



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sweetie Friedman
SPECIES Feline
BREED Domestic Shorthair
SEX Neutered Male
AGE 14 Years
WEIGHT 18 Pounds

History: Vomiting between meals (bile, foam). Neutrophilic leukocytosis. Rads: thorax WNL. Mild hepatomegaly. Stomach contains large amount of gas with potential wall thickening. No intestinal abnormalities seen. Rounded soft tissue opacity left cranial abdomen between left kidney and spleen - ? pancreatitis/pancreatic mass vs other. Possible gastric wall thickening such as due to gastritis, vs fluid, vs gastric wall neoplasia. Current medications: Mirtaz ointment; cerenia, clavamox - all started on May 4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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. Mild uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 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 0.33 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 or benign parenchyma changes were not noted. The spleen measured 0.82 cm in width at the level of the hilus. No overt evidence of splenic neoplastic criteria.

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 mild gallbladder debris, likely owing to fasting. Mild nonobstructive proximal common bile duct dilation, also likely secondary to fasting.

Gastrointestinal

Generalized 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

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Falmouth AH

REFERRING VET

Lilan Hauser, DVM

INVOICE

15233

DATE

5/16/22



PATIENT

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retained anechoic fluid was present in the stomach consistent with paralytic gastric stasis. Gastric wall width measured up to 1.5 cm.

SPECIES

Feline

The duodenum exhibited intact yet subjective mild prominent wall layering. The duodenum wall measured 0.26 cm. The jejunum and ileum to the level of the colon were sonographically normal. The jejunum wall measured 0.21 cm. The ileocolic wall measured 0.31 cm.

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

BREED

Pancreas

Domestic Shorthair

The right limb of the pancreas exhibited normal size and contour with mild hypoechoic parenchyma with minor pancreatic duct dilation.

SEX

Free Abdomen

Neutered Male

Multicentric primarily perigastric to cranial abdominal lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of perigastric to cranial abdominal lymph node measured 3.4 cm x 1.9 cm.

AGE

14 Years

A solitary mildly prominent to hypoechoic medial iliac lymph node was also present, measuring 1.8 cm x 0.8 cm. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

WEIGHT

18 Pounds

Small pockets of scant primarily cranial abdominal perihepatic to perigastric free fluid.

ULTRASONOGRAPHIC FINDINGS

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Feline)

- Gastric mass with associated paralytic gastric stasis
- Multicentric, primarily perigastric to cranial abdominal hypoechoic to swollen lymphadenopathy
- Associated perigastric to perilymphatic reactive mesentery and scant peritoneal free fluid
- Possible concurrent mild pancreatitis
- Nonspecific renal changes

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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Unfortunately, the appearance of the stomach combined with multicentric hypoechoic to swollen intraabdominal lymphadenopathy is consistent with multicentric likely high-grade neoplastic process, such as high-grade lymphoma versus other round cell neoplasia. Assuming normal clotting status, ultrasound guided FNA of the thickened gastric wall, as well as a lymph node for cytology and potential oncology consult is recommended. However, an unfavorable prognosis is likely indicated.

