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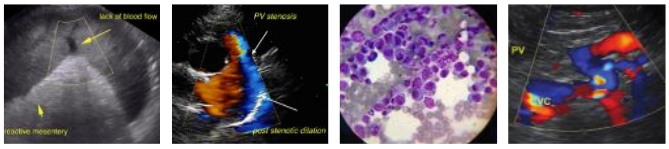

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Coco Pleskacz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healthy Paws Forward AH

REFERRING VET

Dr. Ben Hoisen

INVOICE

14712

DATE

4/11/22

PRESENTING CLINICAL SIGNS

History: Recurrent vomiting responds to Cerenia but comes back when medication is stopped. Cranial Ab mass suspect on Ab X rays

Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic

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.

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 3.7 cm in length. The right kidney measured 3.6 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 0.41 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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

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

Regional moderate to 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 without evidence of foreign material. Gastric body wall measured up to potentially 1.5 cm in diameter.

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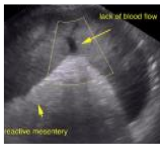
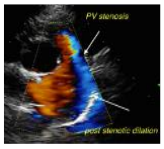
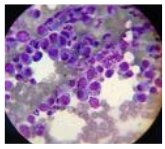
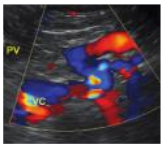

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The small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Subtle evidence of mildly prominent yet intact upper duodenal wall, measuring 0.27 cm.

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

Pancreas

The left limb 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 reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Focally enlarged gastric or pancreaticoduodenal lymph nodes were present, adjacent to the upper duodenum. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.60 cm in width.

No evidence of peritoneal effusion. Mild regional perigastric and peripancreatic reactive mesentery was present.

ULTRASONOGRAPHIC FINDINGS

- Regional moderate to severely thickened stomach with metabolic to paralytic gastric stasis
- Concurrent mild active to chronic active pancreatitis
- Regional mild perigastric and peripancreatic reactive mesentery
- Focal gastric or pancreaticoduodenal lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling or biopsy is required for further clarification, the presentation of the stomach is most suggestive of infiltrative neoplasia with primary concern for gastric lymphoma. Potential for early gastric or pancreaticoduodenal lymph node metastasis is possible.

Assuming normal clotting status, ultrasound guided FNA of the thickened gastric wall for screening cytology and potential for oncology consult is recommended. Further assessment of the pancreas may include spec FPL or full GI panel, to include PLI, TLI, cobalamin and folate to assess for or rule out concurrent occult small intestinal disease.

Unfortunately, this case does not appear to be surgical. Continued as needed gastrointestinal support, pending gastric mural sampling is recommended.

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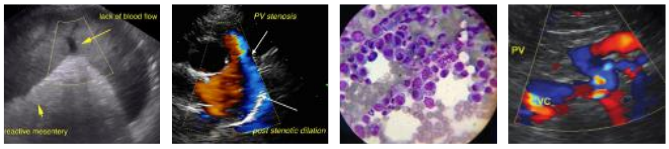

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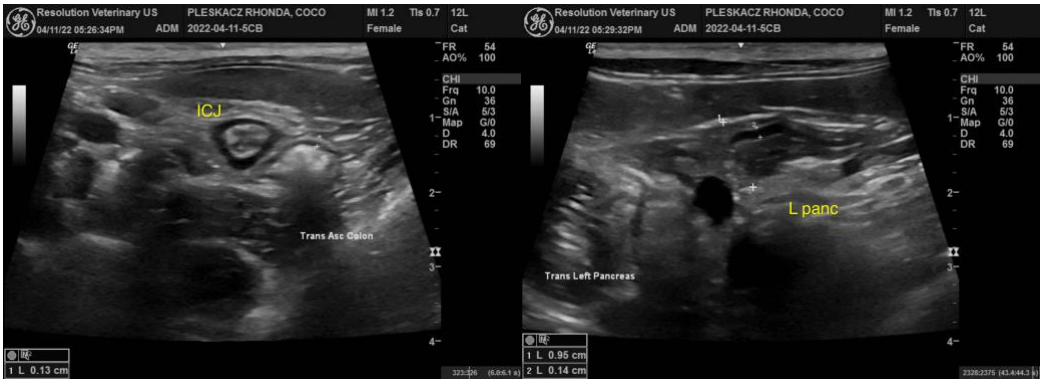

