

**DATE PRESENTING CLINICAL SIGNS**

3/16/23

Suddenly lethargic, quieter than normal, weak - Unsure if drinking - Eating - Lost large amount of weight in 1 week - Hard to purr - Hiding - No vomiting, seems constipated, - Diet: Purina 1 Dry Food. Friskies Snacks + temptations ATO- previously completely normal, happy until 1.5 - 2 weeks ago seemed like a switch flipped- not eating well, hiding/ change in behavior, boney. O states she is "Not old" - 11 yrs old Is a Maine coon? States brother (that is not related) is 20 lbs Hiding in closet, not drinking, still using litterbox, too weak to jump on bed. Used to be 12-13 lbs

PATIENT

Siouxie Snyder

SPECIES

Feline

Current Medications: None listed.

Lab Results: Pending.

Radiographs: Concern for mass in liver>spleen region.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested by DVM.

Imaging Performed By: Andi Parkinson, RDMS

BREED

Maine Coon X

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

3/14/12

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.

WEIGHT

9.5 Pounds

The left kidney has a normal shape and size (4.22 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (4.18 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.

HOSPITAL NAME

Animal Emergency
Hospital

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 is visualized.

REFERRING VET

Dr. Kalwa

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 is visualized.

INVOICE

45931

Spleen

The spleen is subjectively normal in size (0.90 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 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is mildly distended with fluid and ingesta. The gastric wall appears severely diffusely thickened and irregular with complete loss of wall layering. Gastric wall measures 2.11 cm in thickness and approximately 85% of the gastric wall is involved. A small area of normal gastric wall is visualized measuring 0.50 cm with intact wall layering. There is free fluid and hyperechoic omentum surrounding the stomach.

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

There is a moderate amount of free abdominal fluid, particularly in the cranial abdomen around the stomach. There are occasional hypoechoic prominent mesenteric lymph nodes, examples measure 0.64 cm and 0.68 cm. The omentum is hyperechoic in the cranial abdomen.

Thorax

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

There is a hypoechoic rounded structure visualized cranial to the heart, most consistent with sternal lymph node measuring approximately 0.93 cm in width.

There is no significant pleural effusion visualized, but the body wall does appear somewhat edematous.

