



PATIENT

Maggie Bell

PRESENTING CLINICAL SIGNS

History: Acute onset marked hyporexia. No vomiting. Rads and BW WNL.

SPECIES

Feline

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. Aortic trifurcation was normal.

BREED

Domestic Medium Hair

SEX

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 cm in length.

AGE

13 Years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width.

WEIGHT

8.5 Pounds

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

INTERPRETED BY

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

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 0.65 cm in width.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver

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.

HOSPITAL NAME

East Boston AH

The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Raman Chopra, DVM

Gastrointestinal

The stomach exhibited moderately sized luminal mass appearing to arise from the dorsal stomach wall extending into the lumen, subjectively occupying approximately half of the gastric lumen was present. The mass exhibited mild nonhomogeneous hypoechoic parenchyma without evidence of mineralization, measuring 3-4 cm in diameter. Concurrent mild retained anechoic to echogenic fluid and chyme were present within the gastric body. Subjectively, the area of the gastric pylorus and gastroduodenal junction were not involved with the pylorus wall (measuring approximately 0.26 cm in wall width).

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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 duodenum wall measured 0.27 cm. The jejunum wall measured 0.22 cm.

SPECIES

Feline

Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.30 cm.

Pancreas

BREED

Domestic Medium
Hair

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor pancreatic duct dilation was present.

Free Abdomen

SEX

Spayed Female

Intermittent, focal, mildly prominent to enlarged gastric and pancreaticoduodenal nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.2 cm x 0.4 cm. No evidence of peritoneal free fluid. Subtle evidence of perigastric reactive mesentery.

AGE

13 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8.5 Pounds

- Gastric lumen mass with associated mild retained gastric fluid/chyme- suggestive of neoplastic criteria (such as lymphoma, carcinoma, leiomyoma/leiomyosarcoma or other). Potential for nonneoplastic etiologies (such as significant focal mucosal hyperplasia or atypical significant polypoid lesion) possible yet thought less likely.
- Intermittent mild yet nonspecific gastric and pancreaticoduodenal lymphadenopathy- associated reactive hyperplasia, mild reactive lymphadenitis or early metastatic lymphadenopathy possible.
- Mild to moderate chronic renal changes
- Minor urinary bladder sediment
- Potential low-grade to mild chronic to chronic active pancreatitis

INTERPRETED BY

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DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Spec FPL may be considered. Sampling of the gastric luminal mass required for further clarification. Endoscopy, if available, could be considered while gold standard surgical biopsies would likely be ideal. Referral for further assessment and surgical planning recommended. The mass did not overtly appear to involve the upper duodenum or duodenal papilla. Three-view chest radiographs recommended to rule out occult thoracic pathology or metastasis. Empirically, as needed gastrointestinal support, which may include canned bland or hydrolyzed diet with smaller more frequent feedings may prove beneficial.

