

**PATIENT**

Pickles Mastny

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

11yr

WEIGHT

5.98lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**

Dr. Sloan

INVOICE

12861ag

DATE

02/03/2023

PRESENTING CLINICAL SIGNS

Due for YPE, but owner (one of our LVTs) noticed that he was feeling bony. Down ~2# in past year; owner feels it occurred recently. Chronic vomiter/IBD kitty

Abnormal PE/Chem/CBC/UA Results: Sending blood work out today Large cranial abd mass palpated on exam; suspect intestinal-related, but not positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 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.

Liver/Gallbladder

The liver presented enlarged in size. 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 and mild echogenic luminal debris. The common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

Regional to generalized 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. Mild retained anechoic fluid was present in the gastric lumen suggestive of metabolic to paralytic gastric stasis. Gastric wall width measured 2.2 cm.

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The small intestine presented segmental intact wall layering with 1:3 muscularis/mucosa ratio. Segmental variable irregular hypoechoic mural proliferation was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The ileocolic wall measured 0.28 cm width.

SPECIES

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

Pancreas**BREED**

DLH

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen**SEX**

MN

Scant to mild volume peritoneal effusion was present.

Regional perigastric hypoechoic nodular omentum and ill defined non-homogenous gastric lymphadenopathy was present. An example of a gastric lymph node measured 2.0 cm in diameter exhibiting an abnormal width: length >0.5 cm.

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ULTRASONOGRAPHIC FINDINGS

- Proliferative gastric mural mass with regional perigastric hypoechoic nodular omentum and ill-defined gastric lymphadenopathy
- Segmental small bowel mural proliferation
- Concurrent scant to mild volume peritoneal free fluid
- Heterogenous pancreas-possible concurrent low-grade to chronic pancreatitis
- Non-distended gallbladder with minor sludge, concurrent non-obstructive proximal CBD dilation
- Bilateral interstitial nephrosis renal pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric mural mass is consistent with likely high grade infiltrative round cell neoplasia with high grade lymphoma considered probable until proven otherwise. Evidence of regional perigastric omental seeding and likely lymphatic involvement is present. Concurrent segmental small bowel involvement is also suspected. Assuming normal clotting status a gastric wall FNA for screening cytology could be considered for further assessment and oncology consult for chemotherapeutic intervention. This case is non-surgical. An unfavorable prognosis is unfortunately indicated.

