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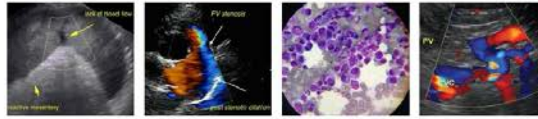

PAWS
Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Mara Mendicino

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

Geriatric

WEIGHT

8 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Monte Vista

REFERRING VET

INVOICE

34230

DATE

1/13/22

PRESENTING CLINICAL SIGNS

sedate w/gabapentni and torb- Primary Complaint: Gastrointestinal History: Clinical signs (), Vomiting duration (CHRONIC vomiting (>14 days)), Clinical signs summary (chronic vomiting, O describes vomitus as food and dark bile, was on average happening 4-5 times per day. O switched food to a grain-free diet and vomiting decreased to ~1/day. For the past 2 weeks Mara has not had any further vomiting, but has had a poor appetite. O notes that she did have one vomiting episode of frank blood when she was vomiting frequently), Last ate (Patient last ate less than 12 hrs prior to exam) Physical Exam: Summary of PE findings (Mild skin tent, left iris pigment and pupil slightly dilated, turgid bowels on palpation.), T (102.5F/39.2C), P (170), R (70), MM (PM <2sec), Patient attitude/demeanor (patient demeanor- quiet) Diagnostics: Pending diagnostics (Chem/CBC/GI panel) Treatment: Tx Plan (No current treatment plan) Other: Additional information ()
____ THORAX/ABDOMEN (December 22, 2021): 3 views are provided for evaluation. FINDINGS The cardiovascular structures are normal size and shape. The lung parenchyma is unremarkable, no evidence of aspiration pneumonia. The mediastinal structures are normal. No abnormal esophageal dilation or esophageal content. The pleural space is normal. Good serosal definition is present throughout the abdomen. The liver is slightly small with cranial positioning of the stomach. The spleen and urinary bladder are normal. The kidneys are both small and there is bilateral renal mineralization. No abnormal GI dilation, plication or evidence of foreign material. A moderate amount of gas in a small amount of feces are present within the colon. There are moderate degenerative changes associated with both coxofemoral joints. CONCLUSIONS: Unremarkable thorax. No evidence of esophageal abnormalities or aspiration pneumonia. Microhepatia. This is often incidental and normal for the patient. Conditions such as chronic hepatopathy with liver atrophy and cirrhosis is not excluded. Small kidneys could represent chronic renal disease or may be a normal variant for the patient. Bilateral renal mineralization is present. Gastroenteritis/pancreatitis would be suspected for the vomiting. No evidence of foreign material or an obstructive bowel pattern. With the chronic vomiting condition such as inflammatory bowel disease or GI neoplasia should also be considered.
Abnormal PE/Chem/CBC/UA Results: Lab Results (12/23/2021): RBC Low (5.38), HCT Low (25), Hg Low (7.1), MCHC Low (28.4), Reticulocyte Hg Low (13.3), All Else WNL. Chemistry Panel- Idexx SDMA High (15), Calcium Low (8.0), TP Low (5.7), Albumin Low (2.4), ALT Low (11), AST Low (12), CHO Low (64), All Else WNL. Folate Low (4.5), fPL Normal, TLI- pending, Cobalamin Normal (587) Total T4- Normal (1.8). UA- Pendin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is normal in size (3.8 cm), but irregular in shape (likely from previous infarcts) Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.79 cm). Overall echogenicity is slightly hyperechoic with mildly decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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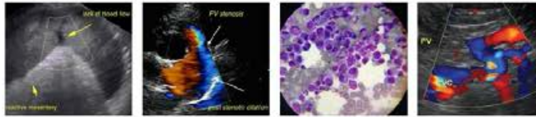

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Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect. The patient became fractious, so thorough evaluation in this area was difficult.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall is focally severely thickened with a complete loss of layering. In this area, the gastric wall measures 2.1 cm in diameter and is devoid of any normal layering or rugal folds. Findings are most consistent with a focal gastric mass.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

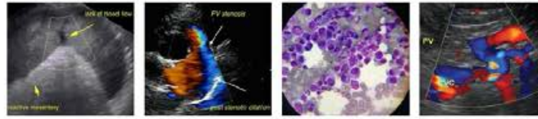
The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent gastric lymph node visualized measuring 0.72 cm. The omenum is of normal echogenicity.



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Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