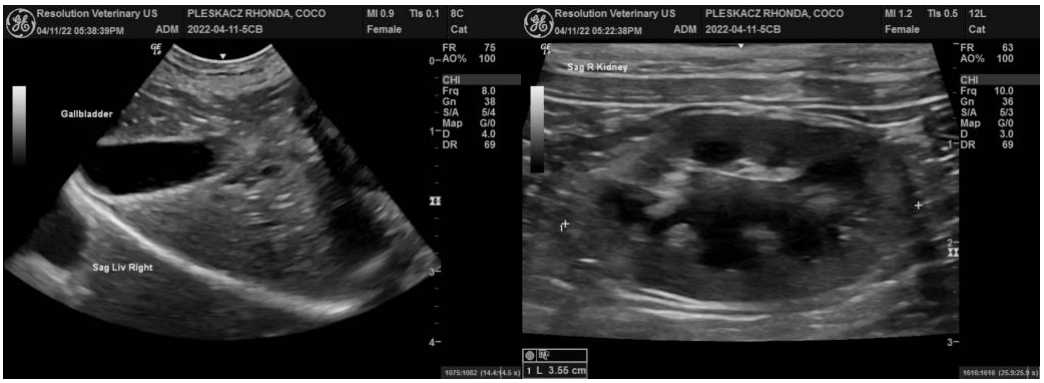

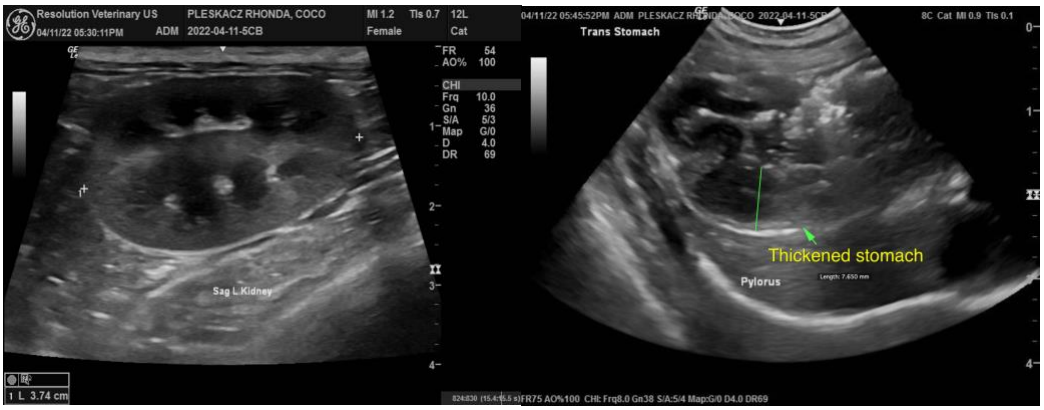

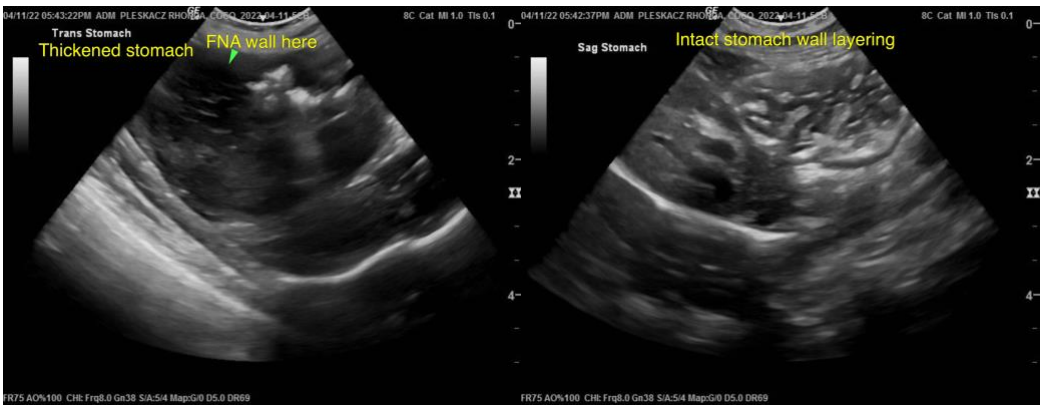

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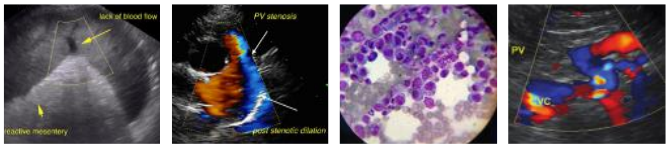

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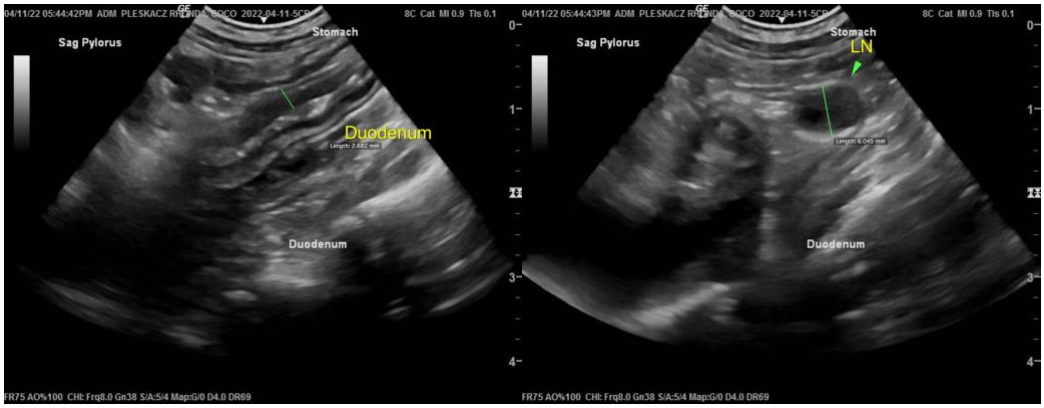

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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