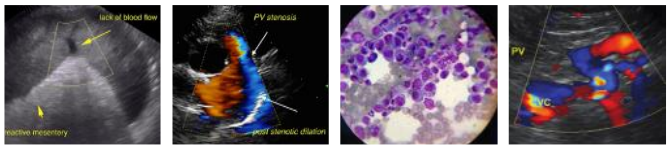
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Otis Walker

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
16yr

WEIGHT
9.97lb

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

IMAGING PERFORMED BY
Haley Harasimowicz

HOSPITAL NAME
Waterbury Veterinary Hospital

REFERRING VET
Haley Harasimowicz

INVOICE
14487ag

DATE
08/07/2023

PRESENTING CLINICAL SIGNS

Several month history of vomiting daily. Labs on 7/22/23 showed decreased platelets, and mild amylase elevation and grey zone T4 with elevated Free T4. Owner declined abdominal imaging at that time, but started pepcid and hypoallergenic food trial. P has had increased vomiting with decreased appetite and lethargy for the last few days so felimazole has not yet been started.

Abnormal PE/Chem/CBC/UA Results: Exam today, p is lethargic and estimated 5-10% dehydrated. Granial abdominal pain noted. 7/22/23: CBC: Decreased platelets (recheck CBC today pending) Chem: Mild amylase elevation (2763) UA: Unremarkable, USG - 1.038 T4: 2.8, Free T4 - 3.2, 41.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.29 width. The right adrenal gland was not definitively visualized.

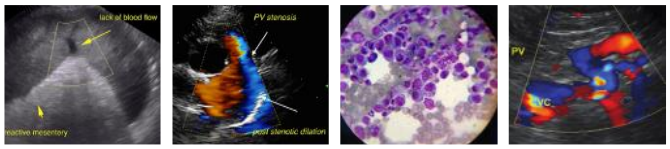
Spleen

The spleen exhibited mild enlargement measuring 1.1 -1.2 cm in width at the level of the mid spleen. Symmetrical capsule contour was present with subtle parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No masses/nodules visualized.

Liver/Gallbladder

The liver exhibited mild to generalized enlargement with symmetrical capsule contour and homogenous parenchyma. Subtle increased prominence of hepatic vasculature was present. Normal vascular volume. 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



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The stomach presented regional to variable mural thickening with decreased mural echogenicity and loss of discernable wall layering with asymmetrical luminal surface contour in the area of the fundus and gastric body. The lumen of the stomach contained mild to moderate retained ingesta and luminal gas with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured up to 1.0 cm in width.

The visualized small intestine presented overtly normal intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileocolic junction. A mildly irregular non-homogenous mass lesion was present at the subjective level of the ileocolic junction measuring 1.5 cm in diameter.

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

Pancreas

The pancreas was mildly prominent in size with mild asymmetrical contour with heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Scant cranial abdominal/perihepatic free fluid was present. No visualized omental lymphadenopathy or omental masses.

ULTRASONOGRAPHIC FINDINGS

- Regional to variably thickened hypoechoic stomach wall with retained ingesta-sonographically suggestive of infiltrative gastric neoplastic criteria.
- Concurrent mass lesion at the subjective level of the ileocolic junction.
- Mild to moderate chronic renal changes.
- Mild hepatosplenomegaly-nonspecific yet suspect benign, secondary to sedation/anesthesia.
- Suspect chronic pancreatitis.
- Scant cranial abdominal peritoneal free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, infiltrative regional gastric and distal small intestinal/proximal colon neoplasia is considered probable. Non-neoplastic etiology i.e., inflammatory disease or granulomatous disease (dry FIP) possible yet are thought less likely.

Gastric and intestinal biopsies would be required for a definitive diagnosis. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation +/- abnormal fPL which may allude to low grade pancreatitis is recommended. However, no evidence of active pancreatitis as a primary clinical factor is noted.

Empirically, as needed GI support and dietary therapy, potential smaller more frequent meals with assessment of clinical response and sonographic monitoring of the stomach and distal small intestine/proximal colon mass would be a more conservative approach. An ultrasound guided FNA for cytology of the thickened gastric wall +/- ileocolic mass for cytology could be considered for initial clarification.

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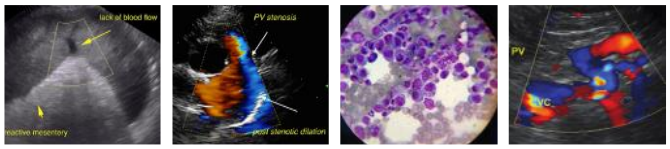