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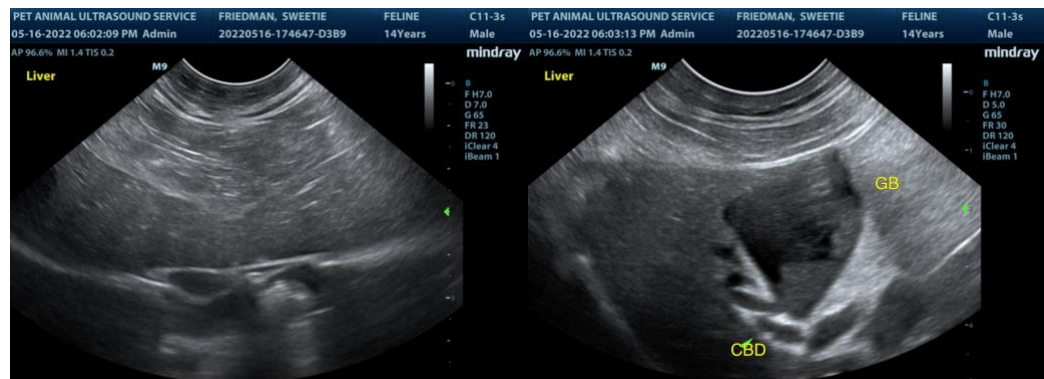
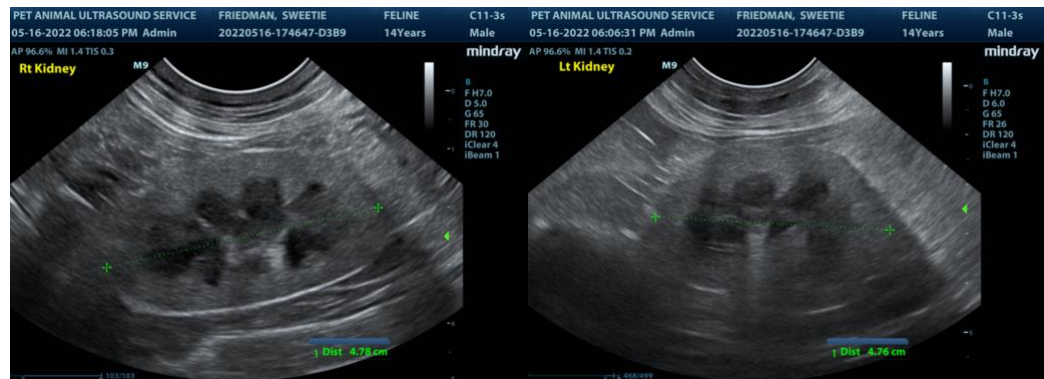
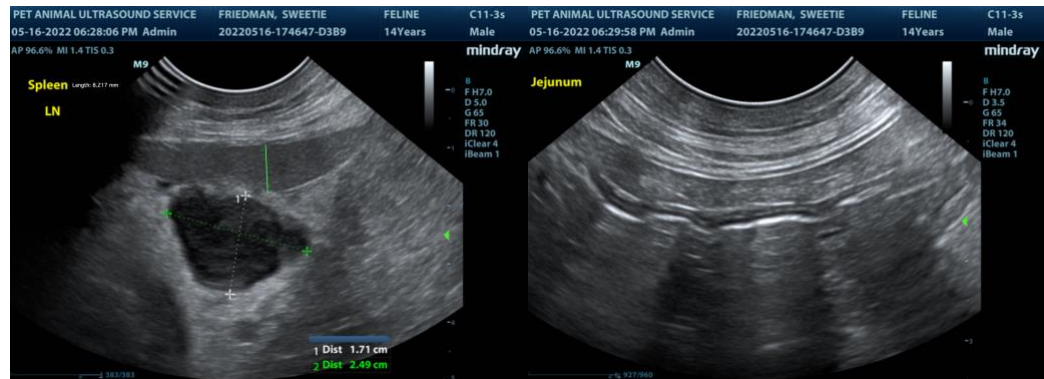
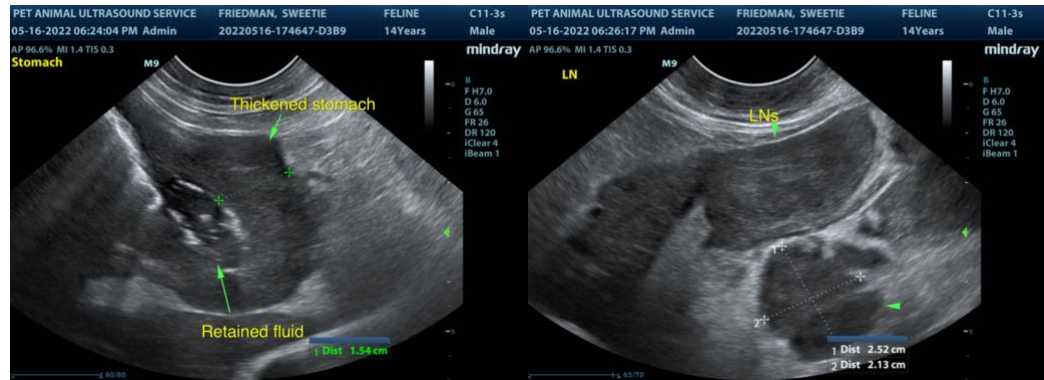
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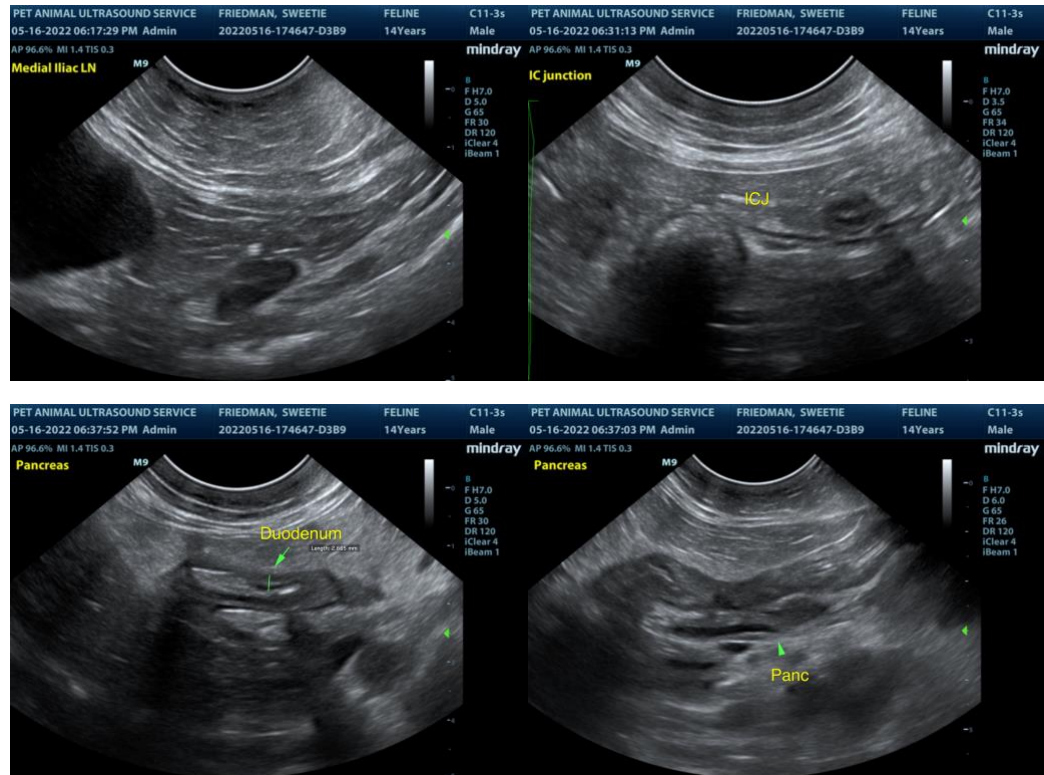
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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