

**DATE PRESENTING CLINICAL SIGNS**

7/25/22

Chronic vomiting, diarrhea w/possible melena. Marked weight loss (2 pounds in past month alone), hyporexia-anorexia. Suspect cranial abdominal mass on palpation. Known for eating foreign material, rads 1mo ago at AAVEC showed no obstruction.

**PATIENT**

Prince Titus Coney

Current Medications: None.

Lab Results: Lab work 6/13 at rDVM (CBC/Chem) unremarkable. GI panel pending.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**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.

**AGE**

11/18/15

The left kidney has a normal shape and size (3.63 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.

**WEIGHT**

3 kg

The right kidney has a normal shape and size (3.96 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.33 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.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

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.

**HOSPITAL NAME**

Nexus Vet Specialists

**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.

**REFERRING VET**

Dr. Steele

**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.

**INVOICE**

39817

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 stomach contains minimal luminal contents. There is focal severe thickening of the gastric wall with complete loss of layering evident. Wall thickness in this region measures at 2.49 cm, creating a large focal mass effect measuring approximately 6.17 cm x 3.54 cm. Findings are most consistent with a gastric mass. No obvious evidence of obstruction is visualized.

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 small amount of free abdominal fluid near the stomach. No lymphadenopathy is noted. The omentum is generally of normal echogenicity.

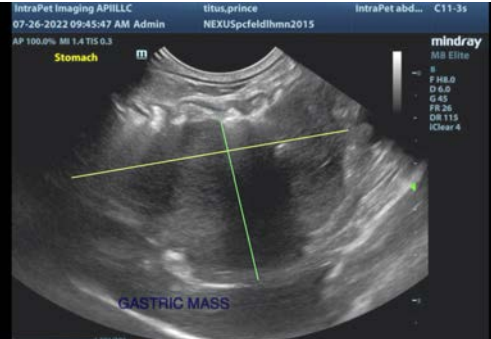
## **ULTRASONOGRAPHIC FINDINGS**

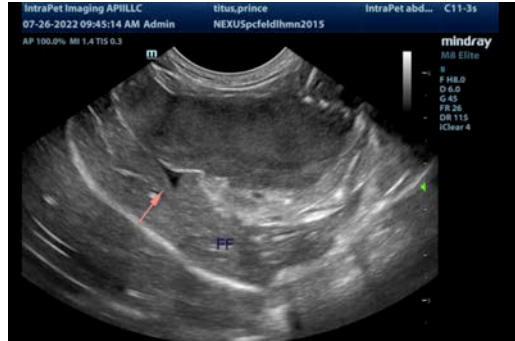
- Echogenic debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Severe gastric wall thickening and loss of layering – most consistent with infiltrative disease to the stomach. Consider round cell neoplasia, carcinoma, other benign lesions are also possible.
- Scant free abdominal fluid.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is severe gastric wall thickening and loss of layering, most consistent with a gastric mass. Of greatest concern would be an underlying neoplastic process. Additionally, there is echogenic debris visualized within the urinary bladder.

Additional recommendations regarding this case are to be implemented by Dr. Cara Steele.





**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.

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