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Clinical Sonography & Telecytology
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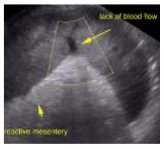
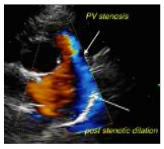
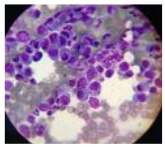
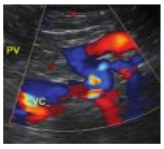




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sheldon Aleksic

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Abina Glennon

INVOICE

20940

DATE

2/3/23

PRESENTING CLINICAL SIGNS

History: Patient presents for decreased appetite, and history of vomiting small amounts of blood. R/O gastroenteritis vs. other.

Abnormal PE/Chem/CBC/UA Results: Low protein, low albumin, low globulin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor urinary bladder sediment, which may indicate minor cellular debris/protein, crystalline debris, lipid or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 3.9 cm in length. The right kidney measured 3.9 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 0.33 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm.

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.

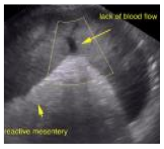
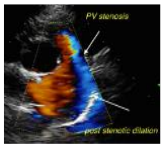
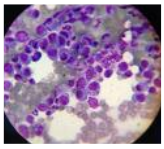
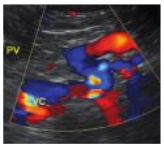
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized debris, likely secondary to fasting. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

A moderately sized to large, expansive hypoechoic gastric mural mass was noted, subjectively occupying the majority of the ventral stomach, extending into the area of the pylorus. The mass measured approximately 6.0 cm x 4.0 cm. Associated mild paralytic gastric stasis was present. No overt

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evidence of mechanical pyloric outflow obstruction. Blood flow was confirmed within the mass on power doppler.

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 parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Mild peripheral nonhomogenous gastric to cranial mesenteric lymphadenopathy was noted. An example measured 1.9 cm x 0.57 cm. Scant perigastric free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric mural mass- sonographically consistent with infiltrative neoplastic criteria
- Overtly normal small bowel
- Minor hepatic parenchymal remodeling
- Mild gallbladder debris with mild nonobstructive proximal common bile duct dilation
- Mild regional perigastric omental lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA cytology of the gastric mass for further assessment and potential for oncology consult is recommended. Subjectively, the size of the gastric mass may preclude curative surgical options. Likewise, potential for early perigastric lymphatic metastasis is possible. Gastric lymphoma is considered a top differential diagnosis, although other infiltrative round cell neoplastic diseases are possible. Benign etiology, i.e., severe gastritis, granulomatous gastritis or other possible yet thought less likely. Empirically, as needed supportive care and gastroprotectants would be appropriate. Three view chest radiographs are suggested if not done.

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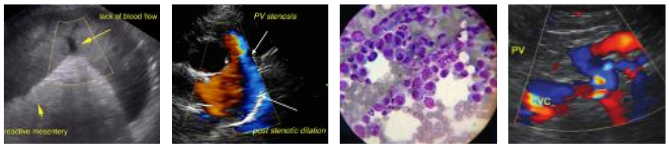

