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Clinical Sonography & Telecytology
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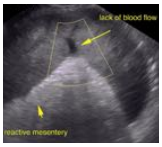
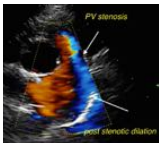
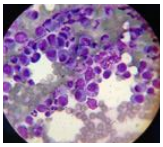
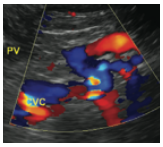

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1-800-838-4268 info@sonopath.com

PATIENT
Hooch Watson

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
11 years

WEIGHT
11.9 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
Animal Hospital of Sussex County

REFERRING VET
Dr. Ackernecht

INVOICE
46573

DATE
8/11/23

PRESENTING CLINICAL SIGNS

History: Soft tissue cranial abdominal mass seen on AFAST. Possibly communicates with GI tract/stomach. Current Meds: Cerenia administered today, no chronic meds.
Abnormal PE/Chem/CBC/UA Results: WNL including T4

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 and no evidence of pelvic dilation was present. The right kidney measured 3.64 cm. The left kidney measured 3.89 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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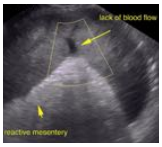

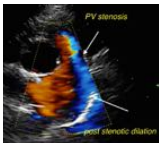

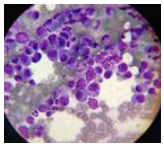
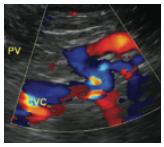

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Gastrointestinal

The stomach in this patient revealed a complex, mixed, hypoechoic, expansive and disruptive mass measuring 6.0 x 4.4 cm. A separate infiltrative pattern was noted in the gastric wall outside of the mass and measured 0.94 cm with loss of structural detail. The small intestines and colon were unremarkable. Epigastric lymph node enlargement was noted. The lymph nodes were hypoechoic, peripherally inflamed and measured 1.05 x 0.97 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 sublumbar lymph node was enlarged, hypoechoic and rounded measuring 2.3 x 1.12 cm.

Pleural effusion was noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

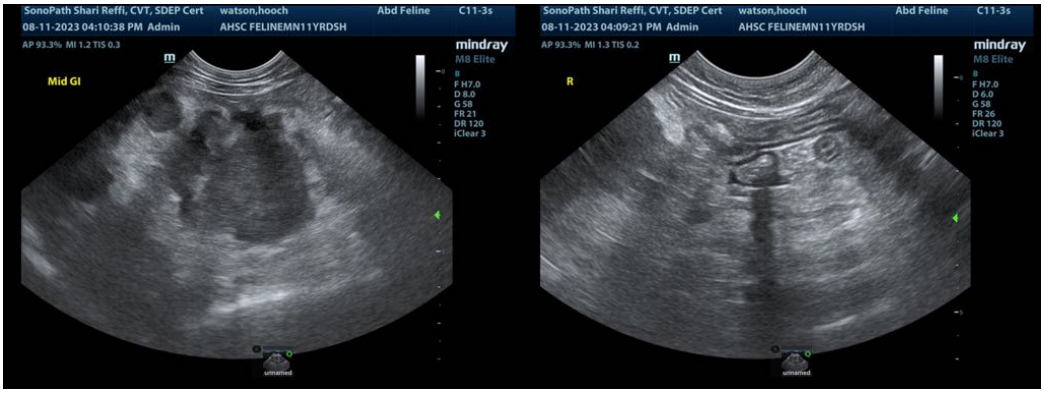
Gastric mass and multi-focal lymphadenopathy.

Age related hepatic changes.

Pleural effusion noted through the diaphragm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the gastric mass is recommended as well as immediate chemotherapeutic intervention. This is likely lymphoma. Granulomatous disease is technically possible, yet unlikely. Given the abdominal presentation metastatic spread is suspected.



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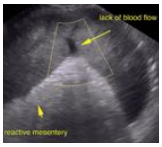
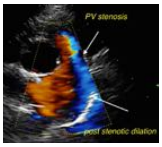
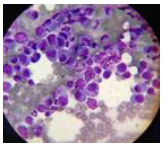
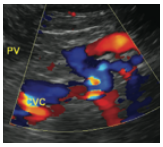

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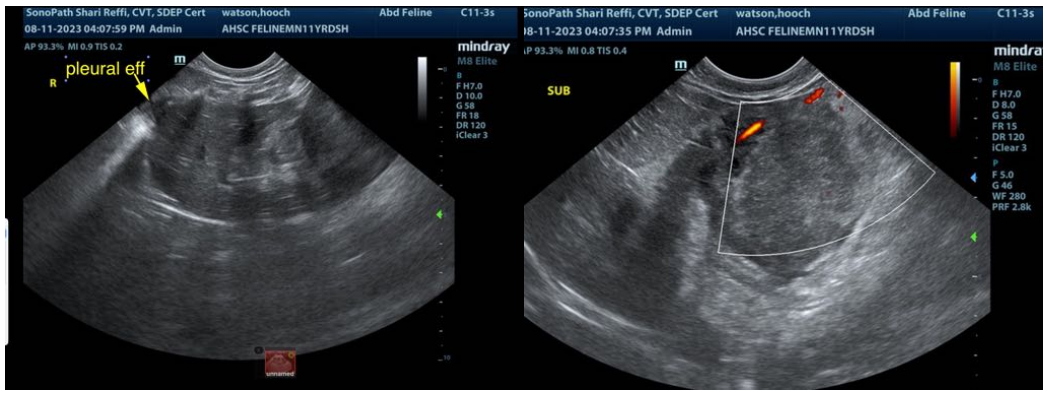

