



**PATIENT**

Sweet Pea Hyde

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9.5 Years

**WEIGHT**

14 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Family Pet Practice

**INVOICE**

14883

**DATE**

4/26/22

**PRESENTING CLINICAL SIGNS**

History: History of hyperthyroid for past year (has not received methimazole last 2 days). Not eating well last 2 weeks. Owners unsure last time she has eaten. No vomiting noted. No BMs for last 1 week. 3lb weight loss over last 3 months. Presented today for hiding.  
Abnormal PE/Chem/CBC/UA Results: see attached BW and radiographs

**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. Aortic trifurcation was normal.

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. Small caudal cortical cyst was present in the left kidney, measuring 0.32 cm. The left kidney measured 3.6 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 0.32 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm.

**Spleen**

The spleen revealed normal to potential mild subnormal size, potentially owing to volume contraction. Subtle mid medial splenic parenchymal expansion was present with minor associated medial capsule distortion yet maintained isoechoic to finely textured splenic parenchyma. No overt evidence of splenic neoplastic criteria. The spleen measured 0.59 cm in width.

**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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.2 cm width.

**Gastrointestinal**

The stomach exhibited regional hypoechoic mural thickening which appeared to extend into the gastric fundus and body of the lumen with secondary gastric luminal masses. An example of gastric luminal mass measured 3- 3.5 cm in diameter. Mild concurrent retained anechoic fluid, which may suggest metabolic to potential mild paralytic gastric stasis. The area of the pyloric outflow appeared to be free of obstructive pathology.



## PATIENT

Sweet Pea Hyde

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

9.5 Years

## WEIGHT

14 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amy Mayhew, LVT

## HOSPITAL NAME

SVS Imaging Michigan

## REFERRING VET

Family Pet Practice

## INVOICE

14883

## DATE

4/26/22

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. The duodenum wall measured 0.24 cm. The ileocolic wall measured 0.28 cm. The jejunum wall measured 0.25 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**

Intermittent, enlarged gastric to cranial abdominal mesenteric lymph nodes were present. 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 measured 1.4 cm in diameter.

Mild perigastric reactive mesentery present.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Gastric mural masses extending into the gastric lumen
- Associated intermittent gastric to cranial abdominal lymphadenopathy
- Concurrent low-grade pancreatitis
- Mild non-obstructive proximal common bile duct dilation- age-related or patient variant, potential for low-grade cholangitis if previous history of hepatic enzyme elevations

### Secondary Findings

- Small left kidney cortical cyst

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling or histopathology is required for further assessment, the presentation of the stomach is consistent with gastric neoplasia with primary concern for gastric lymphoma versus other neoplastic etiologies. Potential for nonneoplastic disease, such as significant inflammation, granulomatous gastropathy or other possible yet thought less likely. The concurrent gastric and cranial abdominal mesenteric lymph nodes may indicate lymphoid hyperplasia or associated reactive lymphadenitis at this stage, although early neoplastic/metastatic lymphadenopathy is of concern. Biopsies of the gastric wall recommended for definitive diagnosis and potential for oncology consult.



