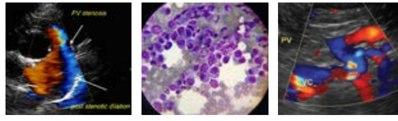
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
8/24/22

PATIENT
Elliott Bergersen

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
11/6/06

WEIGHT
11.2 Pounds

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

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
PetVet of Clarksville

REFERRING VET
Dr. Olney

INVOICE
40701

PRESENTING CLINICAL SIGNS

Weight loss (2#) in 1 month, vomiting frequently x 3 days but had similar episode in late July, blood tinge to vomit occasionally (both episodes). Appetite somewhat decreased but still eating canned and dry. Litter box habits normal. Hx hyperthyroidism Jan 2021

Current Medications: methimazole 2.5mg PO BID - switched to FELIMAZOLE 8/18/22, Cerenia 6mg PO SID started 8/18/22, Mirataz TD once on 8/18/22, Pepcid or prilosec 5 mg PO SID since 8/18/22
Lab Results: July 2022 - T4 normal range, CBC/CHEM normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Not requested.

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 (4.2 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 (4.56 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined, irregular, hypoechoic regions/nodules in the liver, measuring 1.01, 1.07, and 1.11 cm.

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 proximal bile duct appears somewhat prominent, measuring at 0.35 cm, but is not visible distally.

Gastrointestinal

The stomach contains minimal luminal contents. The normal areas of the stomach measure at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. Unfortunately, visualization of normal gastric wall is somewhat difficult, as there is a large, hypoechoic mass effect present. In this region, the gastric wall is severely thickened, measuring 2.07 cm with complete loss of layering. The mass effect itself measures approximately 4.49 cm x 3.95 cm. It involves much of the gastric wall.

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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic around the gastric mass.

PRIMARY FINDINGS

- Severely thickened gastric wall with complete loss of layering – Most consistent with a gastric mass. Primary differentials would include round cell neoplasia or carcinoma. Other possibilities exist.

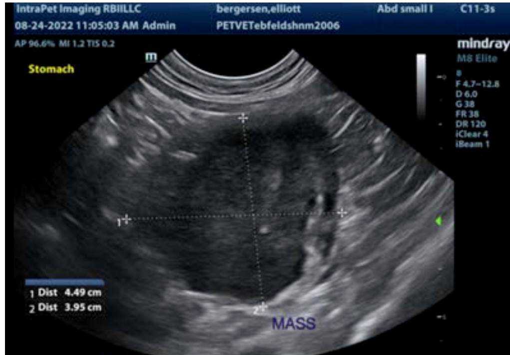
- Heterogeneous liver with ill-defined hypoechoic lesions/nodules – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

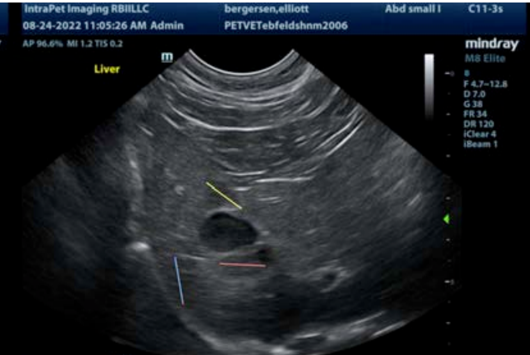
SECONDARY FINDINGS

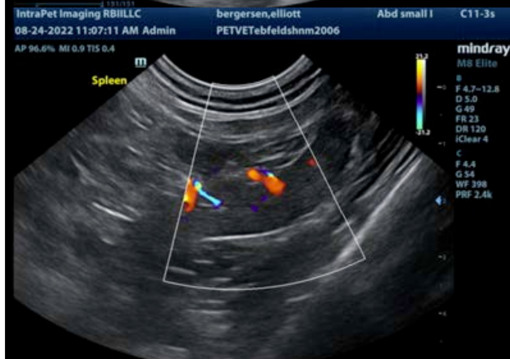
- Prominent proximal bile duct – Recommend continued monitoring.