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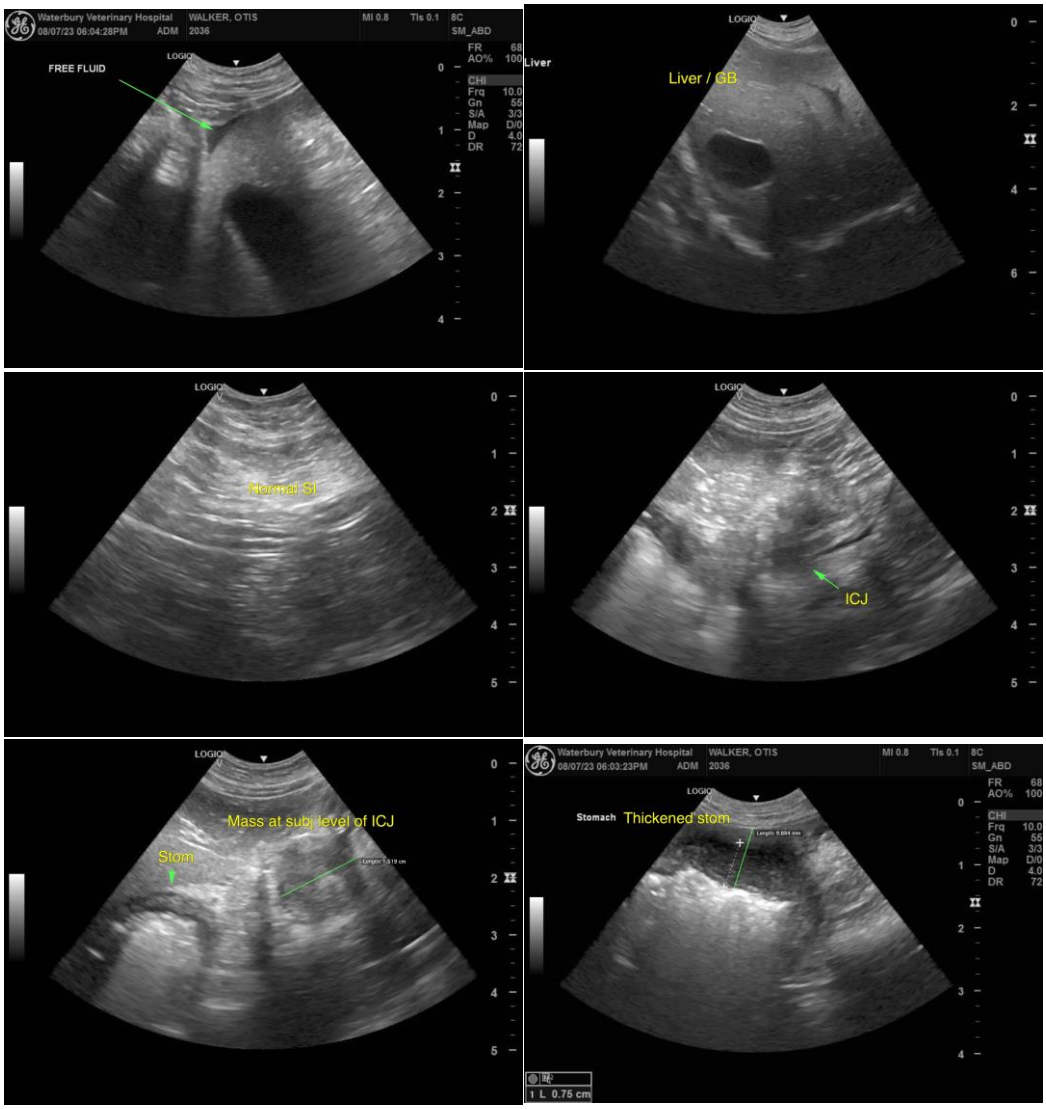

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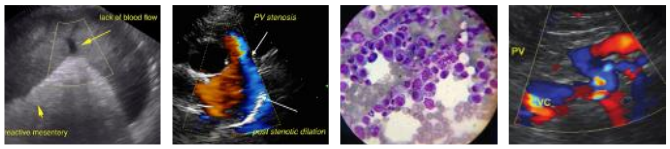

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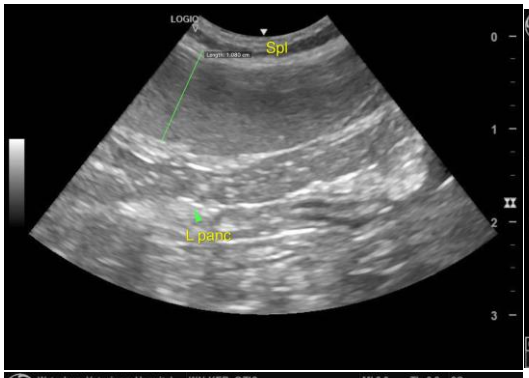

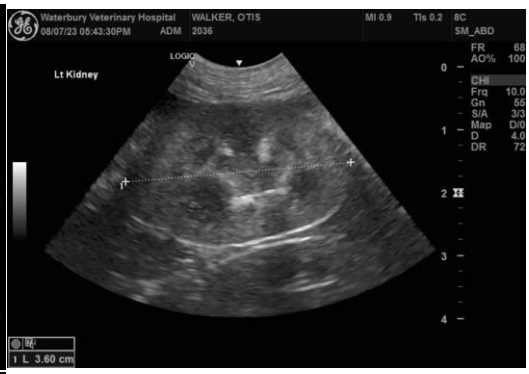

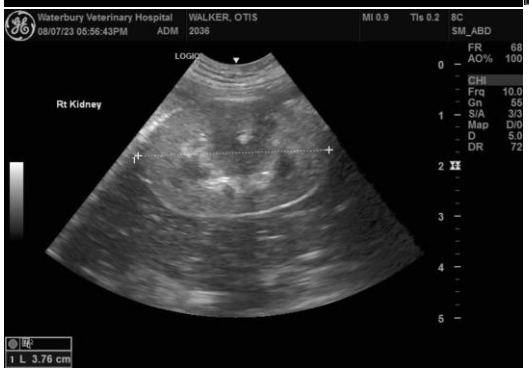

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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