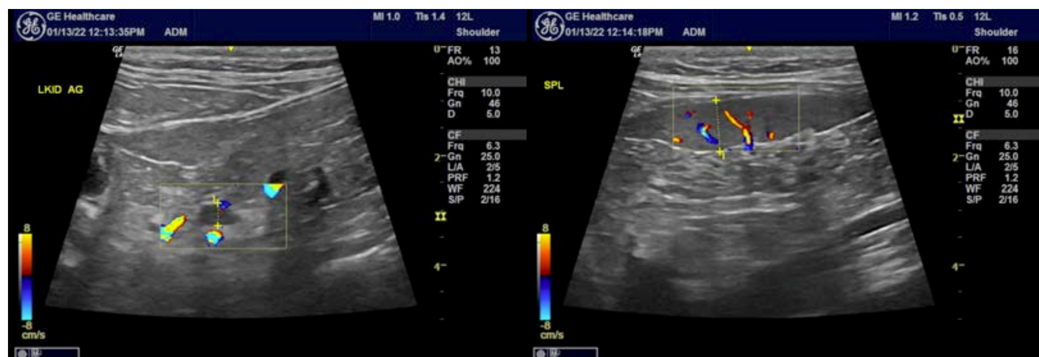
ULTRASONOGRAPHIC FINDINGS

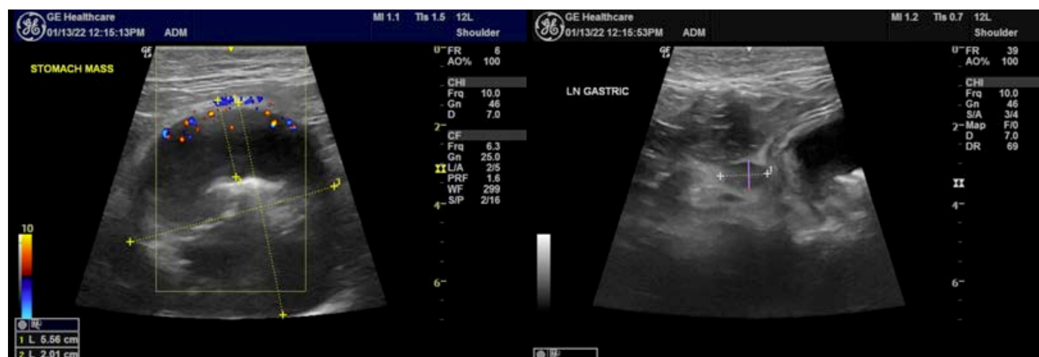
- Severe focal gastric wall thickening with complete loss of layering – most consistent with a gastric wall mass. Primary differentials would be lymphoma, carcinoma, leiomyoma, etc.
- Prominent gastric lymph node – likely represents either a reactive lymph node or metastasis.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

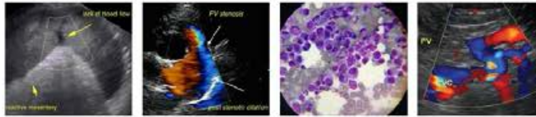
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large gastric mass is visualized. Based on appearance, the primary differential would be lymphoma. Consider a fine needle aspirate of the gastric wall. If a diagnosis can be made off cytology, then consider consultation with a veterinary oncologist regarding treatment options and prognosis.

If a diagnosis cannot be obtained based on cytologic exam, consider a surgical biopsy. I suspect this is not a surgically resectable lesion, but this could be further evaluated, and the gastric lymph node sampled. Recommend 3-view thoracic radiographs.







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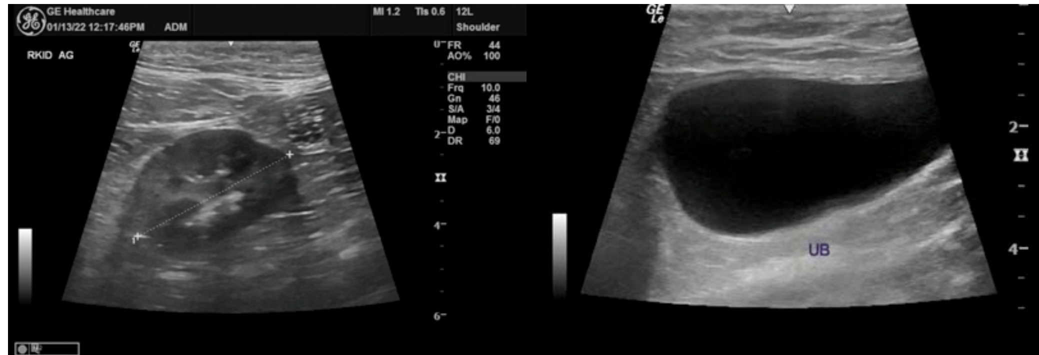

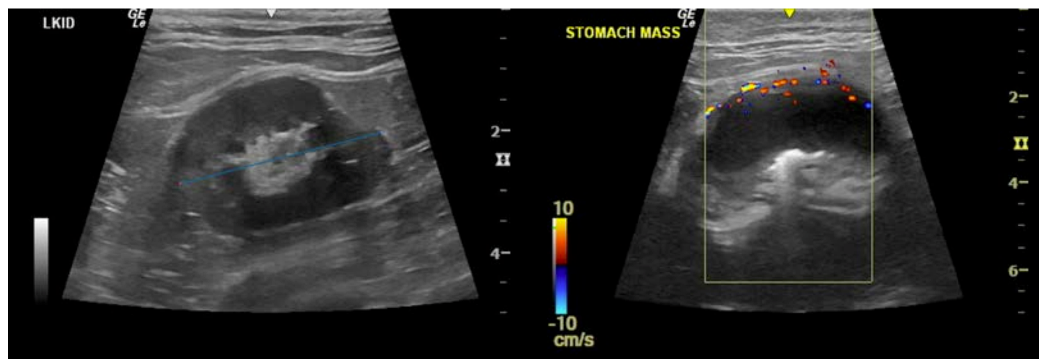

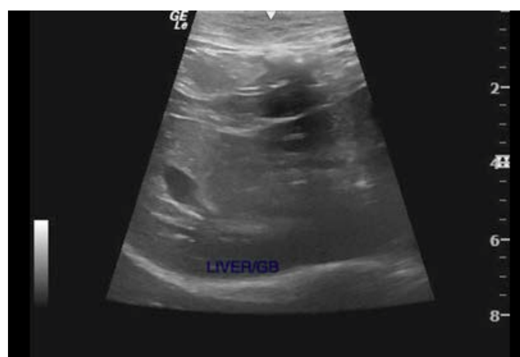

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com