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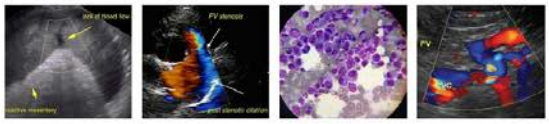

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Mia Ranson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Peavine Animal Hospital

REFERRING VET

Dr. David Baggett

INVOICE

44477

DATE

1/24/23

PRESENTING CLINICAL SIGNS

Started vomiting blood a couple of weeks ago- weight loss but still eating. No meds.
Abnormal PE/Chem/CBC/UA Results: Ca 8.0, TP 6.1, CK 832, spec fPL 1.9 normal, T4 2.1

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, or cystic calculi. There is a small area of prominent, possibly thickened tissue at the cystourethral junction. This tissue measures 0.32 cm. Continued monitoring is warranted.

The left kidney is normal in size (3.66 cm) but irregular in shape (likely due to previous infarct). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.04 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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 right adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.66 cm), 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 hypoechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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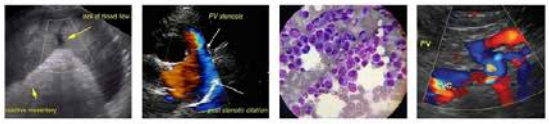

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Gastrointestinal

The stomach is mildly distended with fluid. In some regions the gastric wall appears relatively normal, but there is an extensive region of severe wall thickening and complete loss of layering. In this region, the gastric wall measures at 2.14 cm in width, creating a large mass effect measuring 2.75 cm x 4.82 cm.

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. Jejunum wall measures 0.16 cm. 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 prominent and hypoechoic as compared to the surrounding isoechoic 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 are some prominent enlarged lymph nodes in the cranial abdomen. A gastric lymph node measures 0.65 cm in width. A lymph node near the spleen measures 0.43 cm. The omentum is hyperechoic in the cranial abdomen.

Other

A brief view of the heart was submitted. There is the possibility of a scant amount of pericardial effusion. Recommend cardiac ultrasound.

PRIMARY FINDINGS

- Heterogeneous, hypoechoic liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Large, hypoechoic mass effect in the region of the gastric wall – findings are most consistent with infiltrative disease to the gastric wall (round cell neoplasia, carcinoma, etc.).
- Mild cranial abdominal lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Questionable scant pericardial effusion – Recommend cardiac ultrasound.

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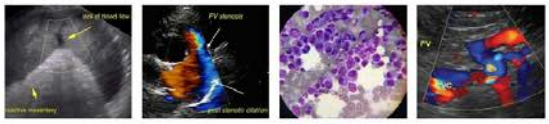

