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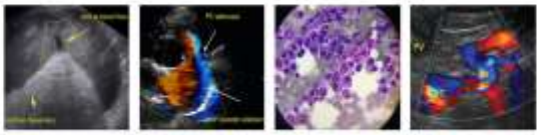

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Missy Shedden

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

15 years

WEIGHT

9.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Dengler

INVOICE

12399

DATE

10.11.2021

PRESENTING CLINICAL SIGN

History: Lethargy, decreased appetite

Medication: Convenia, Mirtazapine PRN

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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 exhibited mild generalized enlargement with medial folding. The spleen measured 1.0-1.3 cm. No splenic masses or nodules were noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

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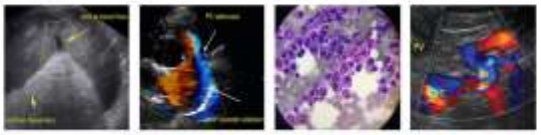

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Gastrointestinal

Regional moderate to severe gastric wall thickening and loss of gastric wall layer detail Involving primarily the gastric body extending into the gastric antrum was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. The gastric pylorus appeared to be mildly thickened yet exhibited intact wall layering. Mild retained anechoic fluid, suggestive of metabolic to mild paralytic gastric stasis, was present in the gastric lumen without evidence of retained ingesta or foreign material. Gastric wall width within the mural mass measured up to 1.0-1.1 cm. The pylorus wall width measured 0.34 cm. Regional perigastric reactive mesentery was present.

The small intestine exhibited primarily intact wall layering with focal to segmental propensity for subtly prominent muscularis layer. A focal small pocket of scant peri intestinal free fluid was noted.

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.

Free Abdomen

Intermittent, jejunal and gastric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a jejunal lymph node measured 0.46 cm width.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

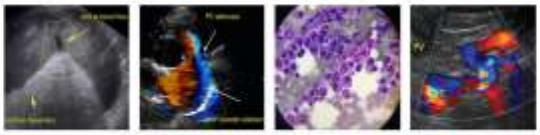
- Gastric mural mass with associated mild metabolic / paralytic gastric stasis
- Possible enteropathy
- Associated mild gastric and jejunal lymphadenopathy
- Mild splenomegaly - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification and definitive diagnosis, the gastric mural mass Is suggestive of neoplasia with primary concern for lymphoma. Other neoplastic etiologies are possible, while non-neoplastic etiologies such as significant regional gastritis or granulomatous gastric disease are possible, yet is thought less likely. Potential for early regional small intestinal involvement cannot be excluded.

The gastric and jejunal lymphadenopathy may indicate hyperplasia, reactive lymphadenitis, or concurrent early neoplastic lymphadenopathy.

Assuming normal clotting status, ultrasound guided FNA of the gastric wall for screening cytology and potential for oncology consultation are recommended. Three view chest radiographs are suggested.



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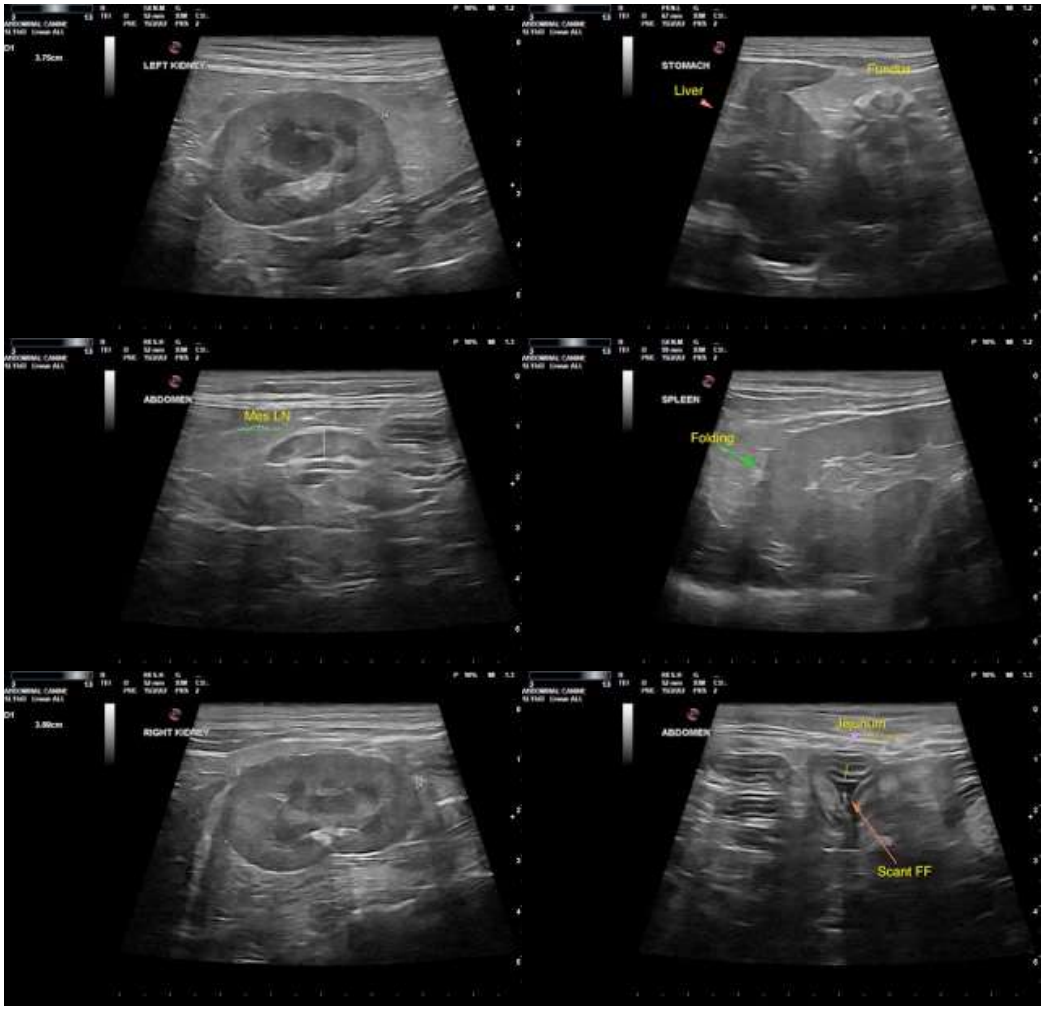
Empirically, gastroprotectants and as-needed gastrointestinal support would be appropriate.

Pending gastric mural FNA if elected, further staging with screening splenic FNA using a 25-gauge needle may be considered.



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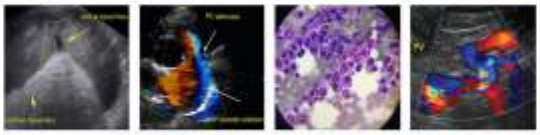

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com