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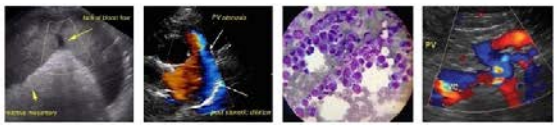


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Nero Hale

SPECIES
Feline

BREED
DLH

SEX
Neutered Male

AGE
8 Years

WEIGHT
3.6 kg

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

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
Haldimand AH

REFERRING VET
Dr. Rode

INVOICE
26584

DATE
10/21/21

PRESENTING CLINICAL SIGNS

Weight loss, possible beginning of jaundice, suspected mass/FB on radiographs and concern about liver size and shape, mass? Any evidence of GI mass or thickening?
Abnormal PE/Chem/CBC/UA Results: Low RBCs, High Retics, high WBCs 34.0, high neuts, high mono, high platelets. low Glucose, high bilirubin, normal FPL

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 has a normal shape and size (3.76 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (4.02 cm). Overall echogenicity is normal with adequate 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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 0.41 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, 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.

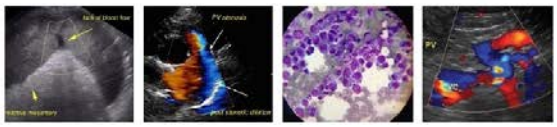
Liver

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 area of the stomach is occupied by a large, hypoechoic, rounded mass effect measuring approximately 5.5 cm in diameter. This appears to have a lumen, and occupies much of the cranial abdomen. Based on location, symptoms and appearance, I suspect this is a gastric mass, but cannot rule



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out another structure in this area displacing the stomach and making it difficult to evaluate. I strongly suspect this is GI tract in origin, and the wall of the lesion appears 2.1 cm thick.

The visualized areas of 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 is a large mass effect in the cranial abdomen in the area of the stomach. I suspect possible proximal duodenal involvement, as this area is occupied by the mass effect.

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 area of 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

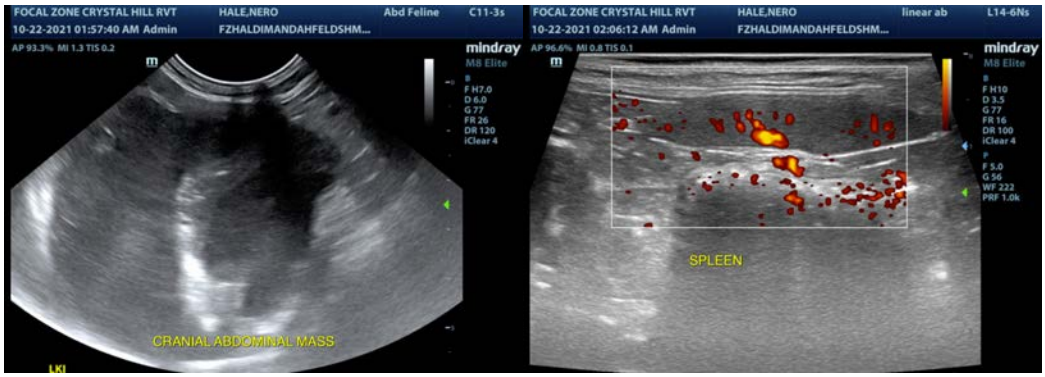
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic cranial abdominal mass – suspect gastric in origin. This is very concerning for possible round cell neoplasia involving the gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large cranial abdominal mass is present. Based on its appearance, I suspect it is gastric in origin, but this mass effect occupies most of the cranial abdomen and could displace normal structures. Other possibilities would include an effaced lymph node, a hepatic mass, or a pancreatic mass, but I do believe this has a lumen and is of GI origin. Recommend fine needle aspirate of the mass to further evaluate. This patient could be a candidate for chemotherapy with veterinary oncologist if round cell neoplasia can be confirmed. Recommend 3-view thoracic rads to evaluate for possible metastasis and/or concurrent intrathoracic disease.