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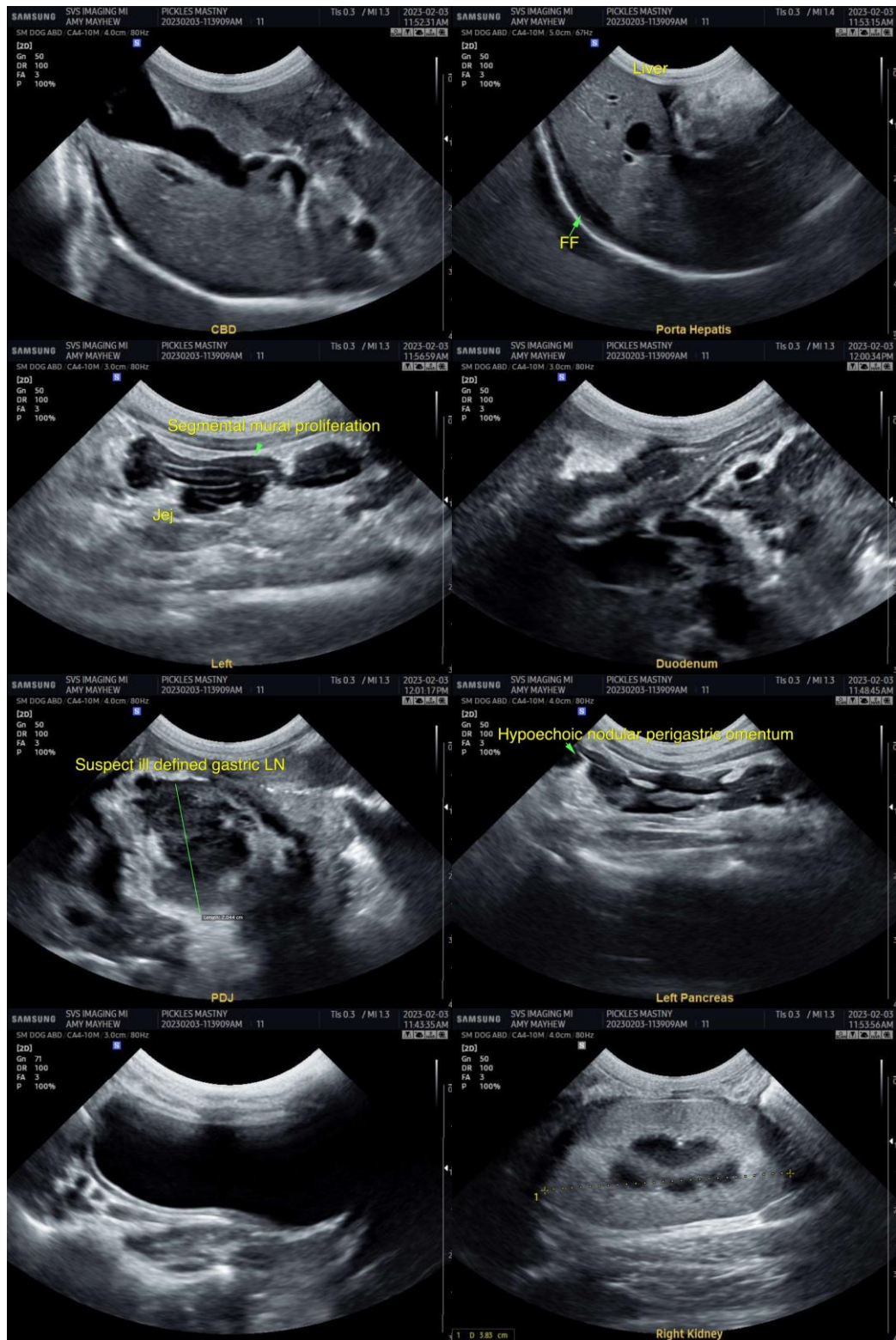
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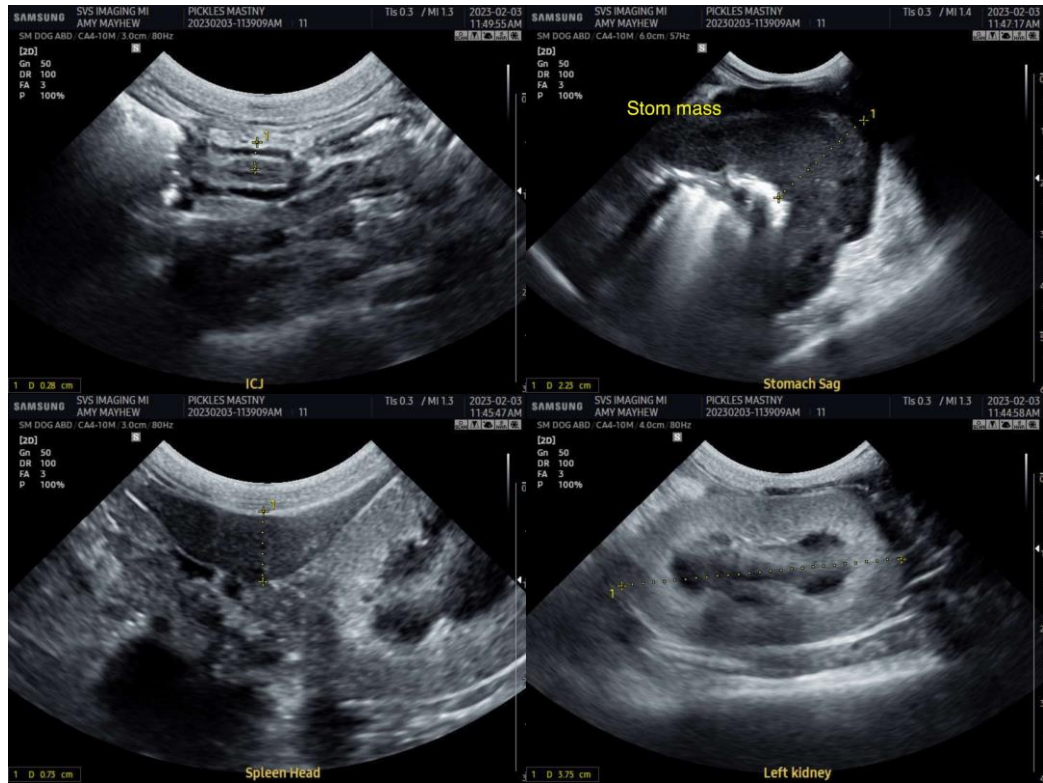
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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