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Clinical Sonography & Telecytology
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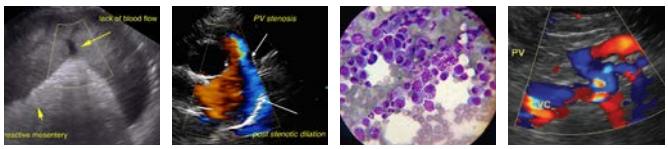

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1-800-838-4268 info@sonopath.com

PATIENT
Mackintosh May

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
14 Years

WEIGHT
7 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Celine Ward

HOSPITAL NAME
Kenora Vet Clinic

REFERRING VET
Dr. Celine Ward

INVOICE
38636

DATE
6/10/22

PRESENTING CLINICAL SIGNS

Presented May 2022 for hematemesis and dark stools. Indoor only, energy normal. Appetite normal. Thirst and urination normal. PE - soft and comfortable abdomen, TPR wnl Bloodwork ran (results below) - cerenia and sucralfate treated as precaution June 2022 - o states vomiting stopped while on cerenia but began again while off the medication - pink/red in color, 2-3x daily. Recommended therapeutic diet (hills i/d, biome, or royal canin GI) but declined as cat is picky eater
Abnormal PE/Chem/CBC/UA Results: CBC mild lymphopenia Chem mild hyperglycemia (stress) Mild hypokalemia

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. Minor amount of striating debris present. Assessment for UTI or inflammatory sediment warranted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

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

A 3.0 cm concentric **gastric** fundic mass was noted in this patient, continuing into the gastroesophageal inlet. Wall thickness measured up to 2.0 cm. Complete loss of structural detail. The gastroesophageal lumen was deviated owing to the infiltrative pattern. The mass appeared to enter into the distal esophagus. The pylorus was free of evident pathology. The small intestine and colon were unremarkable.

An epigastric lymph node was mildly enlarged, rounded, measuring 4.0 mm.

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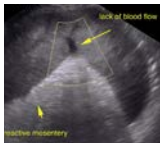
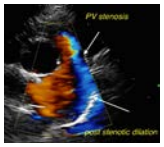
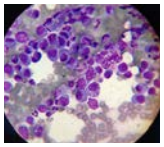
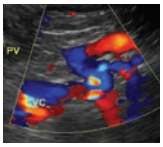

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

PRIMARY FINDINGS

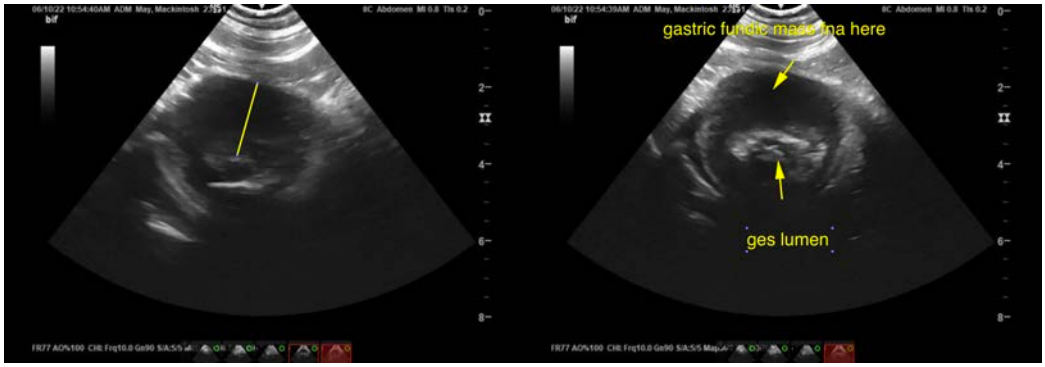
- Gastroesophageal inlet/gastric fundic mass with regional lymphadenopathy – strongly consistent with lymphoma.

