



PATIENT

Nellie Gibbons

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

7.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Elia

INVOICE

35875

DATE

3/3/22

PRESENTING CLINICAL SIGNS

Poor appetite, grinding teeth. Rads revealed possible gastric neoplasia, Hepatomegaly, loss of serosal detail in abdomen. No current meds.

Abnormal PE/Chem/CBC/UA Results: TP 5.0, ALB 2.3, Bun/creat ratio 34, Chol 244, Pres PSL 33, WBC 59.3, MCHC 29, PLT 66 (plt clumping noted), Neuts 96, Lymph 2, Eos 1, Abs Neut 56928, abs lymphs 1186, SDMA 30.1

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. 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.

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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild perirenal free fluid to hypoechoic halo sign noted around both kidneys. The left kidney measured 4.5 cm. The right kidney measured 4.2 cm.

Adrenal Glands

The adrenal glands were not definitively visualized owing to regional periadrenal reactive mesentery and free fluid.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.75 cm in width at the level of the hilus. 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 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

Generalized moderate to severe gastric wall thickening and loss of gastric wall layer detail was present. Gastric wall measured 2-3 cm in diameter. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Associated paralytic gastric stasis exhibited by retained non-shadowing echogenic fluid and chyme noted. Perigastric to generalized, mildly non-uniform, hyperechoic mesentery noted.

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.



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

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Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

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Free Abdomen

Mild volume peritoneal free fluid noted. No overt evidence of significant lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

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- Gastric mass with associated gastric stasis
- Interstitial nephrosis renal pattern exhibiting mild perirenal free fluid/hypoechoic halo sign
- Suspect concurrent pancreatitis
- Generalized primarily perigastric, mildly non-uniform, hyperechoic mesentery and mild volume peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the gastric mass is consistent with neoplastic criteria with primary concern for lymphoma. The bilateral renal presentation in addition to non-uniform perigastric to generalized omentum are suggestive of likely multicentric neoplasia additionally involving the bilateral kidneys with strong concern for generalized lymphomatosis or other diffuse neoplasia.

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Assuming normal clotting status, ultrasound guided FNA of the stomach wall +/- effusion analysis, cytology +/- culture and sensitivity (if evidence of inflammatory cells) for further assessment and potential for oncology consult is recommended. Unfortunately, an unfavorable prognosis is most likely indicated.

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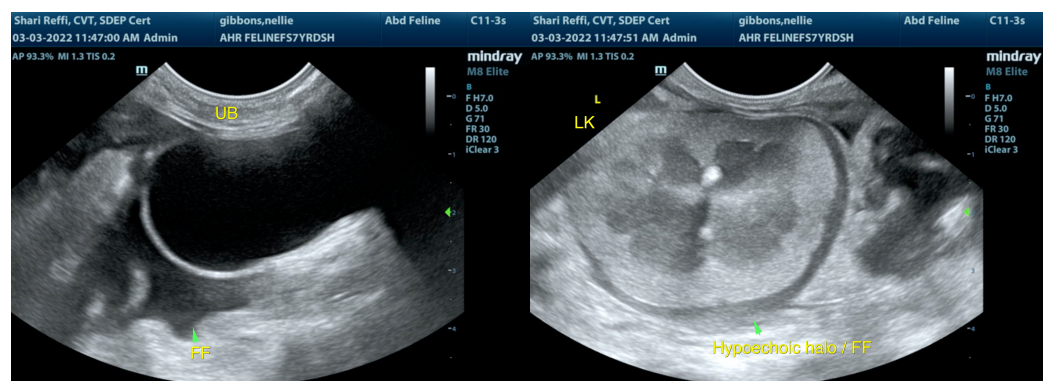
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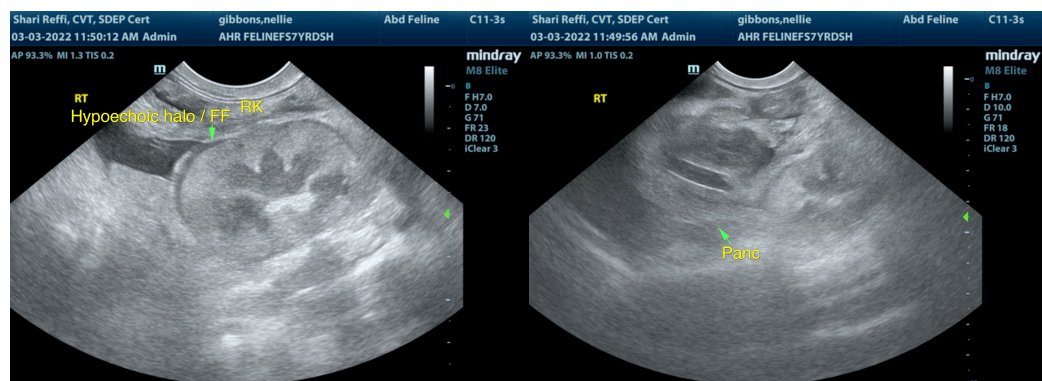
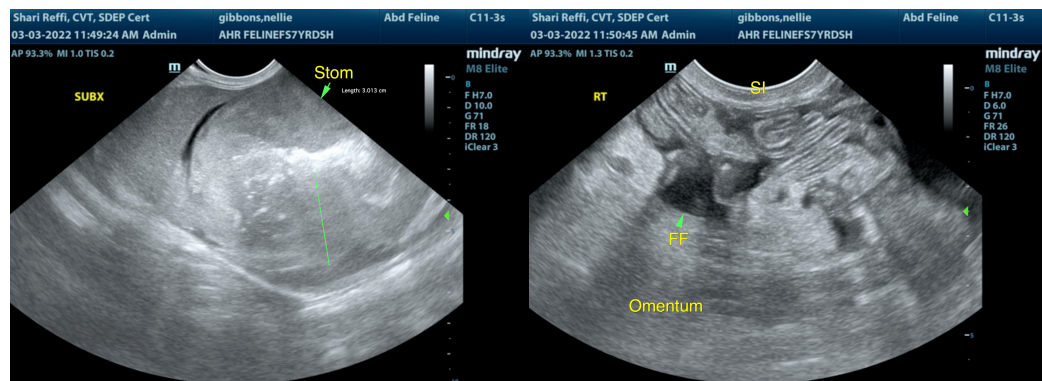
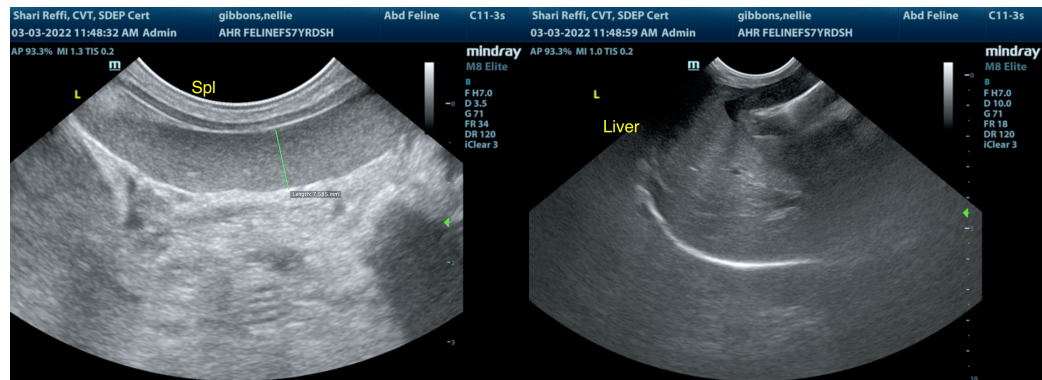
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com