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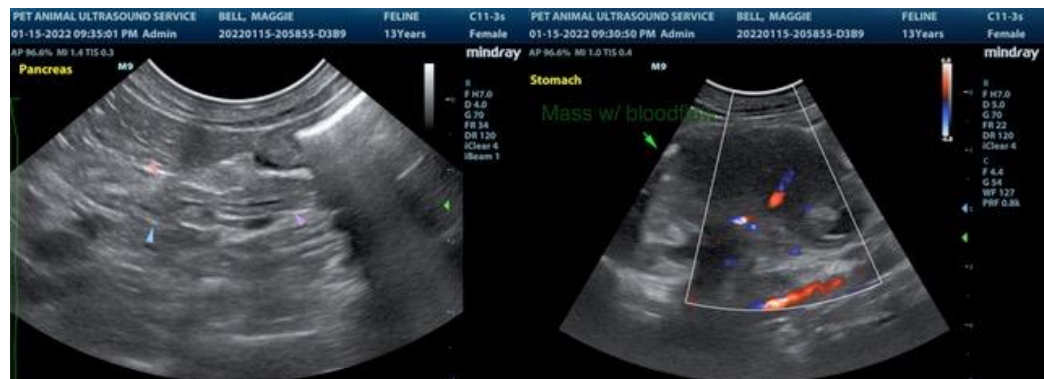
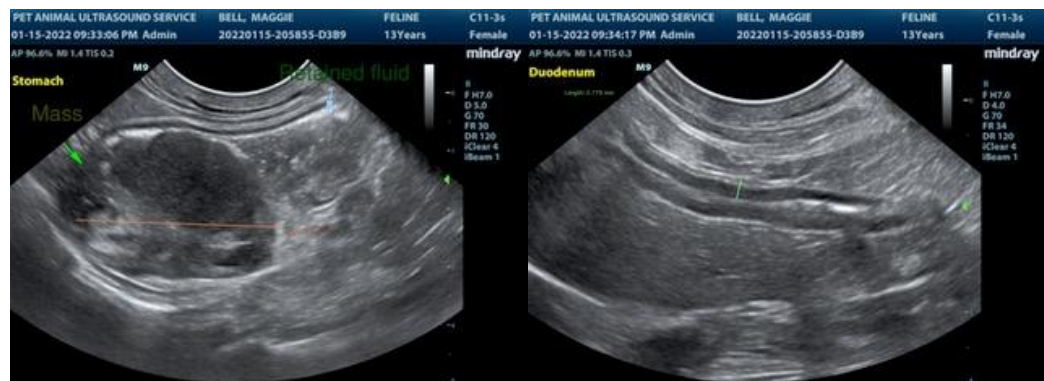
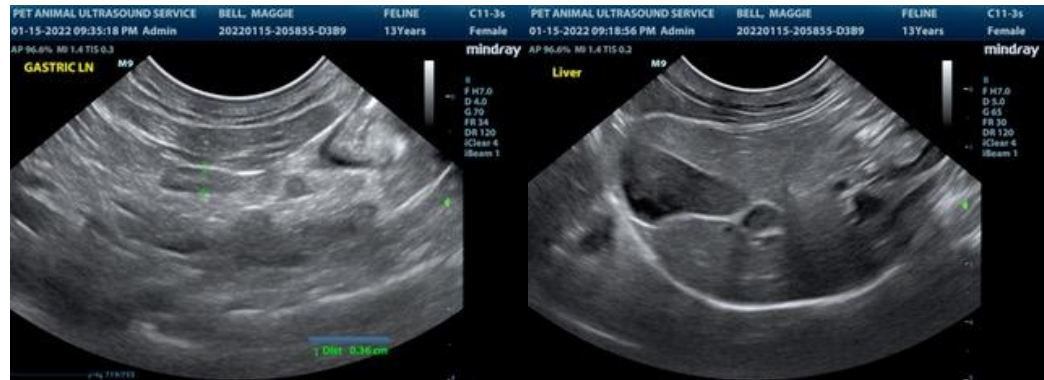
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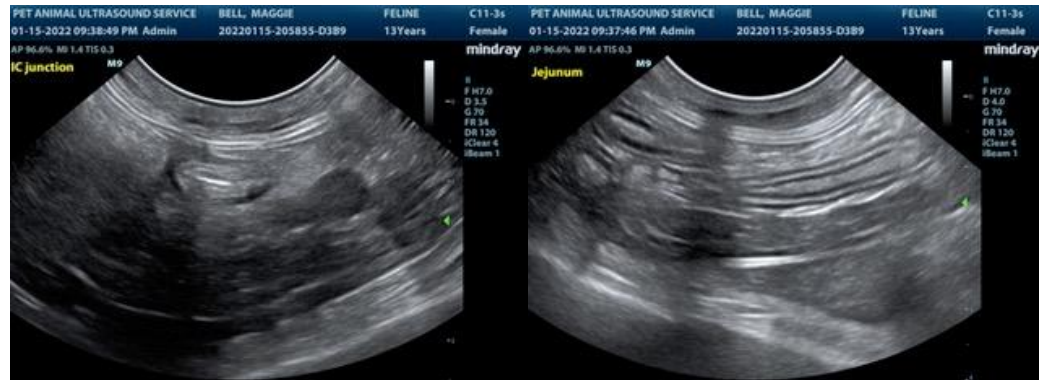
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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