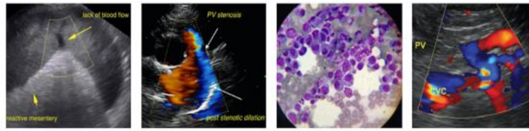


PATIENT
Marco Meyers

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
2010

WEIGHT
9.1

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
Lehigh Valley AH (Allen)

REFERRING VET
Meyer

INVOICE
14546ag

DATE
08/09/2023

PRESENTING CLINICAL SIGNS

Chronic, gradual weight loss, loose stool

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 were present in the kidneys. A normal 1:3 cortex / medulla ratio and mildly enhanced corticomedullary border definition was present. The echogenicity of the cortex was mildly increased. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 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 0.47 cm width. 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.

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.

Gastrointestinal

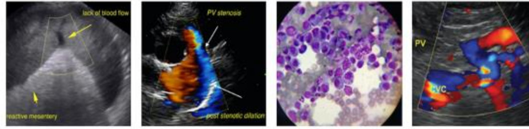
The stomach presented a moderately sized non-homogenous to hypoechoic gastric lumen mass measuring ~ 3.5 cm x 1.9 cm. The lumen of the stomach contained minor retained pyloric fluid was present.

The small intestine presented generalized thickening with variably thickened muscularis and mucosa layers. The small intestine wall measured 0.30 cm in width. The ileocolic wall measured 0.36 cm in width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with generalized semi formed to soft feces in lumen.

Pancreas

The left pancreatic limb was normal in size and contour with heterogeneous mildly hypoechoic parenchyma compared to adjacent omentum. Mild left limb pancreatic duct dilation was present.



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Free Abdomen

Multiple enlarged gastric and jejunocolic mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.2 cm in diameter.

Generalized mild increased omental echogenicity was present. Potential for very scant pockets of peritoneal effusion.

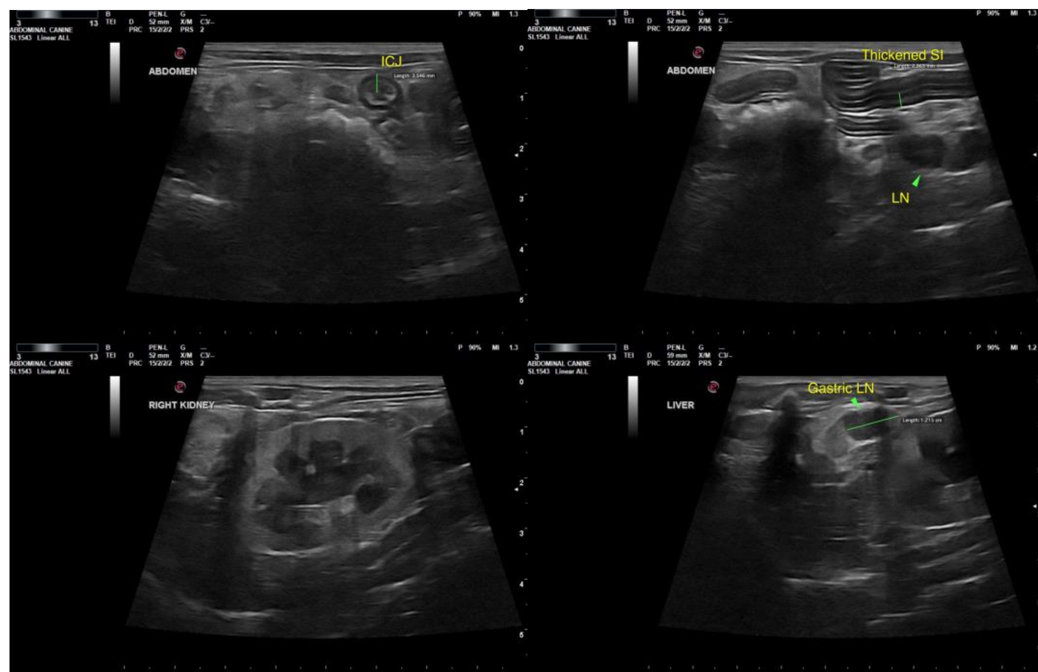
ULTRASONOGRAPHIC FINDINGS

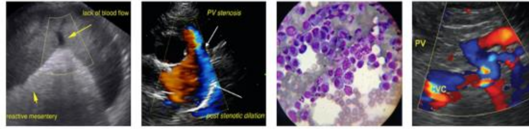
- Gastric lumen mass.
- Generalized thickened small bowel.
- Associated hypoechoic variably enlarged mesenteric lymphadenopathy.
- Possible concurrent left limb chronic/chronic active pancreatitis.
- Normal colon with semi formed to soft feces.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, primary concern for diffuse neoplastic infiltrative gastroenteropathy and associated neoplastic lymphadenopathy is indicated. Inflammatory or granulomatous etiologies are possible yet thought less likely.

Assuming normal clotting status and using a 25g needle, an accessible lymph node and gastric lumen mass FNA for screening cytology may be considered for further assessment and potential oncology consult. GI and lymphatic full thickness/surgical biopsy likely ideal for a definitive diagnosis and guidance of therapy or chemotherapeutic intervention.





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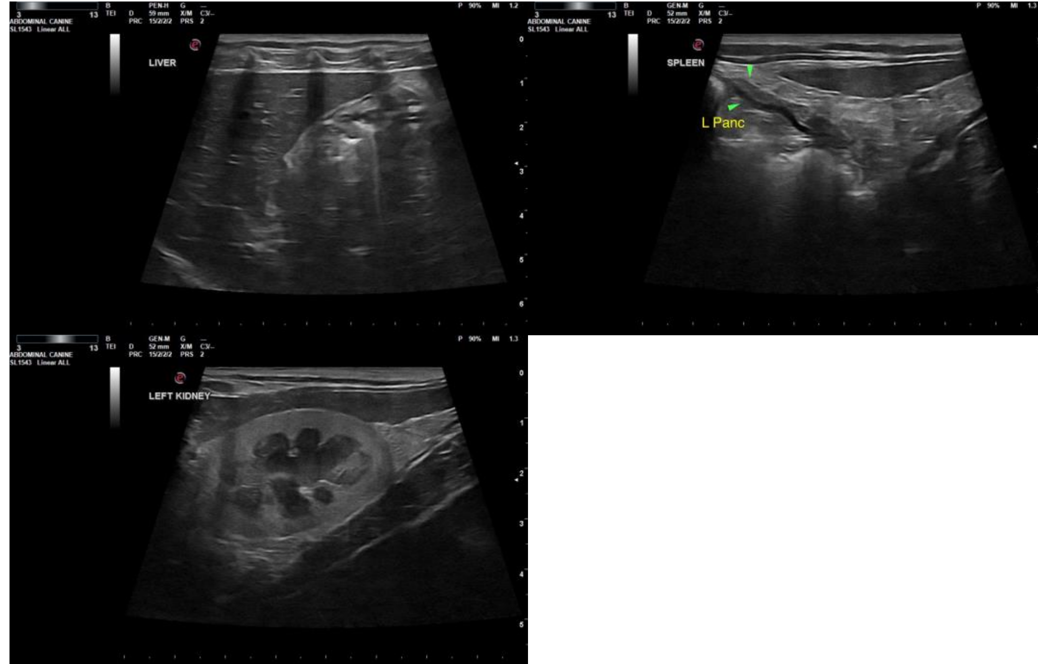

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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