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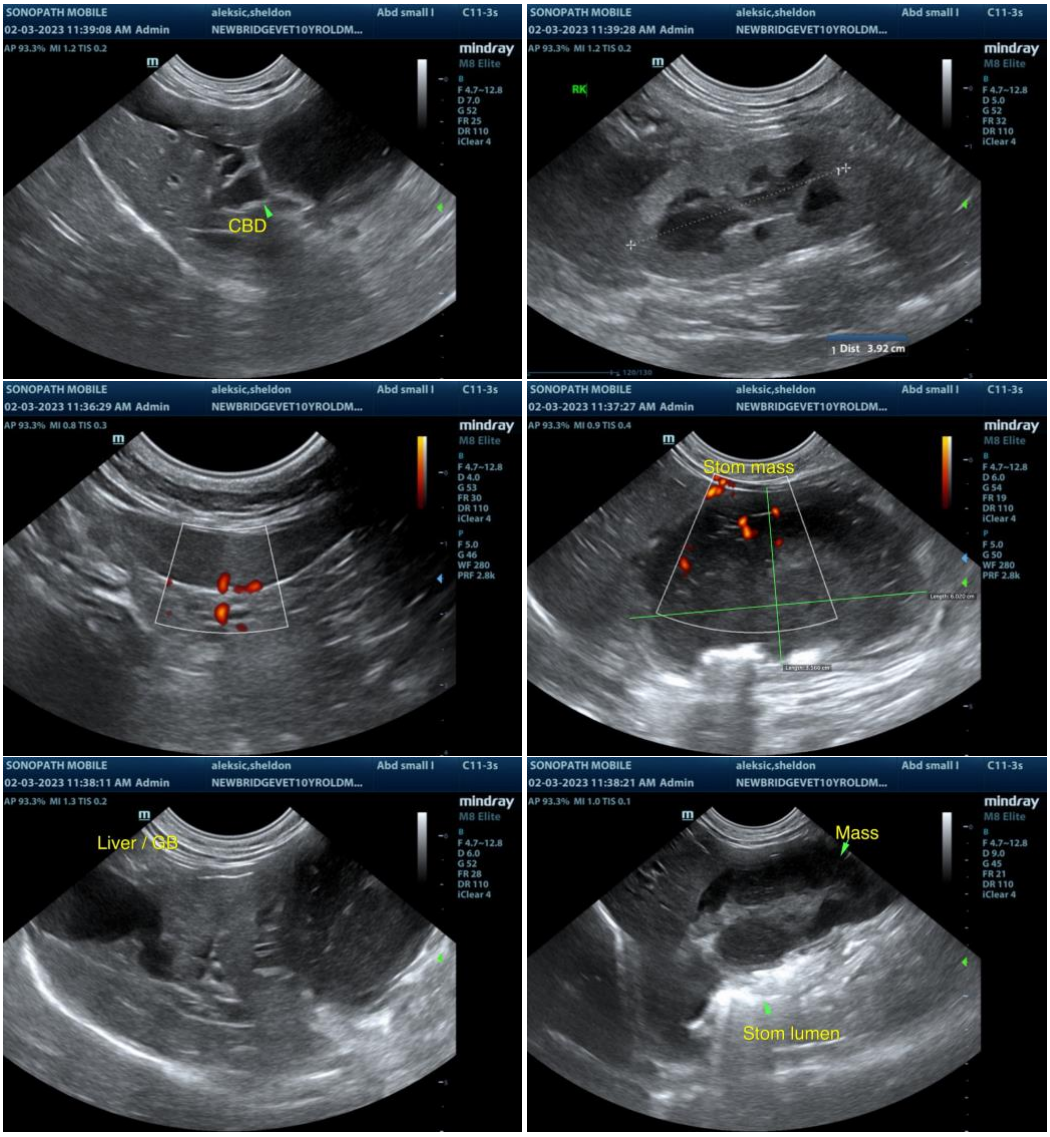

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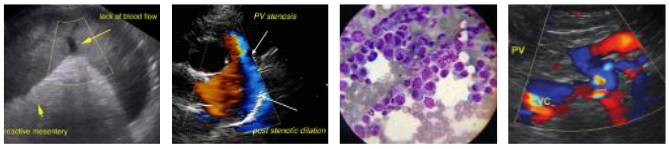

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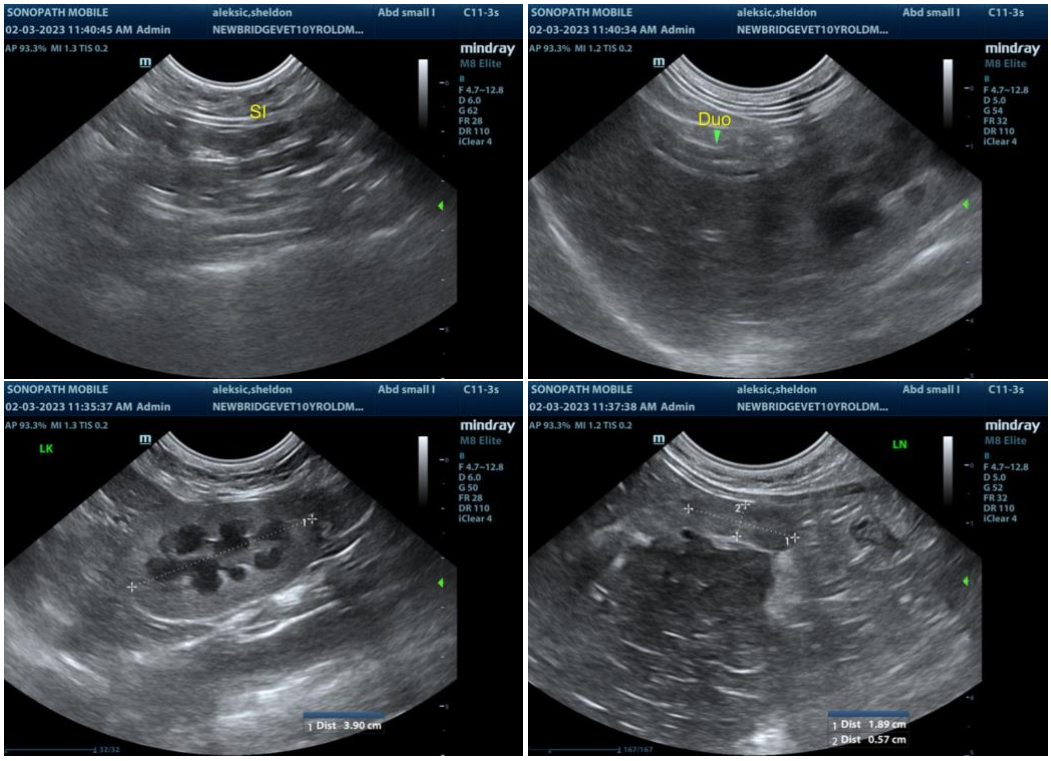

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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