



PATIENT

Teeny Arck

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2011

WEIGHT

8.88 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook -
SDEP Certified
Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Sarah Spangler

INVOICE

12386

DATE

10/19/21

PRESENTING CLINICAL SIGNS

Vomiting w/ frank blood x 5 days, anorexia

Abnormal PE/Chem/CBC/UA Results: See attached - Severe normocytic, normochromic, regenerative anemia (PCV 10%) Stress leukogram Hypoproteinemia Stress hyperglycemia, PT/APTT abnormal See attached radiographs - Suspect intraluminal gastric mass

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, particulate, nondependent sediment, likely consistent with mild cellular or crystalline debris with potential for mucus, 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 3.8 cm in length. The right kidney measured 4.3 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 0.45 cm width.

Spleen

The spleen was mildly subnormal in size suspected to be owing to volume contraction. 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 0.56 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.



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The stomach exhibited mild retained anechoic fluid and nonspecific mildly echogenic ingesta. A moderately sized, nonhomogeneous mass appearing to derive from the dorsal gastric body wall or fundus extending into the gastric lumen was present. This mass measured approximately 3.6 cm x 3.0 cm. Regional gastric wall layering adjacent to the mass exhibited mild concurrent mural hypertrophy with loss of discernable wall layering. Adjacent gastric wall next to the mass measured up to 0.8 cm wall width. Intact yet mildly prominent wall layering was noted in the area of the pylorus without evidence of mechanical pyloric outflow obstruction. The pylorus wall width measured 0.29 cm.

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 width measured 0.22 cm. The jejunum wall width measured 0.20 cm.

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

Mild regional perigastric reactive mesentery was present. No evidence of peritoneal free fluid or overt lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric mass with regional gastric mural hypertrophy and retained anechoic fluid
- Sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric mass is most consistent with neoplastic criteria such as atypical lymphoma, adenocarcinoma, or other. Given the anemia and hematemesis, ulcerative component to the mass is suspected, while potential for multicentric neoplasia, given the anemia and abnormal coagulation parameters, may be possible. Recheck retroviral status could be considered. A very guarded to likely unfavorable prognosis is unfortunately indicated.

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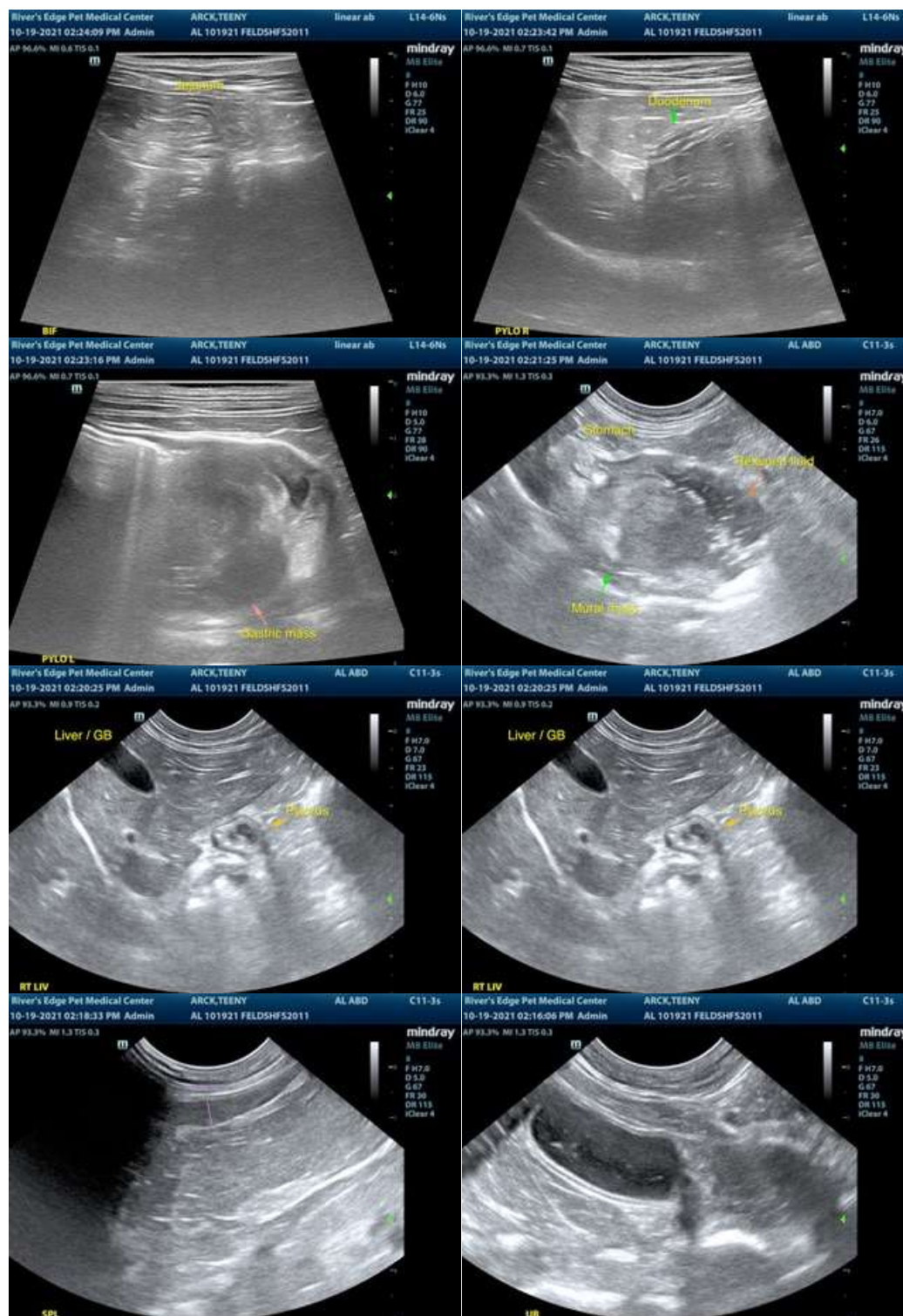
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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