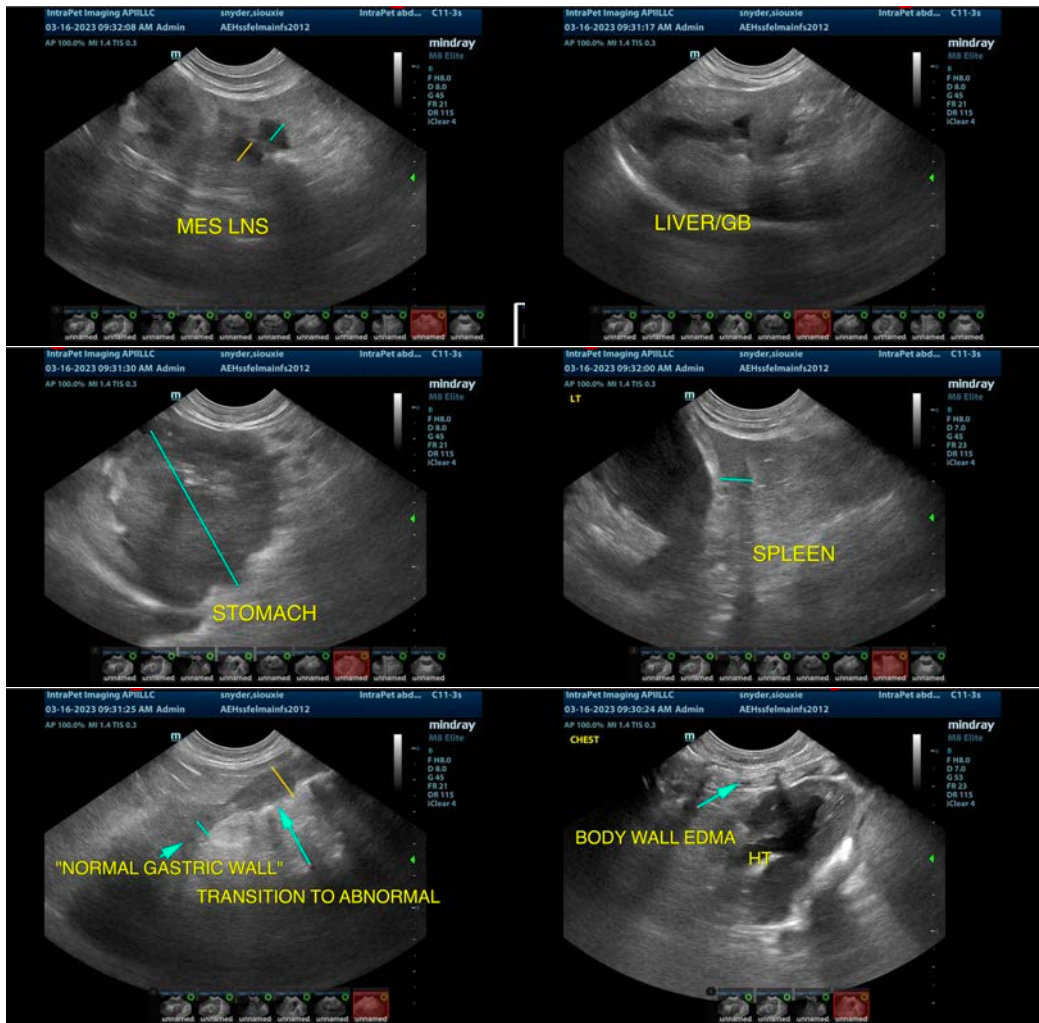
ULTRASONOGRAPHIC FINDINGS

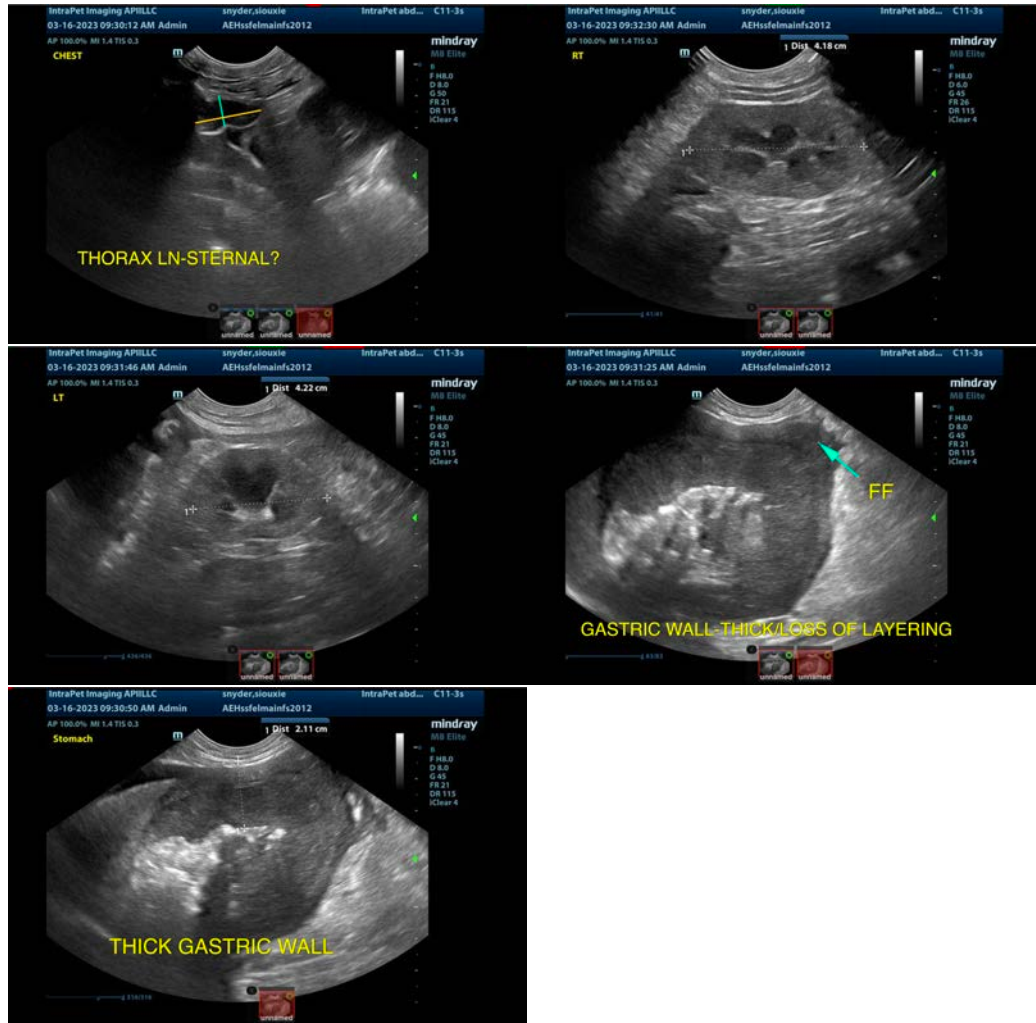
- Severely thickened gastric wall with complete loss of layering – Findings are most concerning for gastric neoplasia (round cell neoplasia, lymphoma, other), although other possibilities exist.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Moderate volume abdominal fluid – This fluid is primarily surrounding the stomach. Consider fluid analysis and cytology.
- Prominent/enlarged sternal lymph node – This could be associated with reactivity in the abdomen or may represent a neoplastic process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach wall is severely thickened with complete loss of layering, creating a large mass effect in the position of the stomach. There is very little normal stomach visualized, making this lesion a very unlikely candidate for surgical treatment. Recommend a fine needle aspirate of the gastric wall, and if a diagnosis can be obtained, consultation with a veterinary oncologist regarding treatment options and prognosis is recommended. If a cytologic diagnosis cannot be obtained, consider fluid analysis and cytology from the abdominal fluid, and lastly, a surgical biopsy of the stomach.

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





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