



PATIENT

Soot Smith

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

5.6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Silver Creek AC

REFERRING VET

Dr. Ceremuga

INVOICE

14313

DATE

7/19/22

PRESENTING CLINICAL SIGNS

Pt has been vomiting chronically for approximately 3 months, occasionally with bright red blood in the vomitus -occasional diarrhea -moderately decreased appetite -losing weight (2lbs in 3 months)

Abnormal PE/Chem/CBC/UA Results: CBC, Chem 24, T4 and UA are all WNL Current Medications Sucralfate twice daily, Cerenia PRN

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.3 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 0.45 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 1.0 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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Regional moderate to severe gastric wall thickening and loss of gastric wall layer detail was present primarily in the area of the antrum and pylorus. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid and luminal gas were present in the gastric lumen without evidence of foreign material. Gastric wall width measured up to 1.6 cm width.

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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 0.23 cm width. The jejunum wall measured 0.22 cm width.

SEX

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

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Pancreas

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The left limb, right limb, and base 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.

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Free Abdomen

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(Canine and Feline)

Focal to intermittent gastric lymph nodes were present cranial to the area of the pylorus. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by regional hyperechoic mesentery. An example of the lymph nodes measured 1.7 cm in diameter. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric mural mass
- Associated regional mild perigastric hyperechoic mesentery and intermittent hypoechoic to swollen gastric lymph nodes
- Suspect concurrent low-grade pancreatitis
- Sonographically unremarkable small bowel
- Bilateral chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment, the gastric mural mass was most consistent with neoplastic criteria with primary concern for gastric lymphoma vs. other neoplastic etiologies. Non-neoplastic etiologies such as severe regional gastric inflammation are possible yet thought less likely.

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The associated gastric lymphadenopathy, likewise, is suggestive of neoplastic or metastatic lymphadenopathy with reactive lymphadenitis considered a less likely potential.



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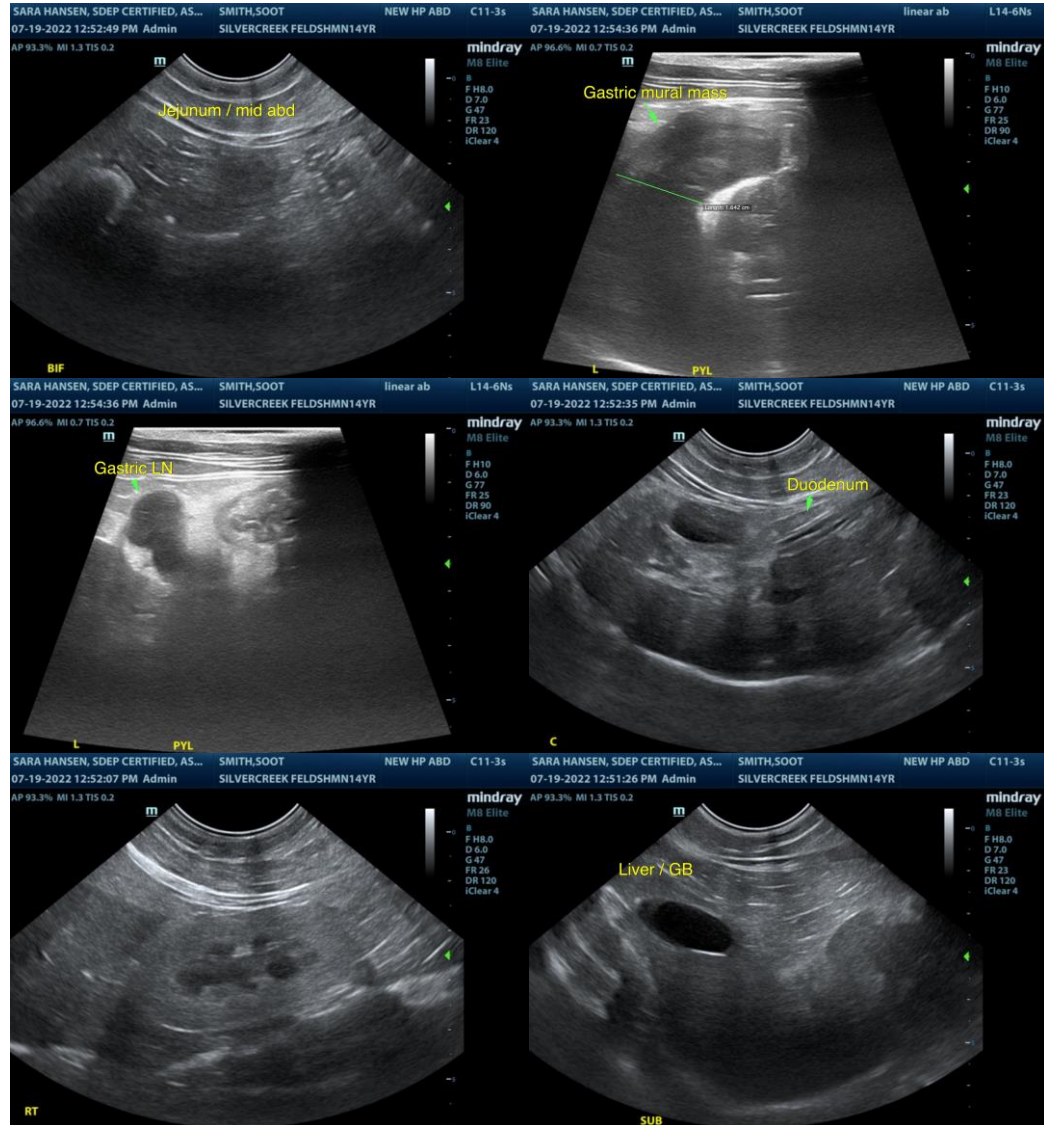
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Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided FNA of the thickened gastric wall along with regional gastric lymph node is recommended for screening cytology and potential for oncology consultation if neoplastic process is confirmed. This case does not appear to be surgical. Three view chest radiographs are suggested. Continued gastroprotectant protocol and as-needed antiemetics are recommended empirically.





