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Clinical Sonography & Telecytology
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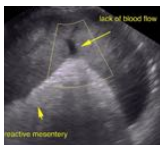
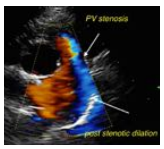
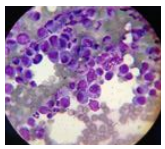
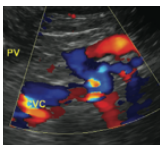

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1-800-838-4268 info@sonopath.com

PATIENT
Goten Hooper

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
4 years

WEIGHT
12.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Rosenberg

HOSPITAL NAME
London Cat Clinic

REFERRING VET
Dr. Rosenberg

INVOICE
44736

DATE
6/14/23

PRESENTING CLINICAL SIGNS

History: Chronic mild 2 yr hx vomit but 2 mo hx if incr vomit (had been daily, now less but intermittent vomit and has had dark stools and vomit of blood recently). Excessive chewing and slight gagging noted intermittently since increased vomit. Diarrhea 2 mo hx. Weight loss 3 lbs in last year. Only mild decr mcs. Screening lateral rads showed N neck/chest but stomach just looked a bit more obvious and opaque. On US, I think the hypoechoic area is Stomach ? No normal layering seen in abN area, only a bit of normal stomach seen L lateral. Is this a thickened stomach wall, a fluid distended stomach, an abscess or something just beside stomach? There is a bright area with distal reverberations and shadowing - could this be a foreign body that has caused severe stomach inflammation/fluid accumulation, or is this more likely a mass? Cat does have a hx of eating plastic but nothing noted specifically. Also, is there a good window for aspirate? (looked to be vessels at surface when I scanned closest aspect, and looks to have vessels throughout - so is it a mass? 2 other areas of hypoechoic round structures, on on R and on on L cranial to stomach - they look like they may be conjoined to the other main stomach area - are they extension of abscess or ln's?
Abnormal PE/Chem/CBC/UA Results: Bloods from 2 weeks ago showed mild regenerative anemia (borderline hypochromic/microcytic, mild incr platelets, hemobart neg, neg agglutination and bili N (but mild incr ALP). Glob also a bit low with N alb. Currently more anemic PCV 19%. Full CBC pending. Still neg saline agglutination. Screening lateral rads showed N neck/chest but stomach just looked a bit more obvious and opaque.

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.

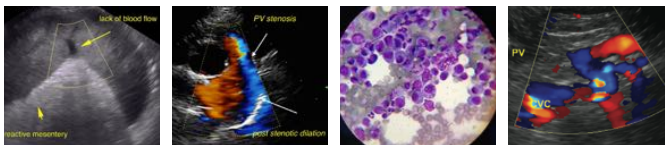
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.01 cm. The left kidney measured 3.77 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. The right adrenal gland measured 0.45 cm. The left adrenal gland measured 0.46 cm.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was diffusely hyperechoic to the falciform fat with mild enlargement. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** in this patient presented concentric wall thickening with loss of mural detail meeting neoplastic criteria and measured up to 1.56 cm. The mass was concentric and entered the pyloric outflow. The mass does not appear resectable. Gastric stasis was noted as well. The distal small intestine was unremarkable. The curvilinear patterns were maintained. The wall thickness was normal and measured up to 0.26 cm. The colic lymph node was mildly enlarged, rounded and measured 1.0 x 0.64 cm. The epigastric lymph node was enlarged, rounded, hypoechoic and irregular. The epigastric lymph node measured 1.0 cm.

