

**PATIENT**

Lucy Montes

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

6 years

WEIGHT

8.7 lbs.-

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

13017

DATE

1/10/22

PRESENTING CLINICAL SIGNS

anorexia

Abnormal PE/Chem/CBC/UA Results: Rad - suspicious soft tissue opacity surrounding stomach
BW - mild neutrophilia, monocytosis We have given SQ fluids and cerenia SQ and transdermal mirataz

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

No overt pathology associated with the left adrenal gland was present. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.72 cm width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

Generalized, moderate to severe gastric wall thickening and loss of discernable wall layer detail was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. The ventral gastric wall width measured up to 1.4-1.5 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.20 cm.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen**SEX**

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Regional perigastric nonuniform to nodular mesentery extending into the area of the pancreas was present. Small pockets of scant, primarily perigastric free fluid were noted.

ULTRASONOGRAPHIC FINDINGS**AGE**

6 years

Primary Findings

- Gastric mass
- Associated regional perigastric nonuniform to nodular mesentery potentially extending into the area of the left pancreas

WEIGHT

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Secondary Findings

- Mild urinary bladder sediment - likely mild cellular or crystalline debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's clinical signs is generalized gastric mural mass. Although sampling is required for further clarification, presentation of the stomach is likely consistent with gastric neoplasia, specifically lymphoma, as the primary differential diagnosis in this case. The potential for regional perigastric omental seeding or potential extension of the pancreas is possible.

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Assuming normal clotting status, ultrasound guided FNA of the thickened gastric wall for screening cytology and oncology consultation is recommended. Unfortunately, this case appears to be nonsurgical.

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Empirically, continued gastroprotectants and as-needed gastrointestinal support would be appropriate. A very guarded to unfavorable long term prognosis is likely indicated.

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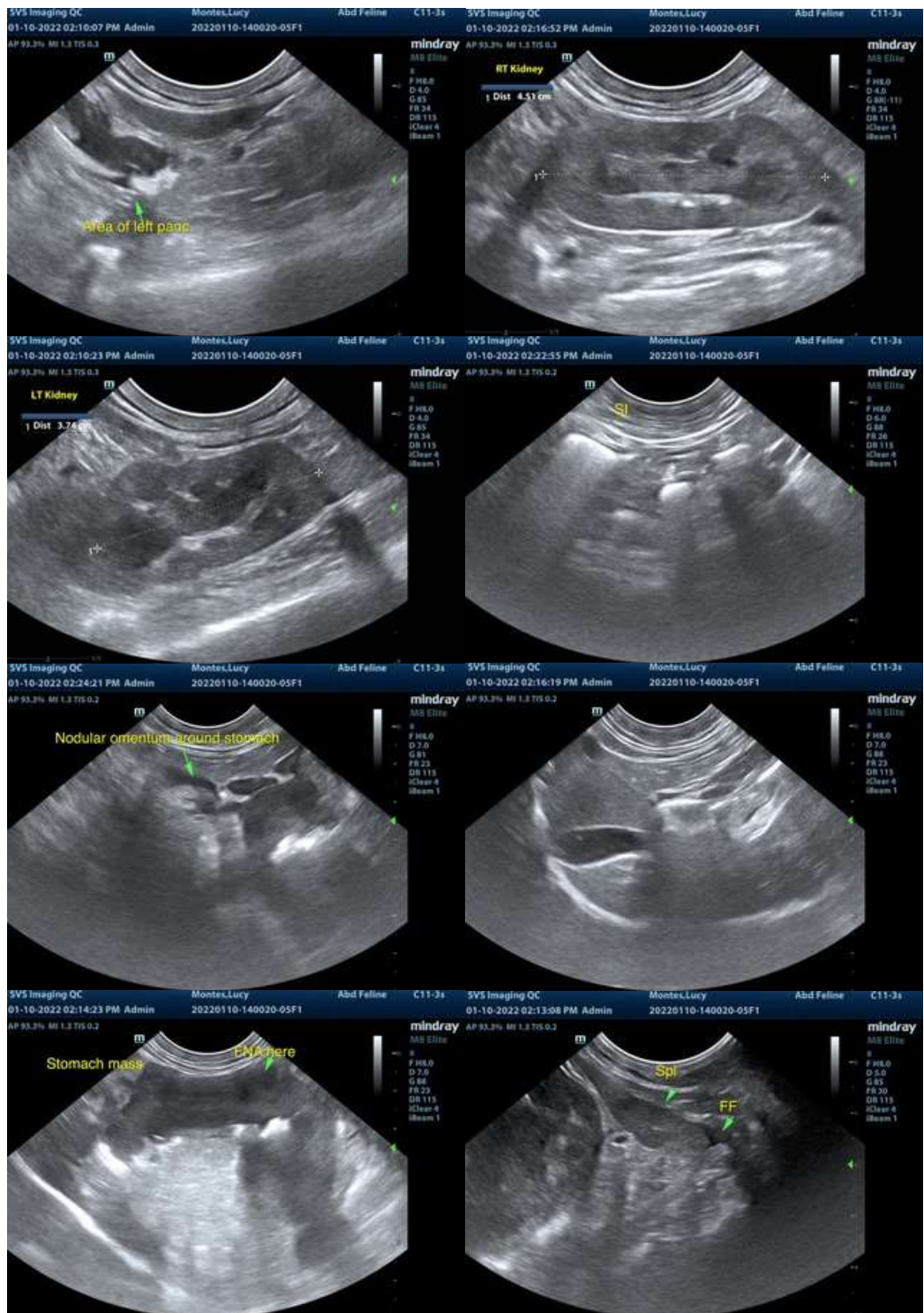
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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