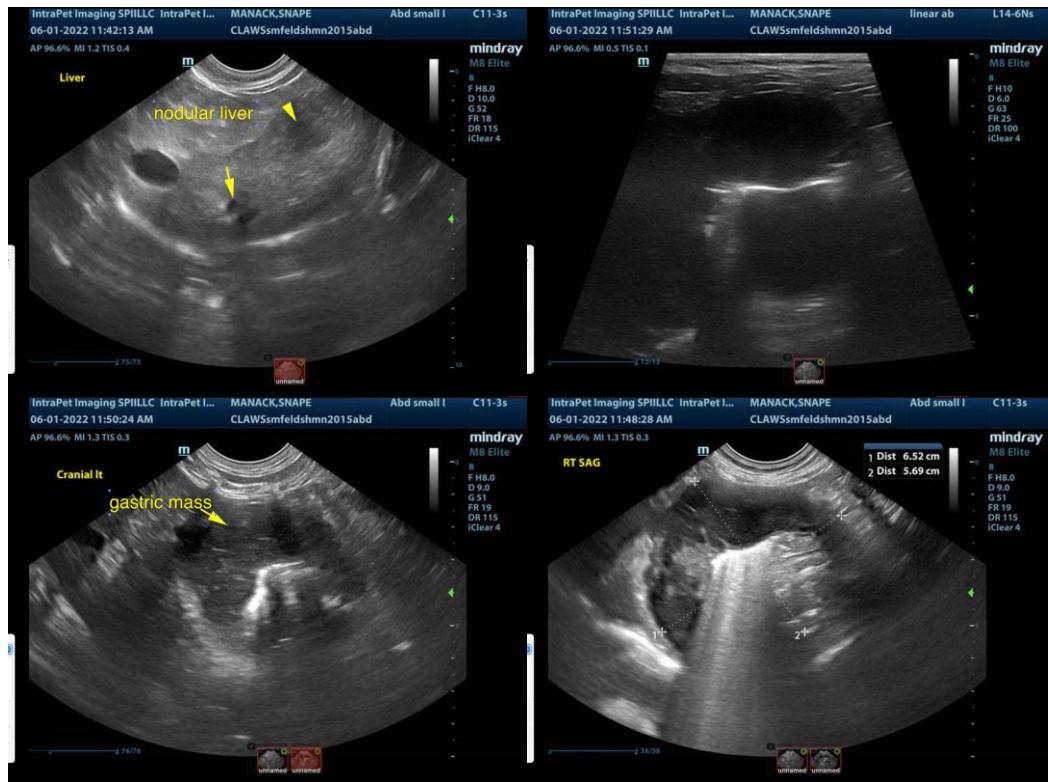
The epigastric lymph nodes were slightly enlarged measuring 1.0 cm.

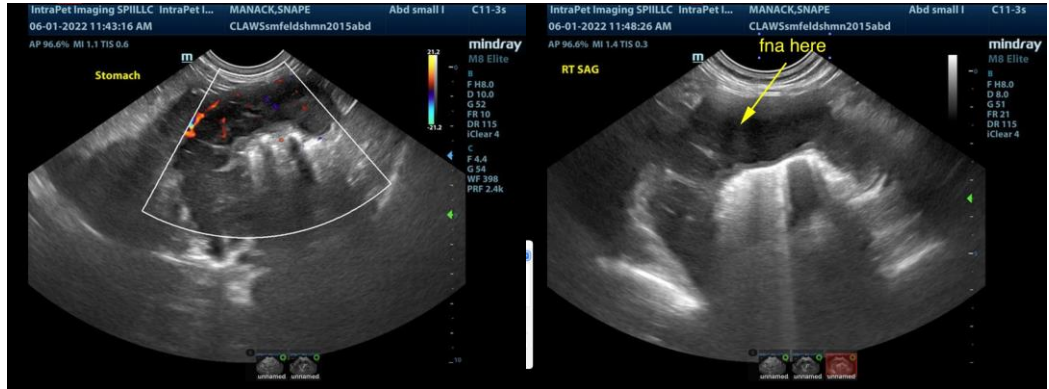
ULTRASONOGRAPHIC FINDINGS

- Infiltrative gastric pattern, strong suspicion for hepatic involvement
- Regional GI lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ultrasound guided FNA of the gastric mass and liver would be appropriate in this patient with immediate chemotherapeutic intervention. Lymphoma is considered likely. Three view chest radiographs are warranted to assess for evidence of metastatic disease.





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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