



PATIENT PRESENTING CLINICAL SIGNS

Monona Sainz Vomiting after eating.
 Medication: Drontal, Cerenia, Pepcid

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

2017

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 4.0 cm in length.

WEIGHT

8.8

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 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 0.67 cm width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Maple Hills VH

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 mildly distended in size likely secondary to fasting. Anechoic content was noted with mild echogenic luminal debris. The proximal common bile duct was dilated and tortuous, not consistent with post hepatic obstructive criteria.

REFERRING VET

Dr. Banzhof

Gastrointestinal

INVOICE

15697

The stomach exhibited diffuse, severe mural hypertrophy exhibiting decreased mural echogenicity and loss of discernable gastric wall layering. Associated asymmetrical luminal surface was noted. Mild retained anechoic gastric fluid was present. Potential for areas of mild gastric ulceration is possible although not definitive. The gastric body wall width measured up to 2.0 cm.

DATE

12/21/22



PATIENT

Monona Sainz

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.

SPECIES

Pancreas

Feline

The discernable pancreas exhibited normal size and contour with subtle nonhomogeneous to hypoechoic parenchyma compared to adjacent omentum.

BREED

Free Abdomen

DSH

Regional nonuniform to nodular perigastric omentum with strong concern for regional omental seeding to associated mesenteric infiltrative mass potentially in the area of the left pancreatic limb is noted.

SEX

FS

Several to multiple gastric to cranial omental lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 1.7 cm x 1.5 cm. Mild volume anechoic peritoneal free fluid was present.

AGE

2017

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Diffuse severe gastric mural mass with associated mild metabolic to paralytic gastric stasis
- Regional perigastric nonuniform to nodular mesentery with high concern for regional perigastric omental seeding

INTERPRETED BY

R. McKenzie Daniel,
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- Associated gastric to cranial omental hypoechoic to swollen lymphadenopathy
- Possible concurrent low-grade pancreatitis
- Mild volume peritoneal free fluid

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the diffuse severe gastric mass with high suspicion for perigastric omental seeding and associated lymphadenopathy is consistent with gastric lymphatic and suspected perigastric omental neoplastic process. Potential involvement of the left pancreatic limb cannot be definitively excluded. Primary concern for multicentric lymphoma vs. other round cell neoplasia.

HOSPITAL NAME

Maple Hills VH

Assuming normal clotting status, FNA cytology of the stomach and accessible lymph node +/- effusion analysis, cytology may be considered with potential for oncology consult and chemotherapeutic intervention. This case appears to be nonsurgical. An unfavorable prognosis is unfortunately indicated.

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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.

BREED

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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.

SEX

FS

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