

**PATIENT**

Gizmo Thomason

SPECIES

Feline

BREED

DLH

SEX

NM

AGE

10 years

WEIGHT

8 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. SYdney Schermer

INVOICE

12690

DATE

12/1/21

PRESENTING CLINICAL SIGNS

vomiting, inappetence getting progressively worse since July

Abnormal PE/Chem/CBC/UA Results: Dehydration, Vomiting w/ hematemesis, Weight loss (1.4kg since July 2021), Slightly anemic otherwise CBC/Chem unremarkable

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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 4.8 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 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 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 0.8 cm in width.

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The gastric walls were severely yet variably thickened with loss of discernable wall layer detail. The thickened gastric walls were hypoechoic with an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Gastric wall width

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measured up to 4.0 cm. Associated paralytic ileus exhibited by retained anechoic gastric fluid and luminal gas was present.

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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 0.24 cm. The ileocolic wall width measured 0.34 cm.

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

BREED***Pancreas***

DLH

Sonographic assessment of the pancreas was limited owing to the presence of the large expansive gastric mass. Potential for concurrent pancreatic pathology i.e., Inflammation or potential neoplastic disease secondary to the gastric mass cannot be definitively excluded.

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Free Abdomen

Regional, nonuniform perigastric omentum with potential for ill-defined perigastric lymphadenopathy was present. Mild to moderate peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS**WEIGHT**

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Primary Findings

- A large expansive gastric mass with associated gastric paralytic ileus
- Regional perigastric peritonitis and mild to moderate peritoneal free fluid

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Secondary Findings

- Bilateral mild chronic interstitial nephrosis renal pattern
- Mild particulate urinary bladder sediment - likely mild cellular or crystalline debris with potential for mucus

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a definitive diagnosis, the large expansive gastric mass is consistent with neoplastic criteria with gastric lymphoma considered a primary differential diagnosis. Potential for regional omental seeding and/or pancreatic involvement cannot be excluded. Regardless, this case is nonsurgical. The effusion may be owing to concurrent lymphatic obstruction or inflammation.

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Assuming normal clotting status, ultrasound-guided FNA of the gastric wall for screening cytology, as well as effusion analysis cytology and oncology consultation may be considered. A minor potential for dry and wet form FIP is technically a differential diagnosis in this case, yet is considered unlikely given the age of the patient. Unfortunately, an unfavorable prognosis is indicated.

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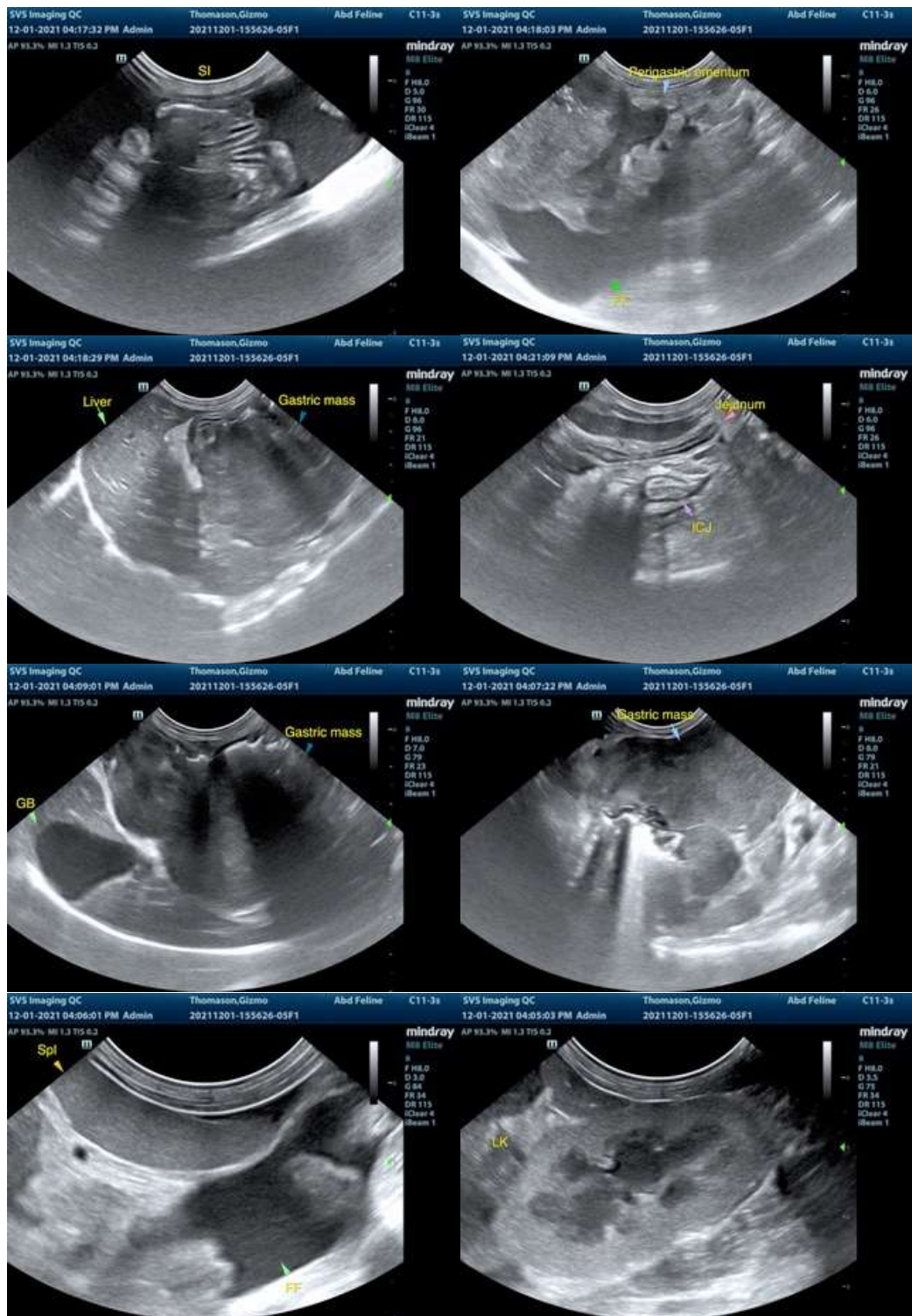
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not

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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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