



**PATIENT PRESENTING CLINICAL SIGNS**

Theo Hoff History: Inappetence, palpable abdominal mass

Medication: Pepcid, Cerenia

**SPECIES**

Feline

CBC – Leukocytosis with neutrophilia, monocytosis, decreased ALP/ALT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Domestic Shorthair

**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 non-dependent, 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.

**SEX**

Neutered Male

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm. The right kidney measured 4.0 cm.

**AGE**

5 years

**Adrenal Glands**

**WEIGHT**

8.7 Pounds

No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm in 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 spleen measured 0.79 cm in width. 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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

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

**HOSPITAL NAME**

Maple Hills VH

**REFERRING VET**

Dr. Eckman

**Gastrointestinal**

The stomach revealed a large, expansive, hypoechoic mass primarily involving the caudal stomach and extending caudally into the mid to cranial abdomen. The mass was definitively noted deriving from regional associated thickened gastric walls. The mass measured approximately 9.0 cm x 5.0 cm. Evidence of perigastric peritonitis exhibited by echogenic perigastric mesentery, associated cranial abdominal to perigastric hypoechoic to mildly swollen lymphadenopathy, and mild peritoneal free fluid.

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The visualized 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.

**DATE**

12.2.2021

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



**PATIENT** *Pancreas*

Theo Hoff Sonographic assessment of the pancreas was limited owing to the presence of the gastric mass. Concurrent pancreatic pathology cannot be definitively excluded.

**SPECIES** **PRIMARY FINDINGS**

- Feline
- Large, expansive gastric mass with regional perigastric peritonitis and lymphadenopathy

**SECONDARY FINDINGS**

- Mild chronic renal changes and mild urinary bladder sediment

**BREED**

Domestic Shorthair

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

Although sampling is required for definitive diagnosis, the gastric mass most consistent with neoplastic criteria with primary concern for high-grade lymphoma, potential concern for regional perigastric omental seeding and lymphatic metastasis. Unfortunately, this case does not appear to be surgical. Assuming normal clotting status, ultrasound guided FNA of the gastric mass for cytology and potential oncology consult could be considered. Unfortunately, overall unfavorable prognosis is indicated.

**AGE**

5 years

**WEIGHT**

8.7 Pounds

**INTERPRETED BY**

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

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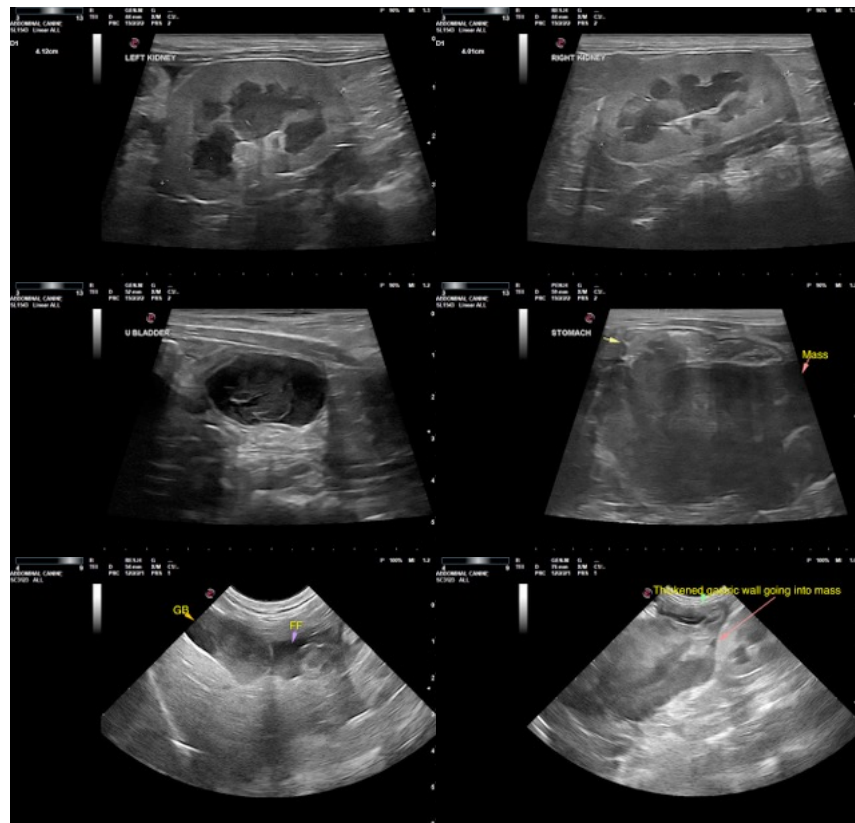
Dr. Eckman

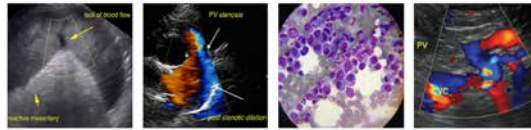
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**PATIENT**

Theo Hoff

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

5 years

**WEIGHT**

8.7 Pounds

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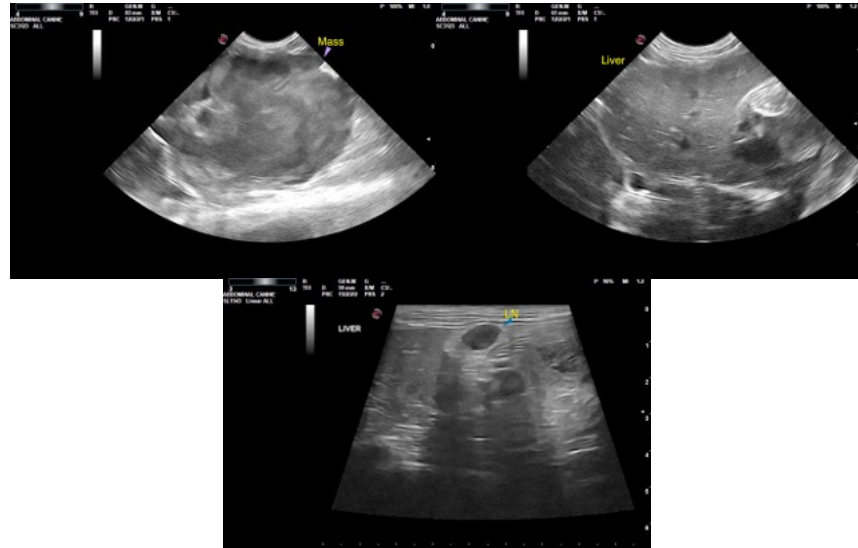
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**DATE**

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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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