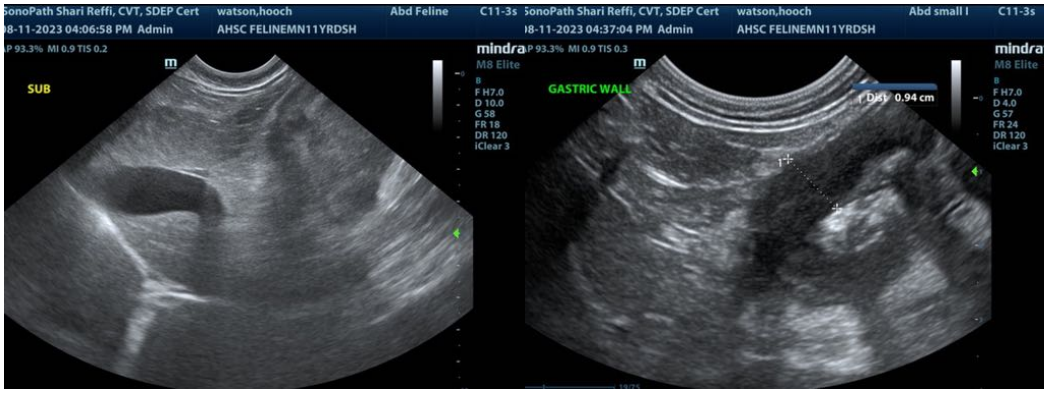

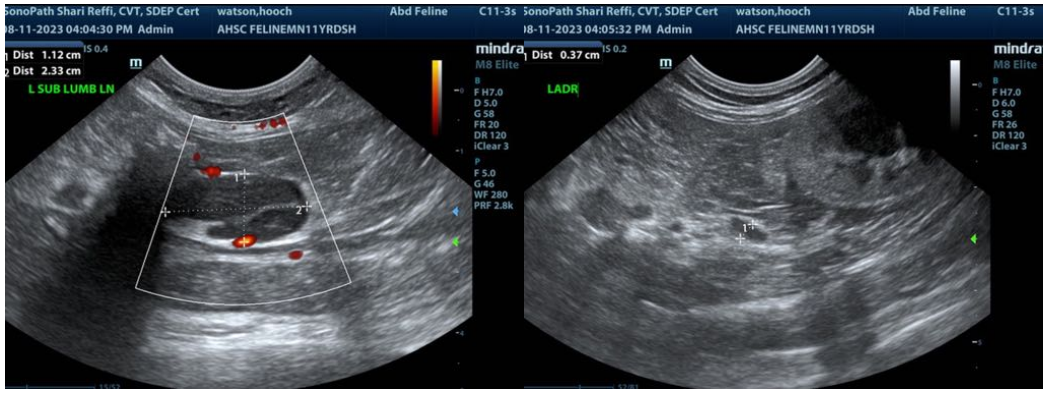

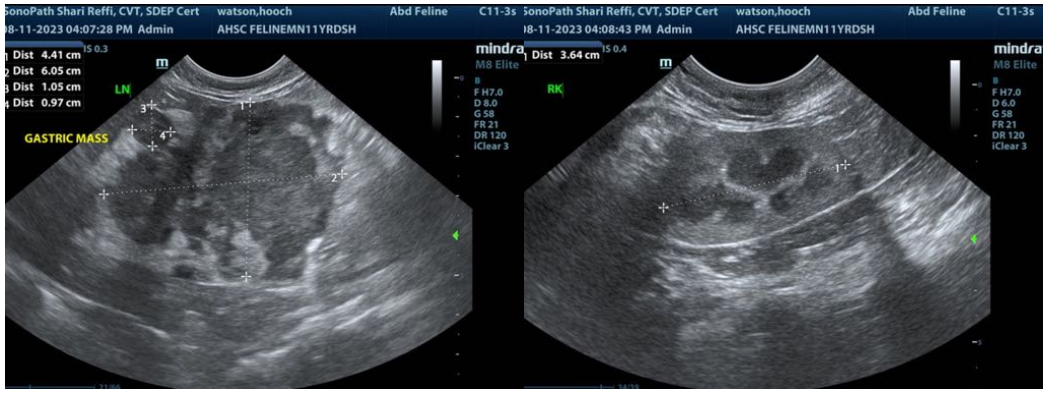

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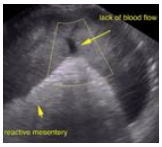
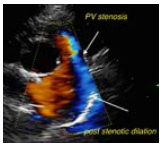
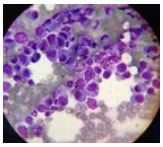
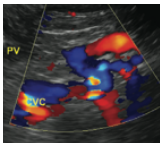

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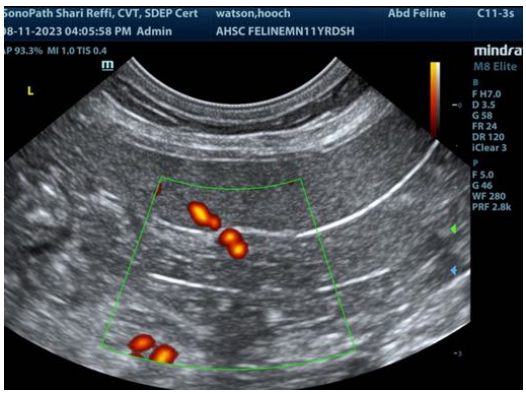

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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