Pancreas

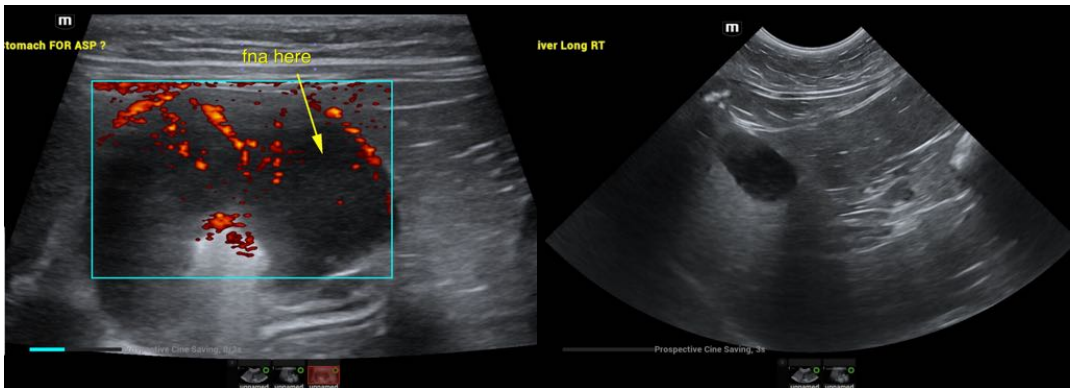
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Gastric mass with multi-centric lymphadenopathy, potential hepatic involvement. This is consistent with round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FIP or granulomatous disease is possible, yet less likely. FNA is indicated of the stomach +/- liver and lymph nodes.



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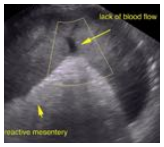
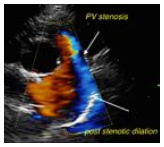
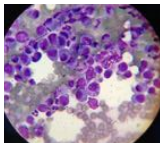
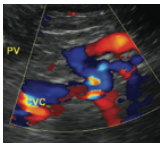

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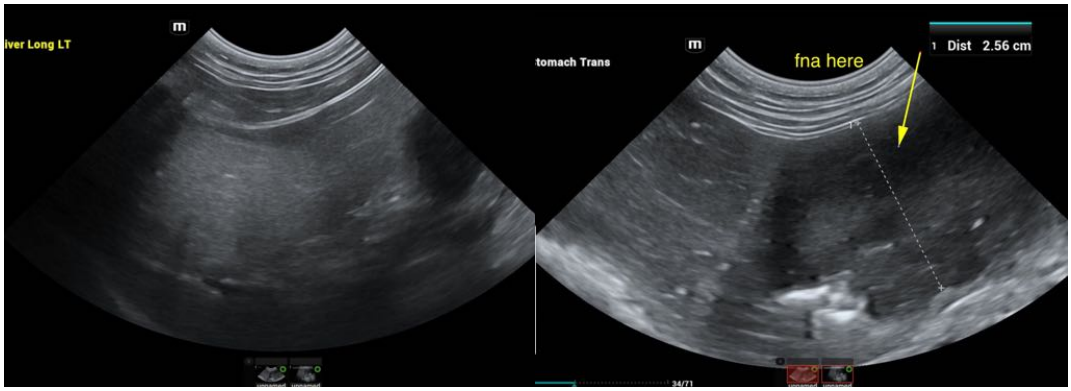