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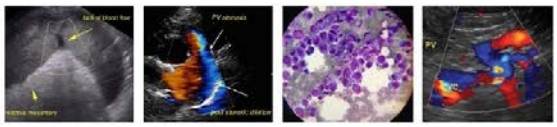

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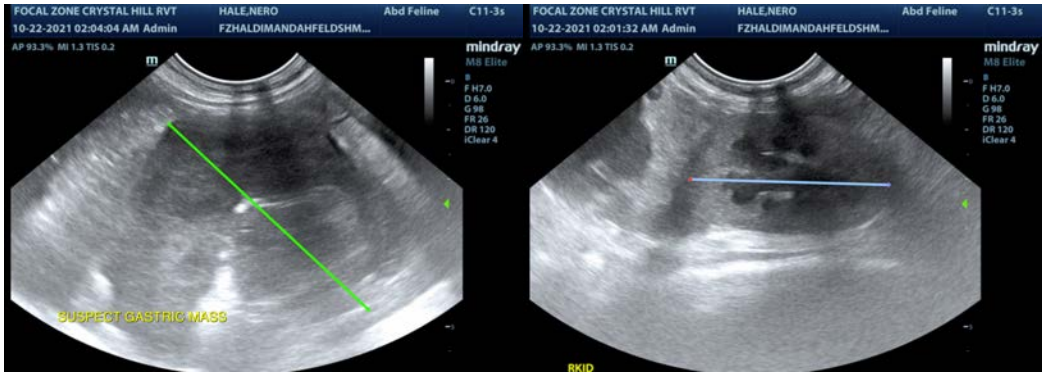

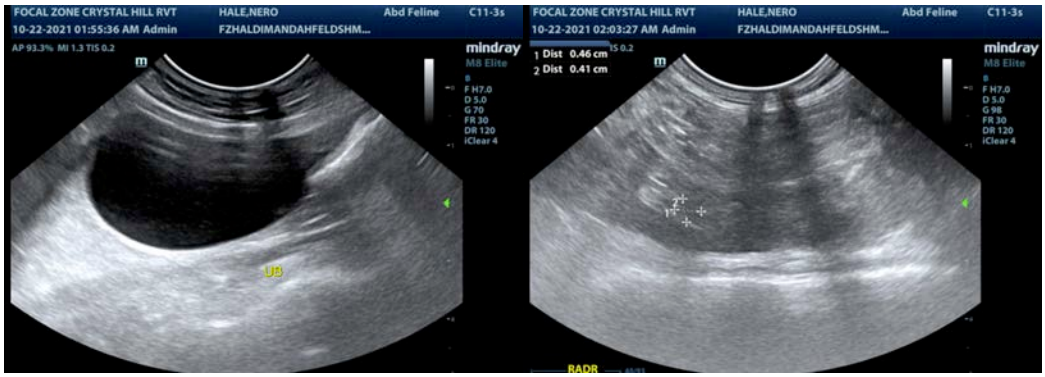

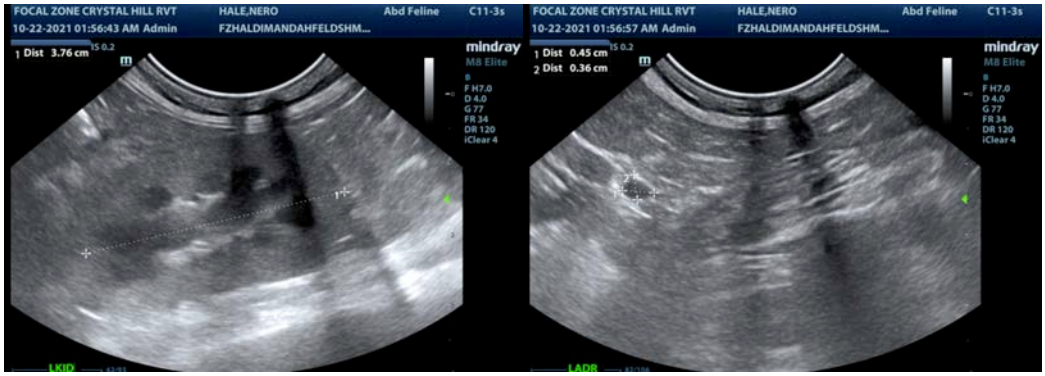

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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