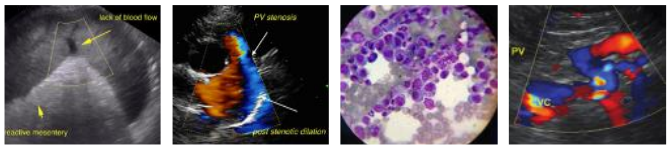
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Gaia Harshany

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
7 Years

WEIGHT
12.8 Pounds

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

IMAGING PERFORMED BY
A. Rodriguez

HOSPITAL NAME
Foxfield VS

REFERRING VET
A. Rodriguez

INVOICE
15228

DATE
5/17/22

PRESENTING CLINICAL SIGNS

History: Loose stool, vomiting with some blood.

Abnormal PE/Chem/CBC/UA Results: retic: 74, WBC: 20.8, sdma: 20, Creat: 1.5, Glob:5.7

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 was 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 4.3 cm in length. The right kidney measured 4.9 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 0.43 cm.

No overt pathology in the area of the right adrenal gland.

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 0.74 cm.

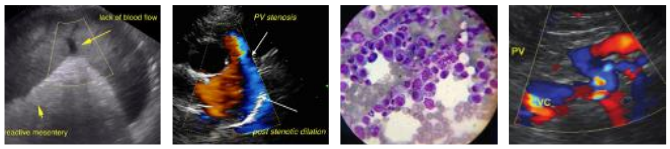
Liver

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 thickening and loss of gastric wall layer detail with decreased mural echogenicity was present, subjectively involving the majority of the caudal gastric body. The area of the mass measured approximately 4.0 cm in diameter with wall width measuring up to 1.5 cm. By comparison, intact normal appearing stomach wall measured 0.25 cm. Regional nonuniform to potential nodular perigastric mesentery present.

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 jejunum wall measured 0.18 cm. The duodenum wall measured 0.21 cm.



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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.

Free Abdomen

No overt evidence of lymphadenopathy. Small pocket of scant free fluid noted in the left lateral abdomen.

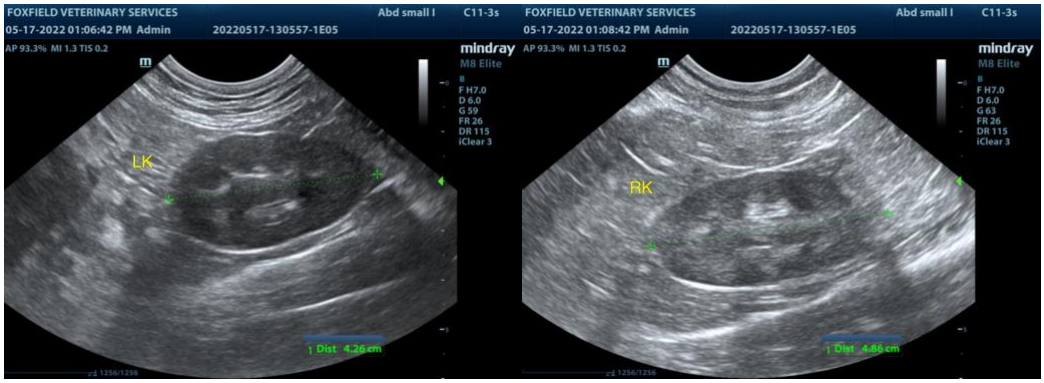
ULTRASONOGRAPHIC FINDINGS

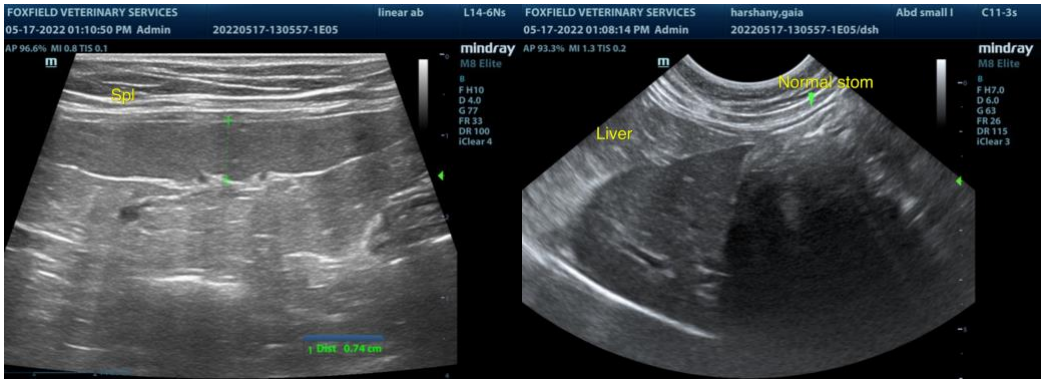
- Gastric mass
- Associated regional nonuniform to potentially nodular perigastric mesentery
- Overtly normal small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the gastric mass consistent with neoplastic criteria with gastric lymphoma is considered a top differential diagnosis. Potential for regional perigastric mesenteric infiltration is of concern, although not definitive. Likewise, the possibility of pancreatic involvement cannot be definitively excluded.

