



PATIENT

Lily Hyman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

5.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara Animal
Hospital

REFERRING VET

Dr Barbara Brasted-
Maki

INVOICE

14253

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Several month history of weight loss and vomiting. She also has intermittent hematuria and inappropriate urination. Palpable cranial to mid abdominal mass found on examination. Patient is underweight. Otherwise exam is unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. A solitary cystic calculus measuring approximately 1.5 cm in diameter with distal acoustic shadowing was present in the dependent lumen. Mild regional thickening primarily in the ventral apical urinary bladder wall, likely secondary to where the calculus sits dependently, was present. No overt evidence of urinary bladder neoplastic criteria was noted. The urethra was normal to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of mineralization were noted adjacent to and inside the corticomedullary border. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 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 0.50 cm width. 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/ 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 mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

Regional moderate to severe gastric wall thickening and loss of gastric wall layer detail was present subjectively involving the mid gastric body extending into the antrum and pylorus. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained nonshadowing ingesta, chyme and fluid were present in the gastric lumen without evidence of foreign material. Thickened stomach wall width measured 1.0 cm.

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 small intestinal wall width measured 0.20 cm. The ileocolic wall width measured 0.25 cm.

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

Pancreas

The pancreas was normal in size and overall contour with subtle hypoechoic parenchyma compared to adjacent omentum was noted in the left pancreatic limb.

Free Abdomen

Regional hyperechoic perigastric mesentery was present with mild volume peritoneal free fluid. No evidence of concurrent significant intraabdominal lymphadenopathy was noted, although minor intraabdominal lymphadenopathy is possible.

ULTRASONOGRAPHIC FINDINGS

- Solitary cystic calculus with mild ventroapical chronic cystitis
- Gastric mass with regional perigastric hyperechoic mesentery
- Possible concurrent low-grade pancreatitis
- Mild volume peritoneal free fluid
- Mild chronic renal changes with pinpoint medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a further assessment, the gastric mass is consistent with infiltrative neoplastic criteria with gastric lymphoma considered a primary differential diagnosis vs. other neoplastic etiologies. Potential for severe gastritis is considered a less likely differential diagnosis.

Assuming normal clotting status, ultrasound-guided FNA of the thickened gastric wall could be considered for cytology and potential for oncology consultation. The stomach does not appear to be surgical. Three view chest radiographs could be considered to assess for or rule out concurrent thoracic pathology.



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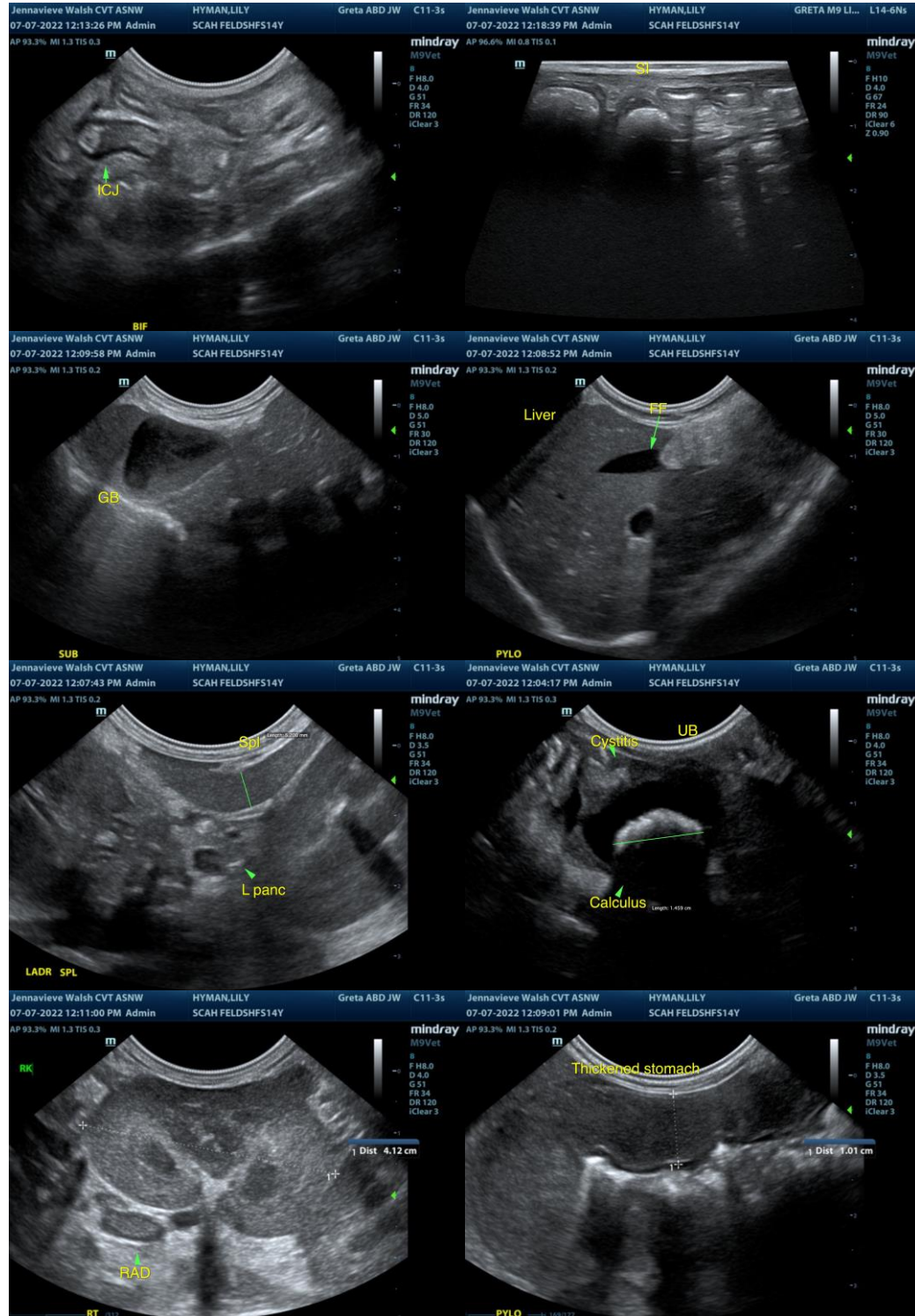
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com