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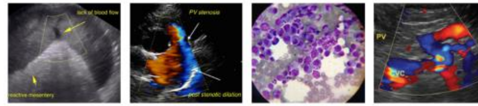

SonoPath Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Annabelle Possinger

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

8.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth Animal Hospital

REFERRING VET

Dr. Switzer

INVOICE

11457ag

DATE

08/22/2022

PRESENTING CLINICAL SIGNS

History: Presented for chronic vomiting. Vomitus varies between food, bile, sometimes with blood. Vomits daily. Has a good appetite still. On exam she is BAR, TPR within normal. NSF on exam. Has not responded to I/D diet. Oral cerenia 8mg SID seems to stop vomiting. *FNA of stomach mass taken

Abnormal PE/Chem/CBC/UA Results: FPL elevated 4.5; remainder of cbc/chem/t4/UA wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 medullary mineral present in the left kidney. Mild pyelectasia was present in the right kidney. The left kidney measured 3.5 cm in length. The right kidney measured 3.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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. The spleen measured 0.95 cm in width at the level of the hilus.

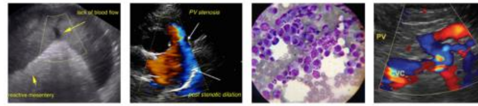
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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

The stomach presented intact yet prominent to thickened wall layering in the area of the fundus and gastric body exhibiting increased mucosa echogenicity. A regional area of the caudal gastric body exhibited hypoechoic mural hypertrophy will loss of discernable wall layering measuring ~ 3.0 cm x 2.0 cm. The lumen of the stomach contained mild retained anechoic fluid/chyme and gas with no signs of ileus, obstruction or foreign material. The area of the antrum and fundus exhibited intact mild



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prominent wall layering without evidence of additional hypertrophy. Mild regional perigastric hyperechoic mesentery was 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 duodenum wall measured 0.27 cm in width. The jejunum wall measured 0.26 cm in width.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses or peritoneal effusion was present.

Focal to intermittent, mildly prominent to enlarged gastric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.89 cm diameter.

Focal, mildly prominent to enlarged colic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Stomach mass
- Associated prominent gastric lymph nodes and hyperechoic mesentery
- Overtly normal small bowel

Secondary

- Minor hepatic remodeling
- Mild chronic renal changes with left kidney medullary mineral and right kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for neoplastic criteria regarding the stomach mass such as lymphoma, adenocarcinoma or other is warranted. The possibility of concurrent low grade to chronic pancreatitis cannot be definitively excluded. If present the degree of pancreatitis does not appear to be a primary component of the patient's vomiting.

Pending cytology of the mass, gastric protectant protocol as well as bland diet with smaller more frequent feedings may be beneficial. Oncology consult could be considered.

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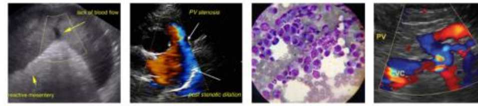

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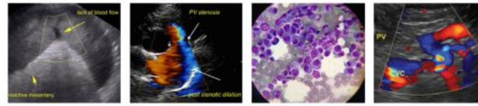

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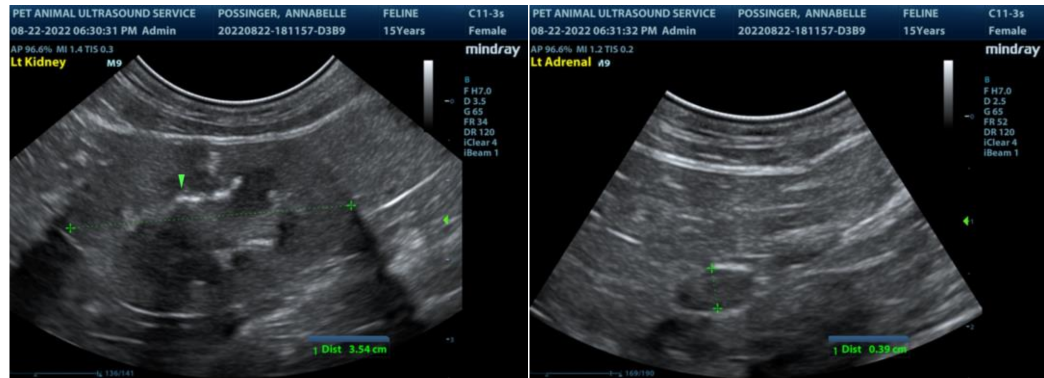

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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