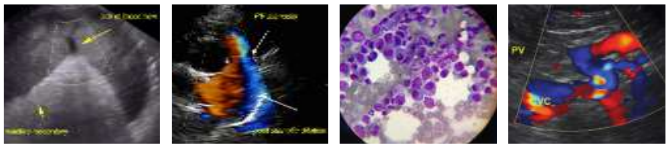
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Uriel Sekella

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

5 years

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Resolution Veterinary Ultrasound LTD

REFERRING VET

Dr. Rix

INVOICE

13452

DATE

3/8/22

PRESENTING CLINICAL SIGNS

Vomiting. Elevated creatinine.

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. Primarily anechoic urine was present in the lumen. Mild, nondependent 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.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 4.0 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

Spleen

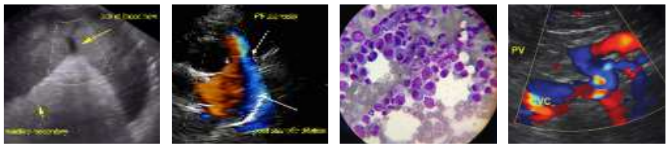
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.83 cm width at the level of the hilus.

Liver/ Gallbladder

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 mild gallbladder debris, likely owing to fasting in this case. No overt evidence of post hepatic stasis or obstruction was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The gastric fundus and body exhibited intact and sonographically unremarkable wall layering. The antrum, pylorus, and gastroduodenal junction exhibited moderate mural hypertrophy with hypoechoic mural echogenicity and loss of discernable wall layering. Focal areas of luminal gas were present with the potential for ulceration If previous hematemesis. The overall area of pyloric and gastroduodenal mural thickening measured approximately 2.5 cm x 1.4 cm.



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The mid to descending duodenum, jejunum, and ileum were sonographically unremarkable, without evidence of metabolic / mechanical ileus. Normal appearing duodenum measured 0.24 cm. The jejunum wall width measured 0.23 cm. The ileocolic wall width measured 0.21 cm.

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

Pancreas

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

Free Abdomen

Associated focal to potential intermittent gastric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Regional perilymphatic to peripyloric reactive mesentery was present. An example of the lymph nodes measured 1.1 cm x 0.76 cm. No overt free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Pyloric / gastroduodenal junction mural mass
- Associated hypoechoic to swollen gastric lymphadenopathy and regional perilymphatic to peripyloric reactive mesentery
- Heterogeneous pancreas exhibiting minor pancreatic duct dilation - nonspecific, minor parenchymal remodeling, potential for low-grade to chronic inflammation possible
- Mild urinary bladder sediment - suspect mild cellular or crystalline debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the pyloric / gastroduodenal junction mural mass Is suggestive of neoplastic criteria with primary concern for lymphoma vs. other neoplastic etiologies. The potential for non-neoplastic etiologies such as severe inflammation granulomatous disease is possible yet thought less likely. Concern for potential regional gastric lymphatic metastasis is warranted. Potential extension of the mass into the upper duodenum may be possible.

Assuming normal clotting status, ultrasound guided FNA of the mural mass, as well as accessible gastric lymph node, using a 25-gauge needle, is warranted for screening cytology and potential for oncology consultation. Surgical consultation could also be considered to assess surgical resectability pending sampling. Three view chest radiographs are recommended. Empirically, as-needed gastrointestinal support would be appropriate.

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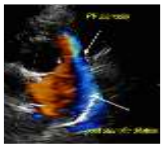
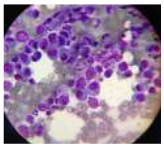
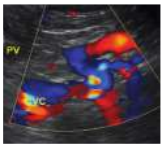

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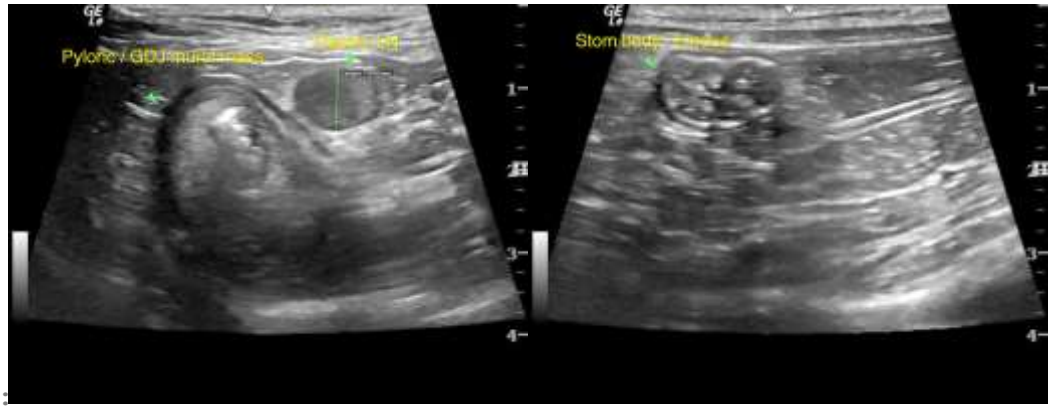

