



PATIENT

Johnny Cash McNulty

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

15.6 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Jill Sheldon

INVOICE

13198

DATE

12/28/21

PRESENTING CLINICAL SIGNS

History: Has been vomiting once weekly. When he vomits he throw up about 3-4 times in a day. Owner uses cerenia as needed. Normal appetite and energy level. No weight loss.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA/T4/FPLI normal.

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 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.97 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 (3.95 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 region of left adrenal (Cranial to left renal artery) is unremarkable, but the adrenal is not distinctly visualized. 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.

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 gall bladder 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 is moderately dilated with fluid and a small amount of gas. Some areas of the gastric wall measured a normal thickness of <0.36 cm, but there is a major portion of the gastric wall, which is severely thickened, measuring up to 1.2 cm in thickness with a complete loss of layering. Findings are most consistent with a gastric mass effect, but this could be a benign or a cancerous lesion.



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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, and the jejunum measured as normal (0.25 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/region 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

There is no free fluid. There is a mild mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 0.34 cm, 0.28 cm, 0.29 cm. Additionally, the gastric lymph node is more significantly enlarged at 1 cm in diameter. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Severely thickened gastric wall with loss of layering. Findings could be consistent with a focal gastric mass, focal gastritis, a large focal ulcer, etc.
- Moderate mesenteric lymphadenopathy. Findings are most consistent with reactive lymph nodes or metastatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe focal gastric wall thickening with decreased distinction of layering. This is concerning for gastric mass effect, but this could be secondary to a benign or malignant neoplasm and even focal gastritis ulceration, etc. Additionally, the local lymph nodes are prominent. If an adequate angle could be obtained, you could consider a fine needle aspirate of the gastric wall or gastric lymph node. If this is impossible, you could consider obtaining endoscopic GI biopsies or surgical biopsies. Surgical biopsies have a better chance of getting a definitive diagnosis and potentially biopsying the gastric lymph node as well.

I recommend three-view thoracic radiographs.



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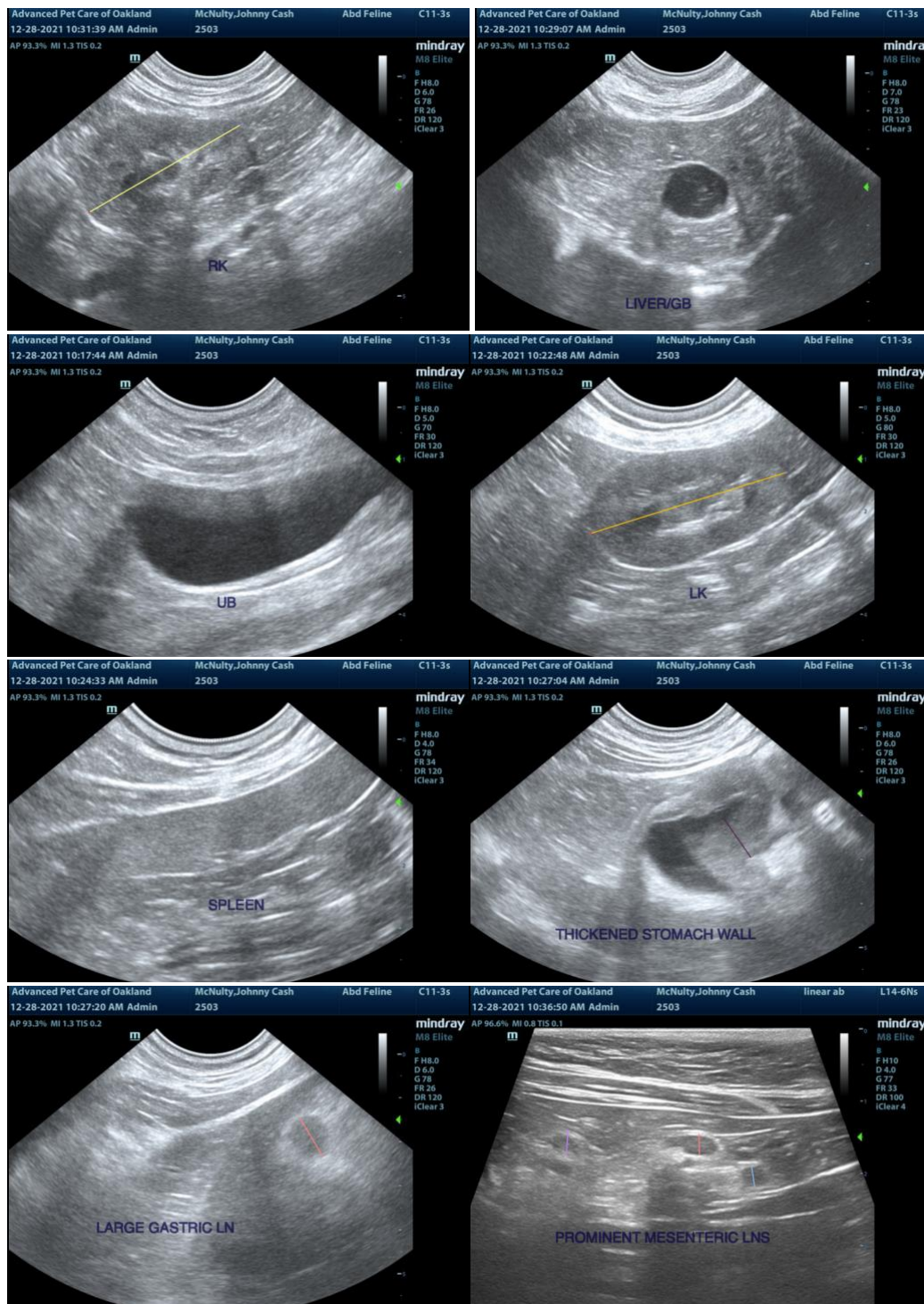
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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kathleen.sennello@sonopath.com

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