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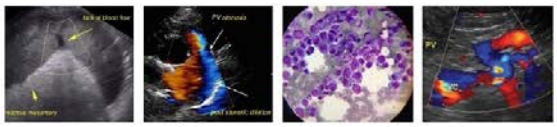

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

**PATIENT**

Mo Allen

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

2.92 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

Dr. Aliaga-Lyeton

**INVOICE**

33157

**DATE**

12/1/21

## PRESENTING CLINICAL SIGNS

Hematemesis, weight loss, anorexia, anemia. Losing blood - stomach ulcer? mass?FB?Currently on IVF, Cerenia, Omeprazole, Buprenorphine
Abnormal PE/Chem/CBC/UA Results: RBC 6.17(6.54-12.20), Low Hematocrit, anemia normochromic and normocytic, increased Retics, Leukocytosis, Neutrophilia, Eosinopenia, decreased T protein and Albumin and Globulin.

## 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 (2.87 cm). 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is somewhat small, measuring 2.29 cm, and is very irregular in shape. There is a bulging mass effect coming off of the dorsolateral aspect of the right kidney, measuring 2.25 cm x 1.48 cm. The renal parenchyma itself has abnormal architecture with a loss of corticomedullary distinction. There is no obvious perinephric inflammation or effusion, and no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.28 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 0.28 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.

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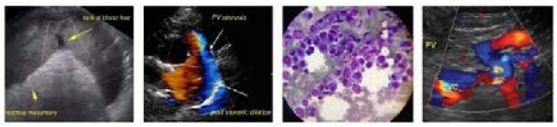

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### *Gastrointestinal*

The stomach contains minimal luminal contents. There is a focal wall thickening evident, involving what appears to be the lesser curvature of the stomach into the area just proximal to the pylorus. The wall in this area measures 1.0 cm x 3.79 cm and has a complete loss of layering. This is most consistent with a focal gastric mass.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There is a focal area of small intestinal wall thickening with complete loss of layering. Wall thickness in this area measured 0.51 cm. Bowel diameter is 1.19 cm, and this involves 2.32 cm of bowel. This is most consistent with a small intestinal mass.

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*

No free fluid. There is a mild mesenteric lymphadenopathy present. The mesentery around the bowel mass has increased echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Focal loss of layering and mass effect involving the gastric wall – Primary differential would be neoplasia (carcinoma, lymphoma), but other differentials exist such as focal edema, ulceration, inflammation, etc.
- Focal loss of layering and thickening of bowel wall – Most consistent with a small intestinal bowel mass. There is high concern for a neoplastic process (carcinoma or lymphoma most likely)
- Focal irregularity on right kidney – Most consistent with a mass effect. This is concerning for a possible metastatic lesion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the bowel mass and gastric mass are likely sources of blood loss leading to the anemia and hypoalbuminemia. Neoplasia should be a primary concern. Consider fine needle aspirate of the gastric wall and bowel mass. Additionally, there is a mass effect on the right kidney. This could also be aspirated. If all of these mass lesions are of the same cell origin, this would likely be a scenario for chemotherapy rather than surgery. Recommend consultation with a veterinary oncologist regarding prognosis and treatment plan pending a diagnosis. Recommend 3-view thoracic radiographs.

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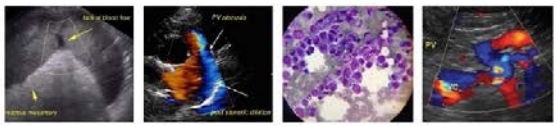

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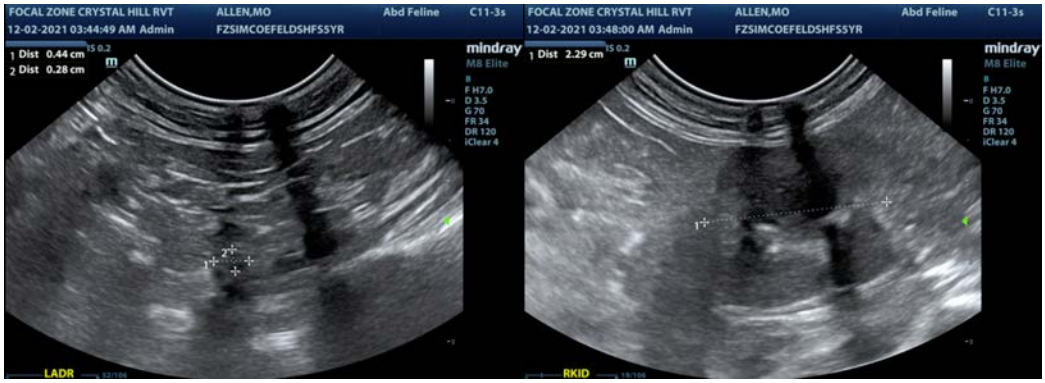