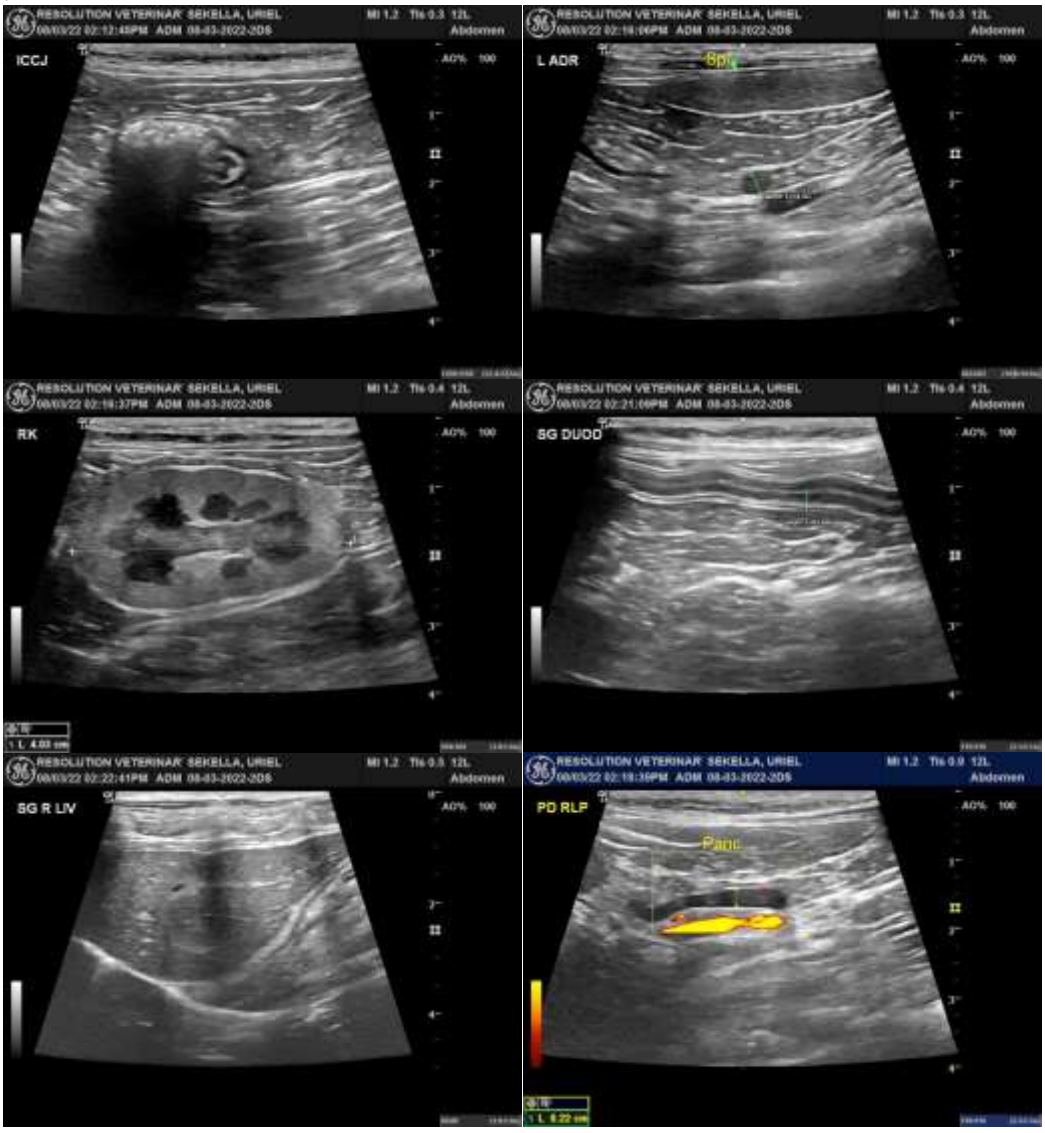

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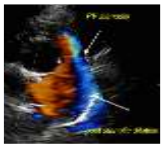
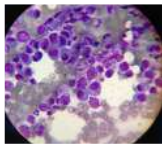
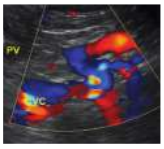

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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