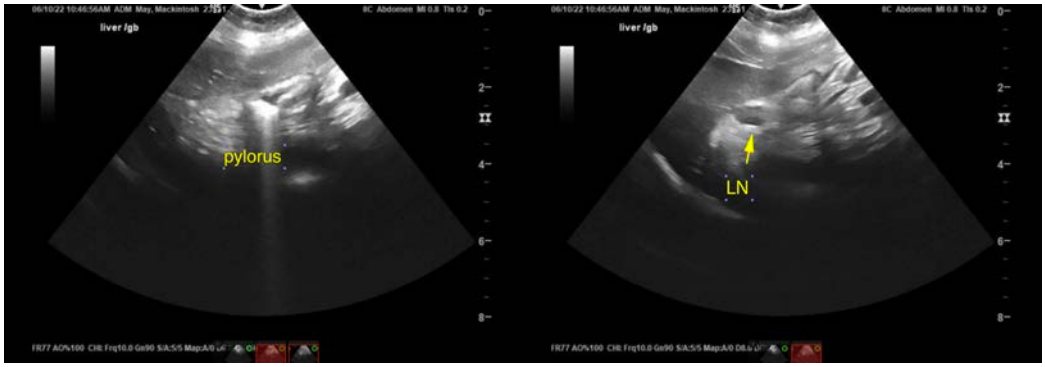
SECONDARY FINDINGS

- Age related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided recommended, or endoscopy for biopsies. Prognosis is guarded to poor depending on responsiveness to therapy.





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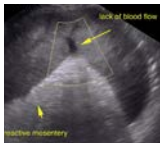
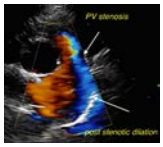
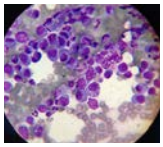
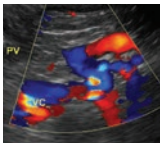

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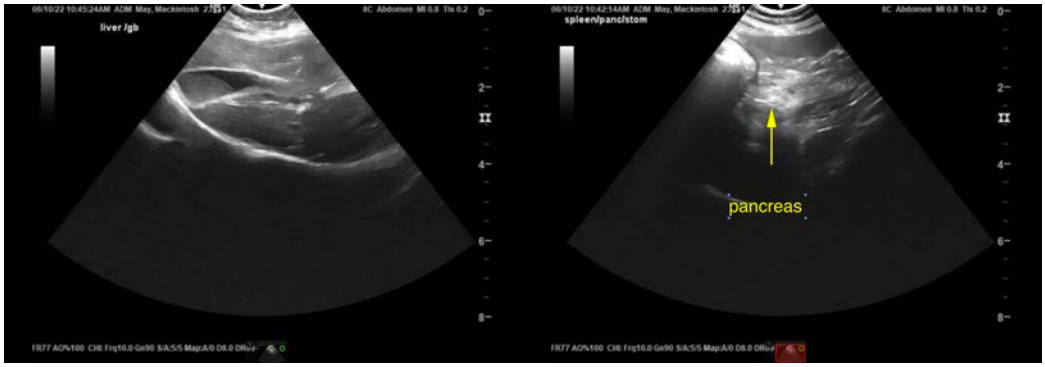

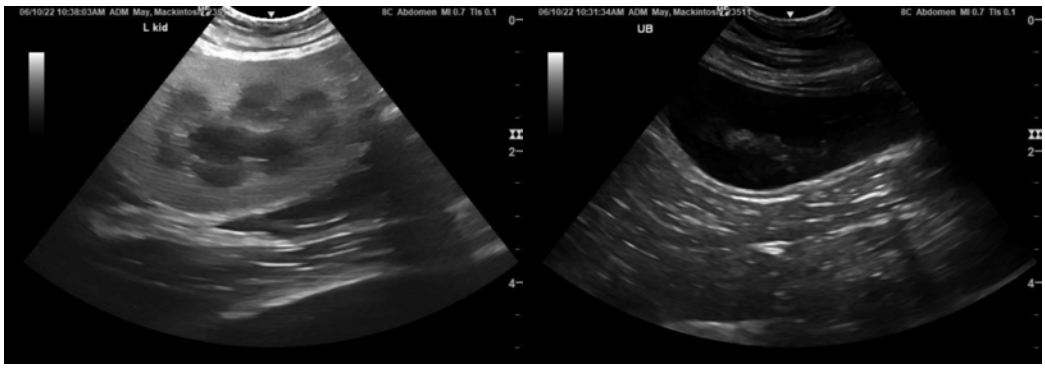

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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