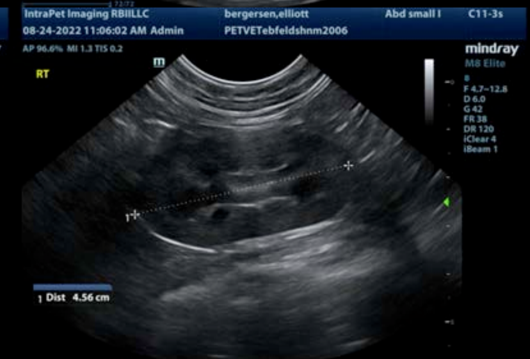
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

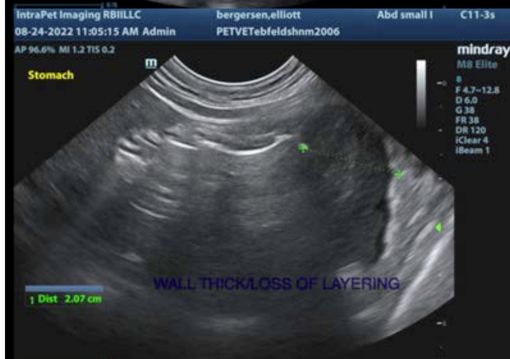
There is a large gastric mass present. This would be most concerning for a possible round cell neoplasia or carcinoma, but other differentials exist. Recommend a fine needle aspirate of the gastric mass and 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, surgical biopsies would need to be considered.

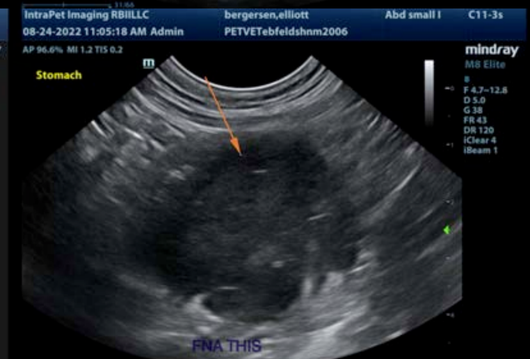

IntraPet Imaging RBIILLC
08-24-2022 11:05:03 AM Admin
bergersen,elliott
PETVETebfeldshnm2006
Abd small I
C11-3s
mindray
M8 Elite
Stomach
1 Dist 4.49 cm
2 Dist 3.95 cm
MASS

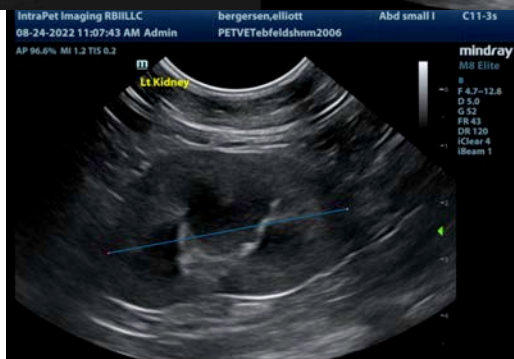

IntraPet Imaging RBIILLC
08-24-2022 11:05:26 AM Admin
bergersen,elliott
PETVETebfeldshnm2006
Abd small I
C11-3s
mindray
M8 Elite
Liver


IntraPet Imaging RBIILLC
08-24-2022 11:07:11 AM Admin
bergersen,elliott
PETVETebfeldshnm2006
Abd small I
C11-3s
mindray
M8 Elite
Spleen


IntraPet Imaging RBIILLC
08-24-2022 11:06:02 AM Admin
bergersen,elliott
PETVETebfeldshnm2006
Abd small I
C11-3s
mindray
M8 Elite
RT
1 Dist 4.56 cm


IntraPet Imaging RBIILLC
08-24-2022 11:05:15 AM Admin
bergersen,elliott
PETVETebfeldshnm2006
Abd small I
C11-3s
mindray
M8 Elite
Stomach
WALL THICK/LOSS OF LAYERING
1 Dist 2.07 cm


IntraPet Imaging RBIILLC
08-24-2022 11:05:18 AM Admin
bergersen,elliott
PETVETebfeldshnm2006
Abd small I
C11-3s
mindray
M8 Elite
Stomach
FNA THIS


IntraPet Imaging RBIILLC
08-24-2022 11:07:43 AM Admin
bergersen,elliott
PETVETebfeldshnm2006
Abd small I
C11-3s
mindray
M8 Elite
Lt Kidney

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