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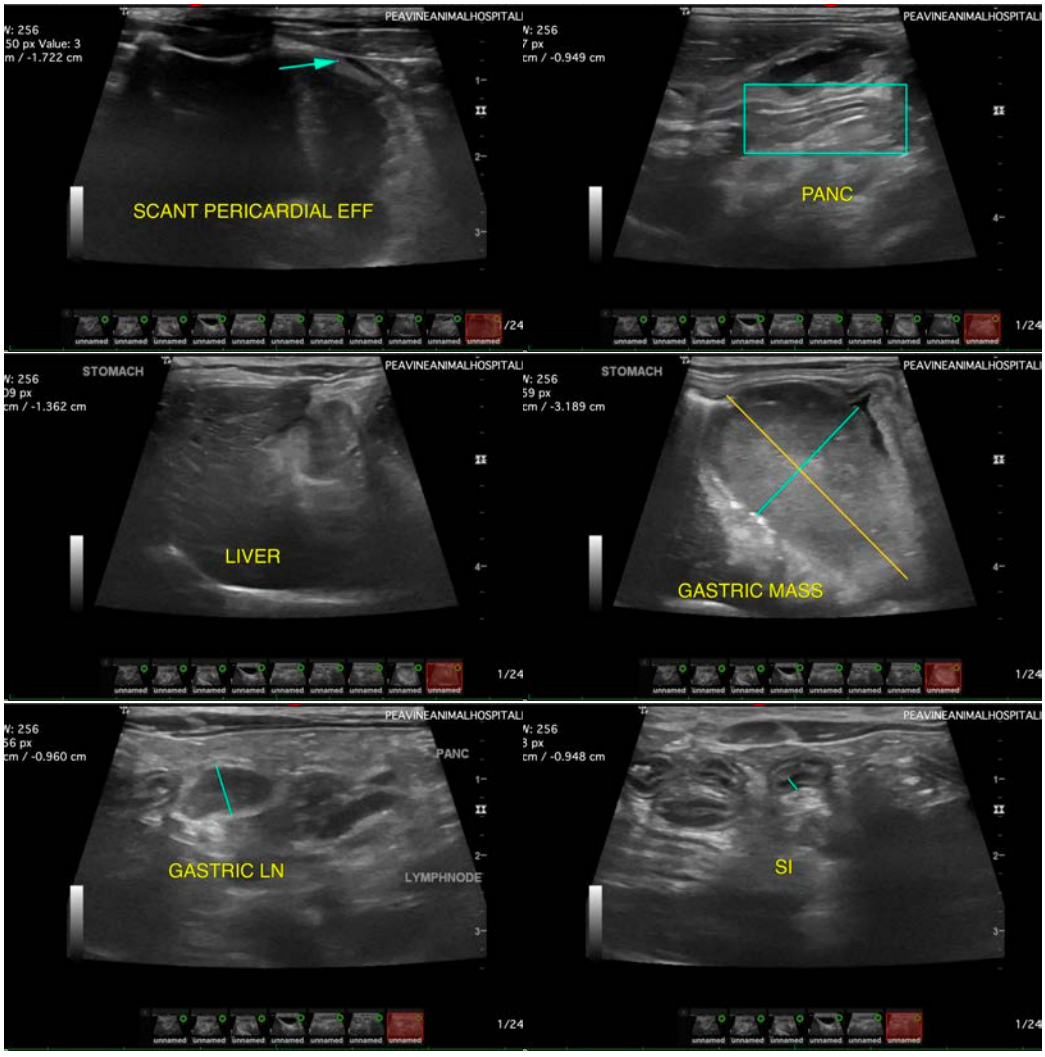
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large hypoechoic mass effect in the cranial abdomen, which is most consistent with a gastric wall mass. This is extensive and there is complete loss of layering. Recommend a fine needle aspirate of this tissue for cytologic evaluation. Additionally, there are prominent/enlarged lymph nodes in the cranial abdomen, the liver appears somewhat hypoechoic and heterogeneous, and the pancreas is prominent. If cytologic diagnosis cannot be obtained based on fine needle aspirate of the cranial abdominal mas, consider aspirating the liver and a cranial abdominal lymph node.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

If cytologic diagnosis cannot be obtained based on cytology, consider surgical biopsies, possibly with a contrast CT scan prior to surgery in case resection could be considered, but based on today's exam I suspect that would be very challenging.



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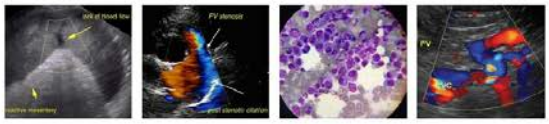

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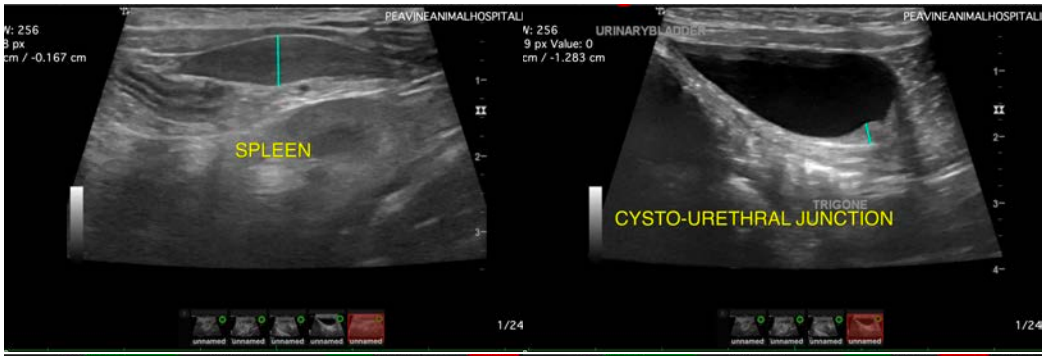

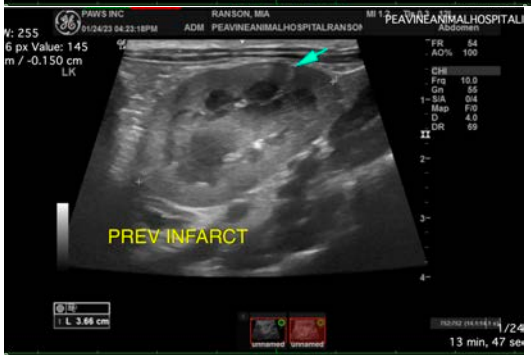

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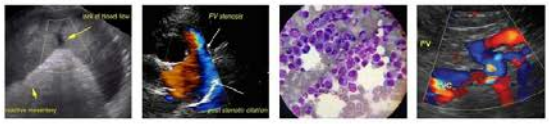

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com