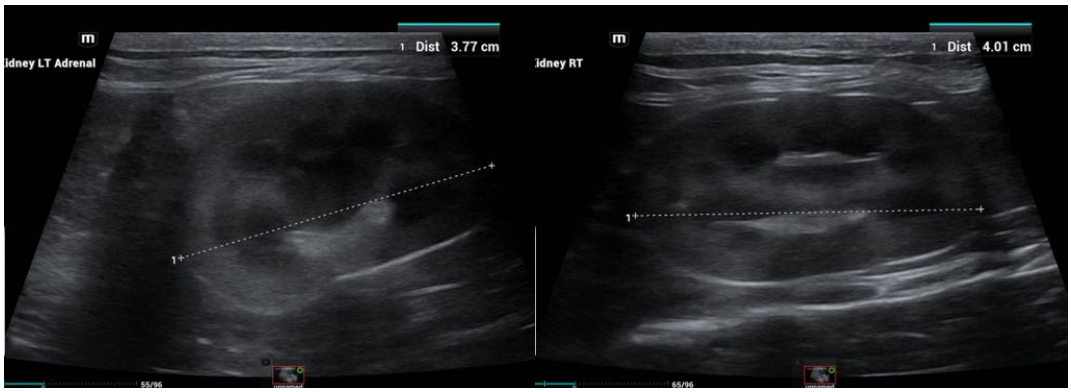

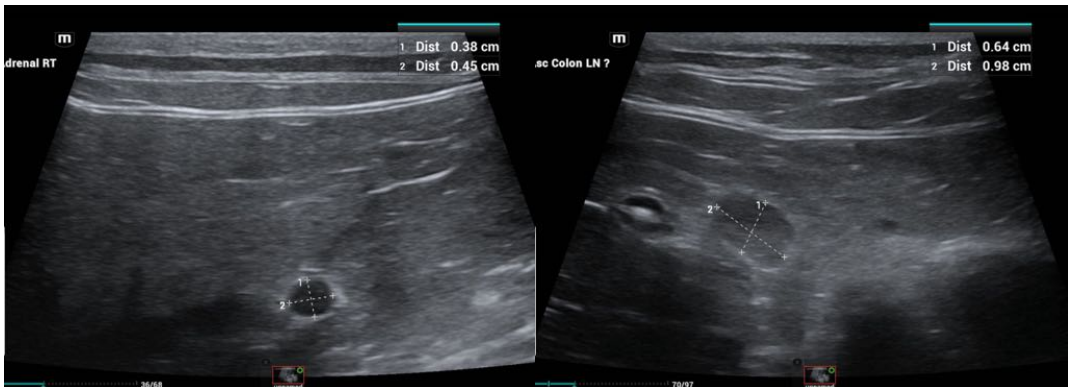

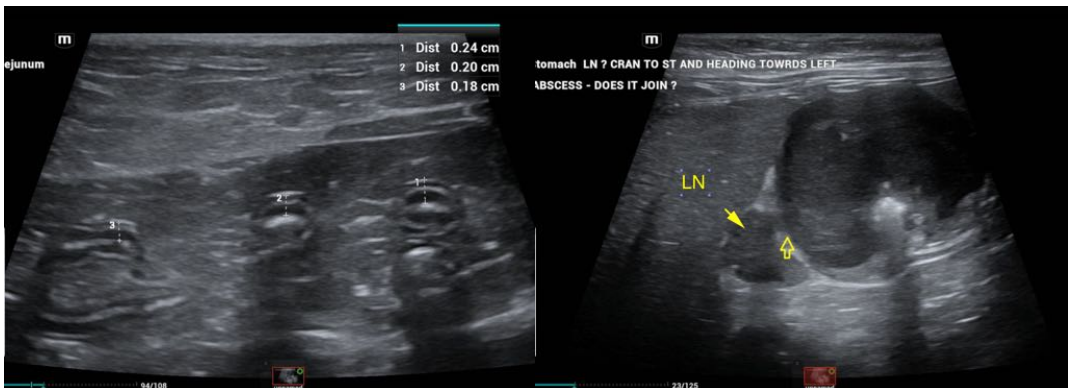

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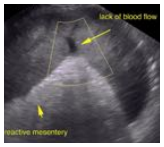
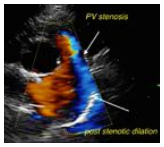
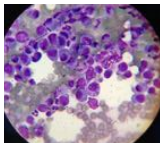
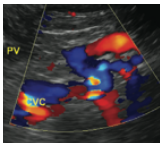

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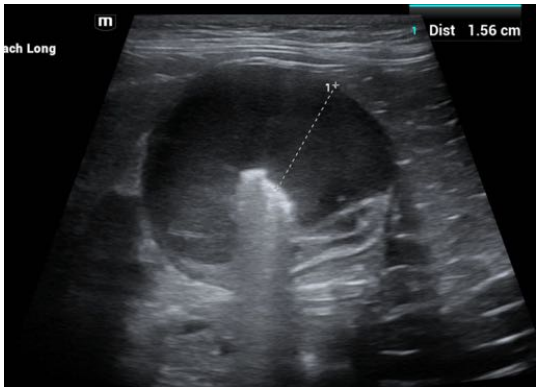

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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