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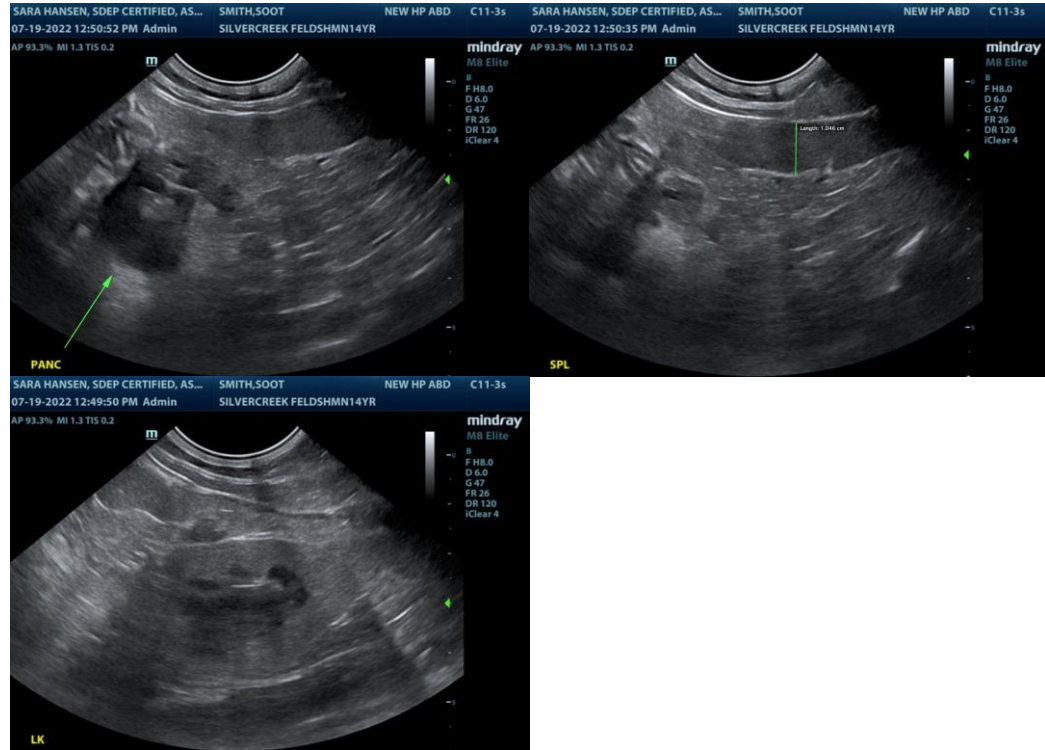
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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