Assuming normal clotting status, ultrasound guided FNA of the gastric mass for screening cytology and potential for oncology consult recommended. Surgical options may potentially be precluded given the extent of gastric wall involvement and the potential for regional mesenteric infiltration.





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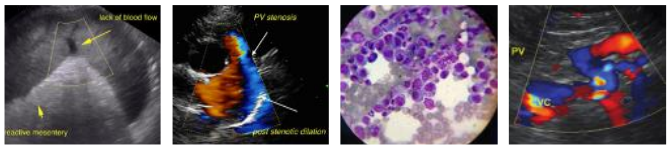

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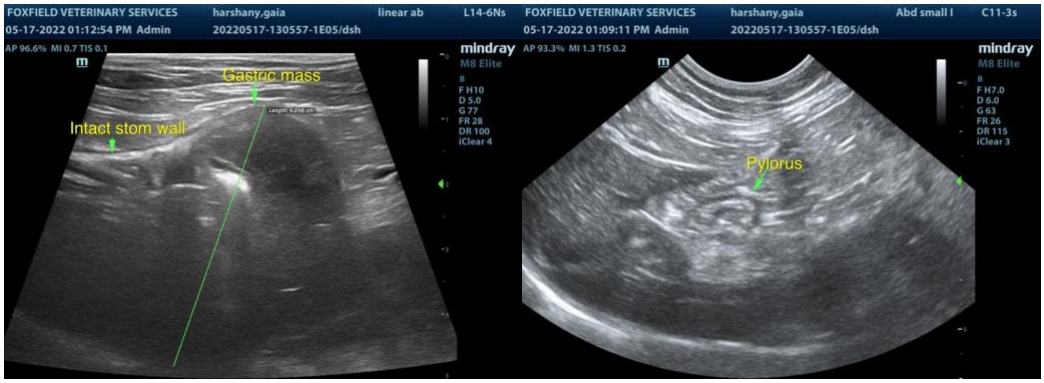

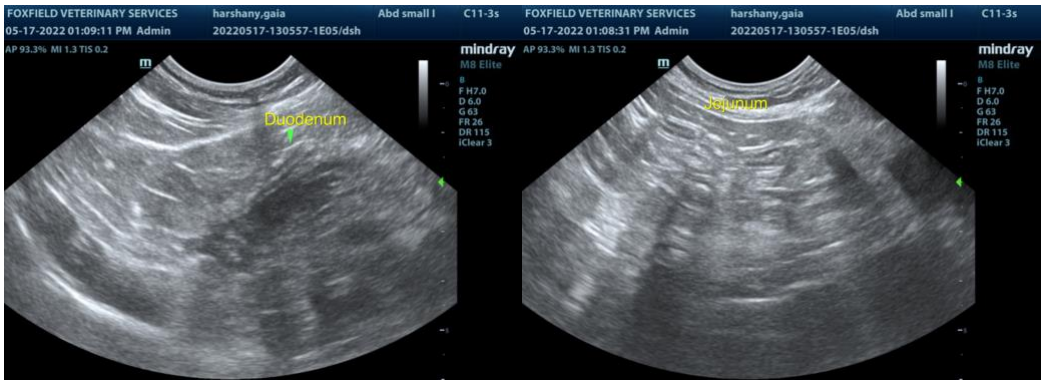

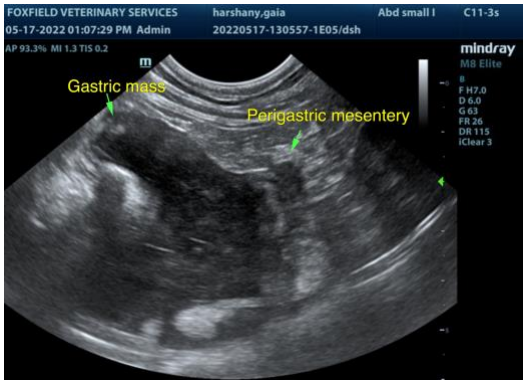

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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