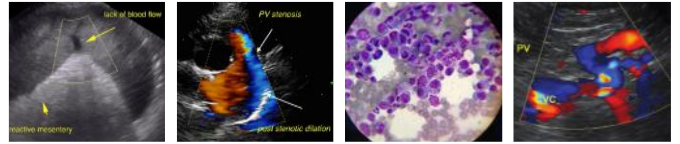

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Catiss Messier

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 years

WEIGHT

3.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME
La Paw Animal Hospital

REFERRING VET

Stephanie Sur DVM

INVOICE

15078

DATE

10/4/22

PRESENTING CLINICAL SIGNS

PPH: - indoor/outdoor and hunts. - She has been treated for hyperthyroid disease starring in July and is on transdermal methimazole which brought her T4 down to 4.8. Pertinent History: - continued weight loss from 12.6 lbs down to 7.9 lbs, even after regulation of the thyroid.
Abnormal PE/Chem/CBC/UA Results: PE: lenticular sclerosis OU, very thin, generalized lean muscle atrophy. SQ mass in the L inguinal region (slightly soft, yet firm components potentially consistent with mammary neoplasia) Blood work: 9/30/22 CBC: - WBC: 35,500/uL (3500-16,000) - PMN: 27,335/uL (2500-8500) -EOS: 5680/uL (0-1000) - LYMPH: 1065/uL (1200-8000) - MONO: 1420/uL (0-600) - PLT: 1,093,000/uL (200,000- 500,000) -RBC: WNL CHEM: -ALT: 296 U/L (0-100) RADS: NSF

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 3.5 cm in length. The right kidney measured 4.0 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 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 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 inflammation, neoplastic criteria, metastatic criteria, or benign parenchyma changes were not noted. The spleen measured 0.9 cm width at the level of the hilus.

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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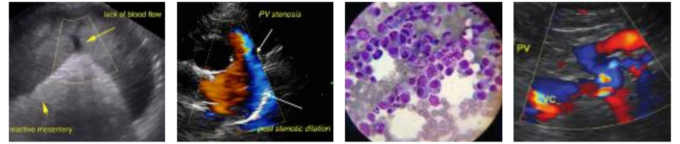
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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Gastrointestinal

Regional moderate to severe gastric wall thickening and loss of gastric wall layer detail was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. The area of the stomach mass measured approximately 5.0 cm x 5.0 cm with wall width measuring up to 1.9 cm. Concurrent retained anechoic fluid and mild echogenic ingesta, suggestive of mild paralytic gastric stasis, were present without evidence of foreign material. Regional perigastric mild nonuniform variably hyperechoic to nodular mesentery were noted.

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.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Mild volume peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Large gastric mural mass - consistent with neoplastic criteria
- Regional mild perigastric nonuniform to nodular mesentery
- Possible concurrent mild active to chronic active pancreatitis
- Overtly normal small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the gastric mural mass is suggestive of gastric lymphoma vs. other round-cell neoplasia. Potential for non-neoplastic etiology such as severe inflammation or granulomatous gastric mural disease is considered less likely differential diagnoses. Some concern for possible regional perigastric omental infiltration, although not definitive with potential for perigastric reactive or inflammatory omental changes.

Assuming normal clotting status, ultrasound-guided FNA of the gastric mural mass for screening cytology and potential for oncology consult may be considered. Given the extent of gastric mural pathology, surgical options appear to be precluded.

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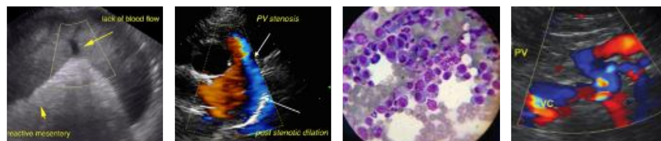

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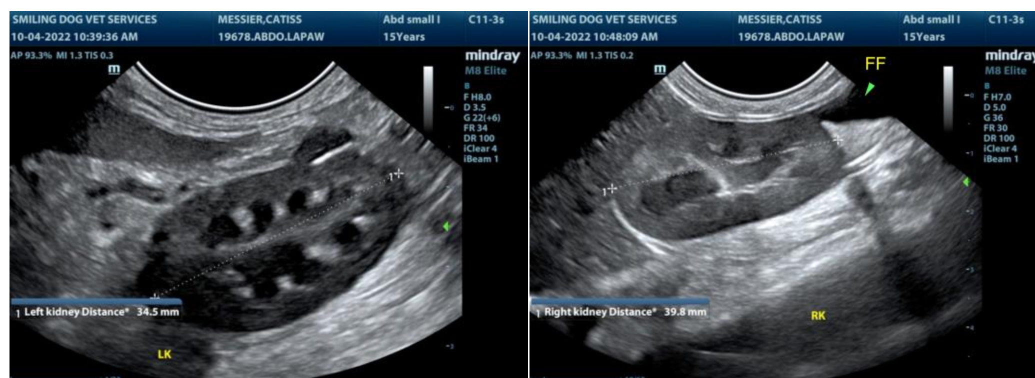

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com