

PATIENT

Snax Amsden

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 years

WEIGHT

6.3 lbs

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (Small
Animal Internal Medicine)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr Lindsay Sjoloin

INVOICE

11813

DATE

10.11.22

PRESENTING CLINICAL SIGNS

History: sedatoin ace/torb Breed: Domestic Shorthair History: Vomiting on and off for about 6 months. has gotten to a point where every time pt eats she vomits, mostly white/clear liquid. o mentioned stools are on the smaller side but not having diarrhea. pt does like to eat the dog's food, farmer's dog. pt will take a couple bites before moving on to her own food. o unsure of pt's actual age. Physical exam findings: Kidneys markedly enlarged, firm, irregular. Poss additional mass effect cranial abdomen Brief ultrasound: kidneys misshapen with hypoechoic halo at cortex that does not appear to be fluid. Stomach wall markedly thickened with mass effect present. Liver parenchyma subjectively normal but possible bile duct dilation.

Abnormal CBC values: RBC 6.97 Hemoglobin 7.4 Retics: 77 WBC 28.3 Neu: 24.3 Mono 1.4 Abnormal Chemistry Values: None Abnormal UA Values: N/A - No urine able to be collected yet Radiograph Findings (email radiographs if available): N/A Reason for Ultrasound: Possible gastric mass and

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone normal.

The **left kidney** is enlarged (5.02 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. A rim of subcapsular fluid is present.

The **right kidney** is normal size (4.83 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. A rim of subcapsular fluid is present.

Adrenal Glands

The region of the **adrenal glands** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is subjectively enlarged with swollen peripheral contours. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

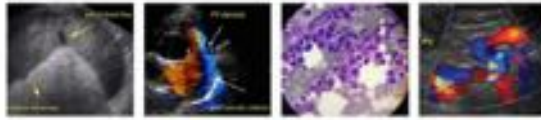
Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The **gastric lumen** is mildly distended with fluid and gas. The majority of the gastric wall, except for a small portion of fundus, is severely thickened (up to 1.29 cm), irregular and hypoechoic with a loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal is normal in



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Snax Amsden thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

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Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

AGE

5 years

Primary Findings

- The gastric wall changes are most consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with a lower possibility of a severe inflammatory process. Adjacent peritonitis is present.
- The bilateral renal changes are most concerning for infiltrative neoplasia (i.e., lymphoma). However, inflammatory disease cannot be completely excluded.
- The mild splenomegaly could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or infiltrative neoplasia (i.e., lymphoma)

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Secondary Findings

- Age-related pancreatic remodeling. Mild chronic pancreatitis may also be present, particularly if this diagnosis fits with the patient's clinical history.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine-needle aspirates of the gastric wall, spleen, and kidneys if clotting status is appropriate. Twenty-five gauge-needles should be used. If cytology results are inconclusive, more advanced testing (i.e., flow cytometry, PARR, or biopsies) may be necessary to get a definitive diagnosis.

Three-view thoracic radiographs are also recommended to assess for neoplasia in the chest.

A urinalysis +/- culture and sensitivity should also be considered.

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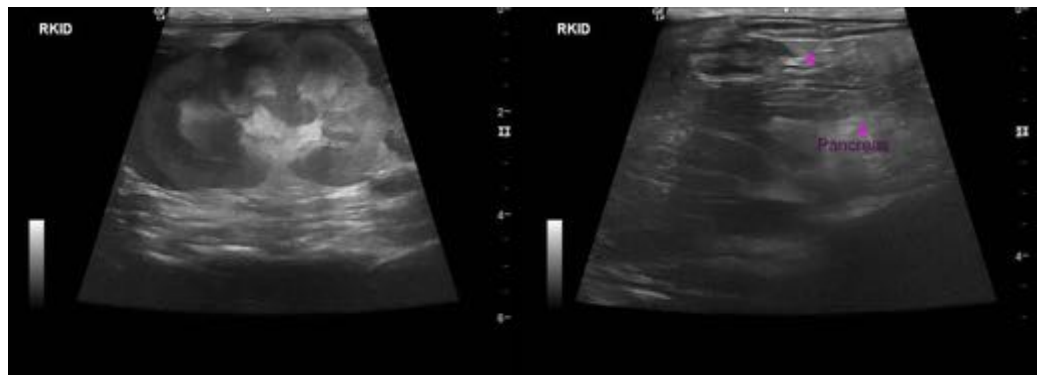
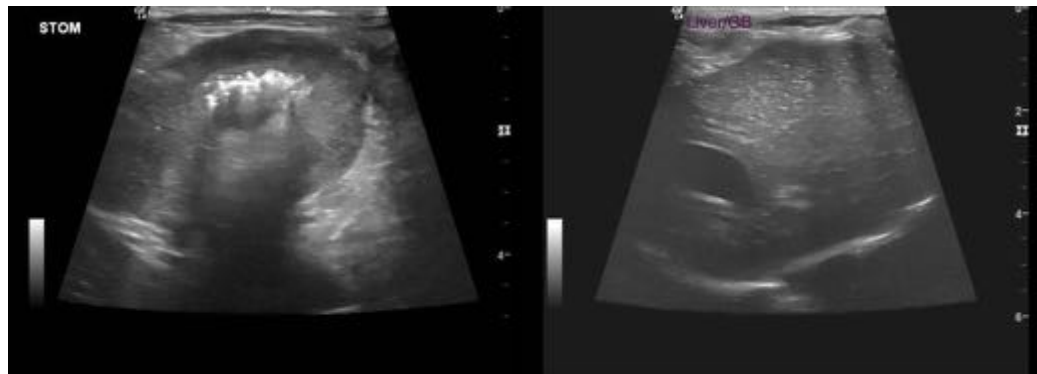
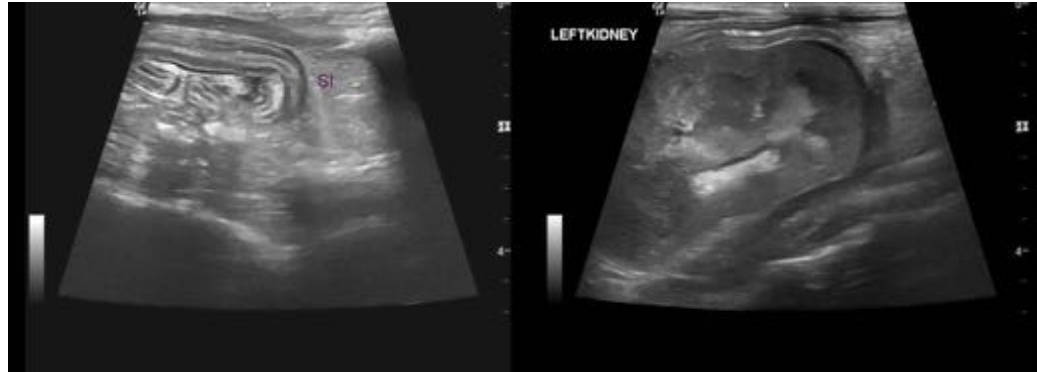
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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