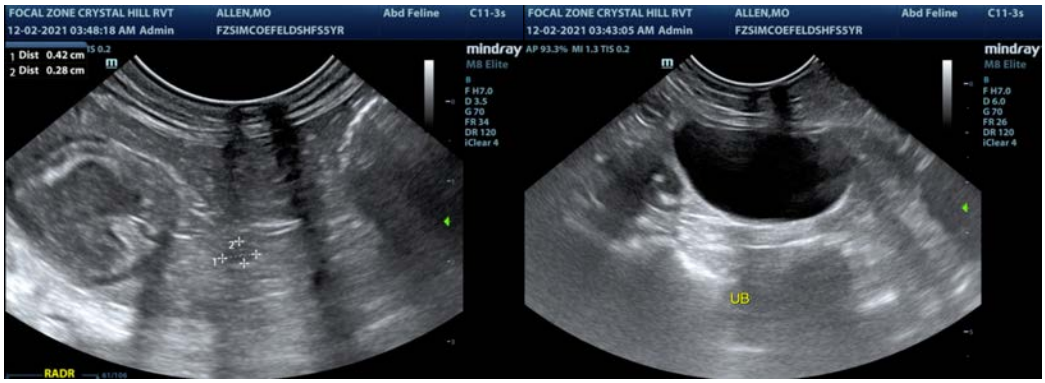


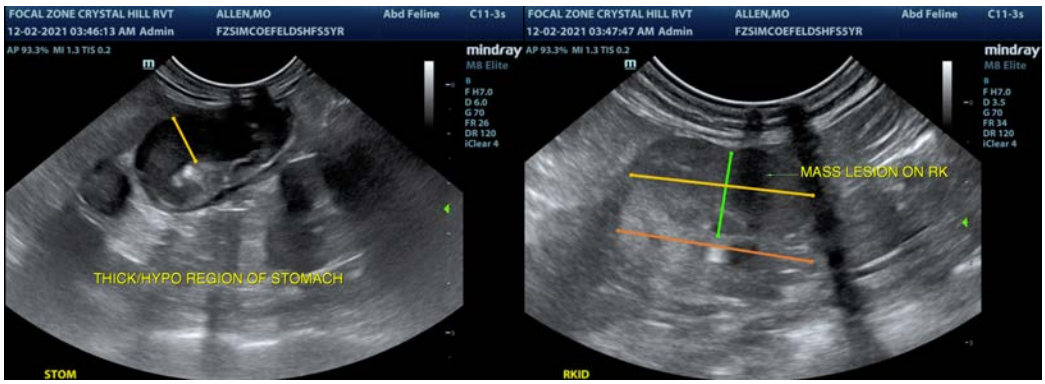


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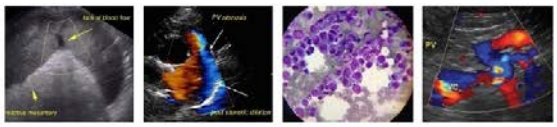

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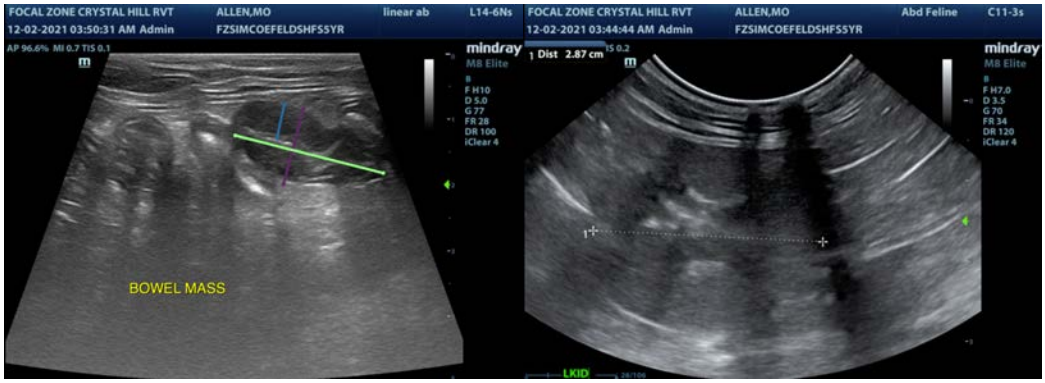


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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