**PATIENT**

Sweet Pea Hyde

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9.5 Years

**WEIGHT**

14 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

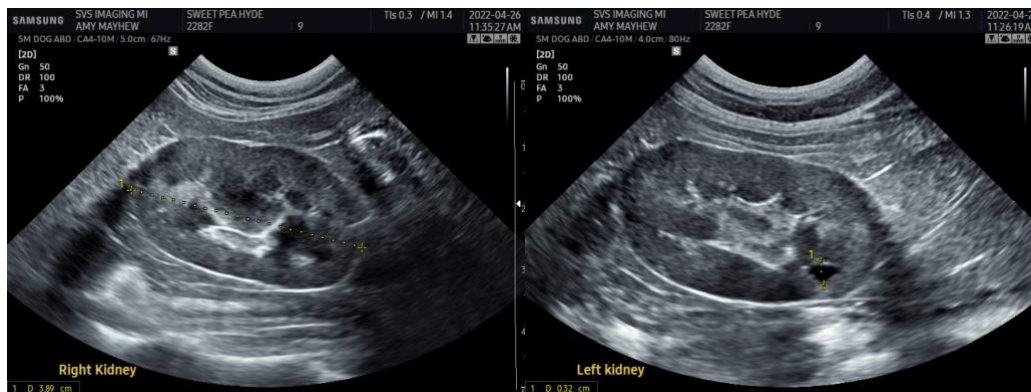
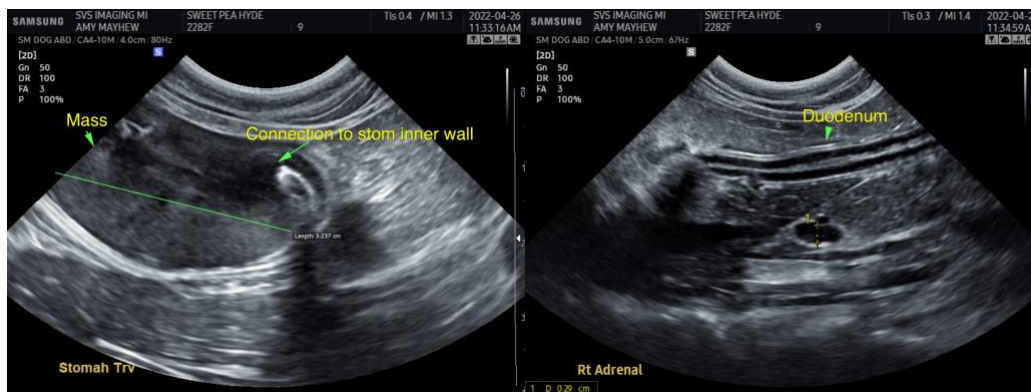
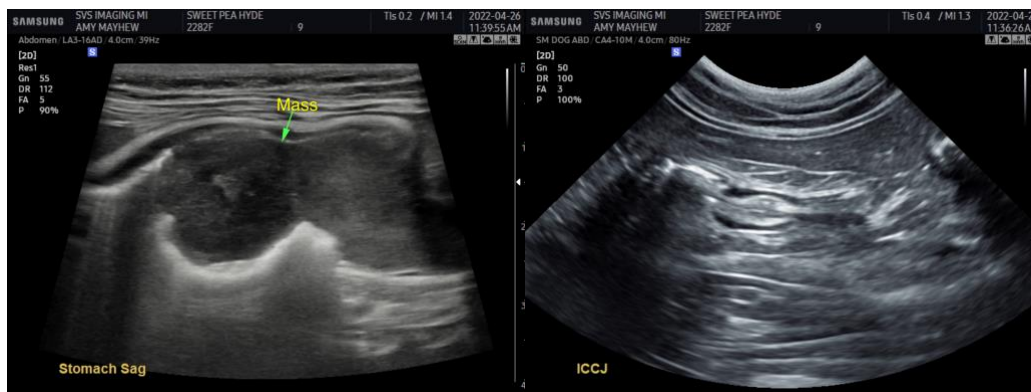
Family Pet Practice

**INVOICE**

14883

**DATE**

4/26/22





**PATIENT**

Sweet Pea Hyde

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9.5 Years

**WEIGHT**

14 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

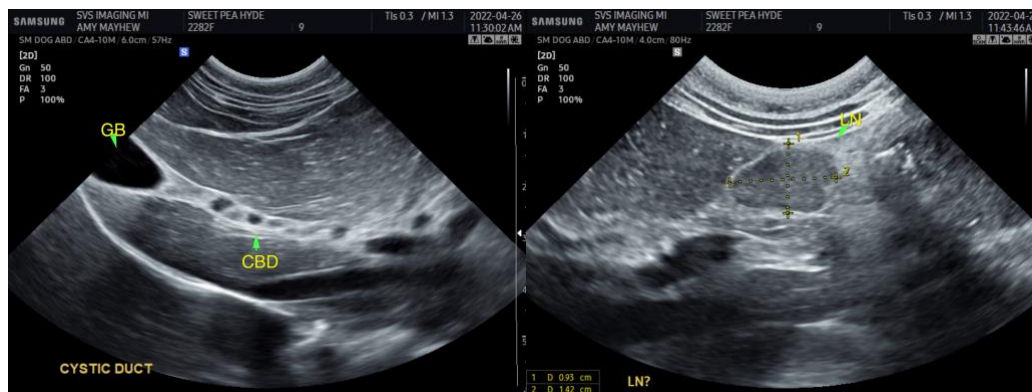
Family Pet Practice

**INVOICE**

14883

**DATE**

4/26/22



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