IMAGING PERFORMED BY

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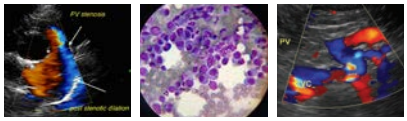

SonoPath
Clinical Sonography & Telecytology
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DATE

6/16/23

PATIENT

Sasha Greul

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6/9/17

WEIGHT

7.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Wright

INVOICE

43236

PRESENTING CLINICAL SIGNS

Decreased appetite, weight loss.

Current Medications: None listed.
Radiographs: Gas distended colon with a density below pylorus/mass?
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.74 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.

The right kidney has a normal shape and size (3.7 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 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.

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.

Spleen

The spleen is subjectively normal in size (0.74 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. A portion of the gastric wall appears normal and measures at a normal thickness of 0.34 cm with intact wall layering. There is another area of gastric wall that appears

hypoechoic, severely thickened, and with complete loss of layering. This area measures 2.1 cm in thickness and measures approximately 4.78 cm in length. Findings are most consistent with a focal gastric mass.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The gastric lymph node is visualized and is prominent, measuring 0.86 cm in diameter. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Focally thickened hypoechoic area of gastric wall with complete loss of wall layering – findings are concerning for infiltrative disease to the gastric wall (gastric mass). Primary differentials would include lymphoma, carcinoma, leiomyoma, other.

- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

- Enlarged gastric lymph node – This could represent a reactive or metastatic lymph node.

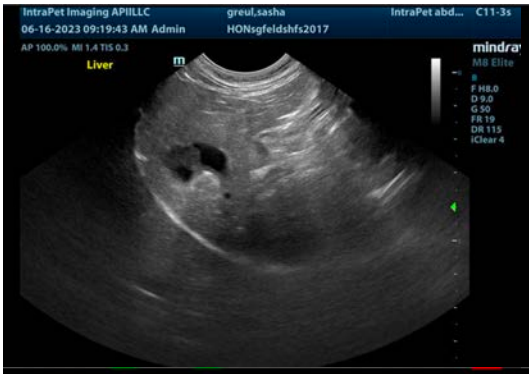
SECONDARY FINDINGS

- Mildly echogenic debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric wall was focally thickened with a complete loss of layering. These findings are concerning for infiltrative disease to the gastric wall. Primary differential would be lymphoma, although other differentials are possible. Recommend a fine needle aspirate of the gastric wall. If cytologic diagnosis cannot be made by cytology, then consider surgical biopsies.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.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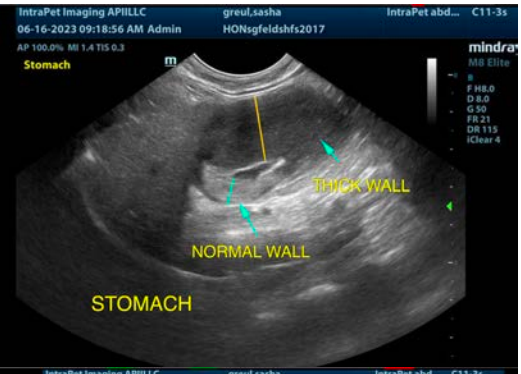
Liver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Stomach
THICK WALL
NORMAL WALL
STOMACH


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Stomach
Dist 4.78 cm
Dist 2.01 cm
SEVERELY THICKENED GASTRIC WALL


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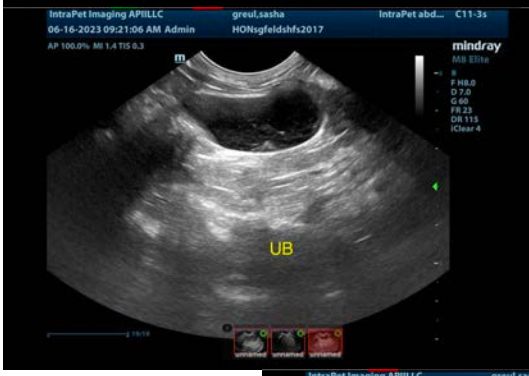
HONsgfeldshfs2017
LT
Dist 3.74 cm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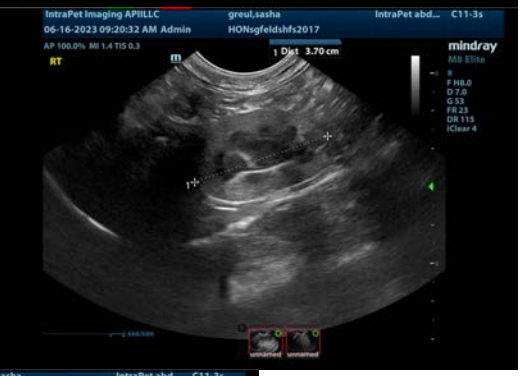
IntraPet Imaging APIILLC
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HONsgfeldshfs2017
RT
Dist 3.70 cm


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Cranial RT
Dist 0.86 cm
GASTRIC LN

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)
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