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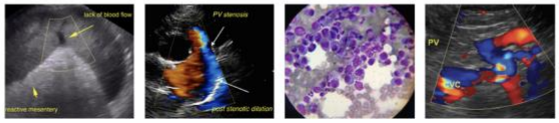


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Potter Murphy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

01/01/2010

WEIGHT

13.66 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Nawa

INVOICE

10749

DATE

4/15/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
-acute weight loss
-chronic vomiting
-overgrooming

Due to chronicity of vomiting and severe weight loss recommend abdominal ultrasound. Discussed potential differentials such as foreign body, pancreatitis, IBD, neoplasia, etc.
Abnormal labwork values: CBC/Chem/Lytes, TT4, U/A- wnl. Performed 03/09/2022
Current Medications: Cerenia 16mg PO SID
Fine Needle Aspirates: Client approved Sedation and FNA Consent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.86 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

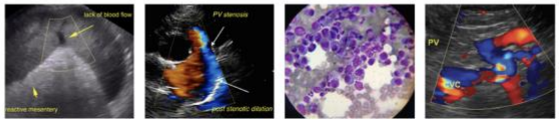
Adrenal Glands

The left adrenal gland is borderline enlarged (0.54 cm width), with a slightly rounded shape and smooth peripheral contours. Glandular echogenicity are normal. Surrounding vasculature appears normal.

The left adrenal gland is borderline enlarged (0.57 cm width), with a slightly rounded shape and smooth peripheral contours. Glandular echogenicity are normal. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.68 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.



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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall, mainly in the region of the lesser curvature, is severely thickened (up to 1.24 cm), irregular, and hypoechoic with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The wall of the lesser curvature and fundic region are largely normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb/body is enlarged with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat and somewhat mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A few enlarged, rounded-to-irregular, hypoechoic colic lymph nodes are observed, the largest measuring 2.09 cm in its longest dimension. Surrounding mesentery is hyperechoic. A 0.95 cm cranial abdominal lymph node is seen. A few prominent mesenteric lymph nodes are also seen.

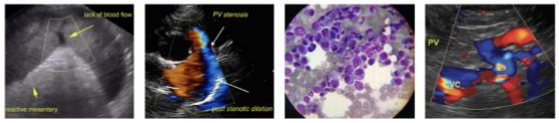
Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric wall mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present. The abdominal lymphadenopathy is concerning for infiltrative neoplasia, although reactive change cannot be completely excluded.
- The pancreatic changes could be consistent with chronic pancreatitis. However, infiltrative neoplasia is also a differential.



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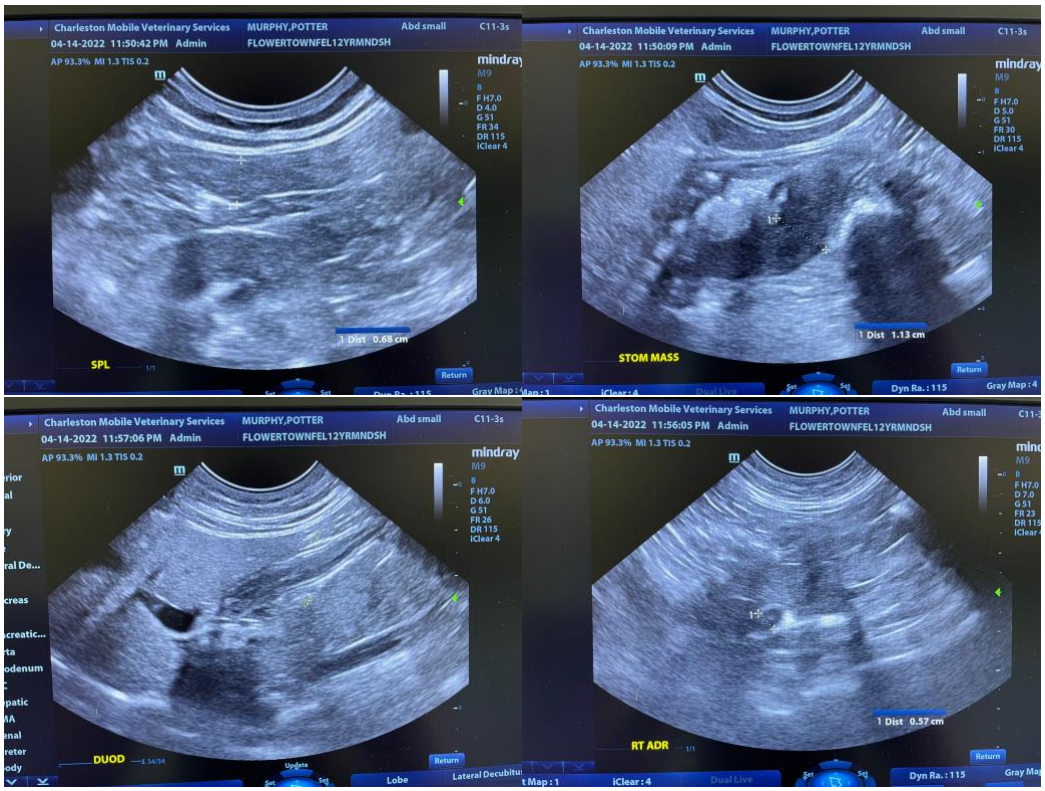
Secondary Findings

- Minor, chronic, age-related renal changes
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Consider fine-needle aspirates of the gastric wall and enlarged abdominal lymph nodes (if clotting status is appropriate). If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended.



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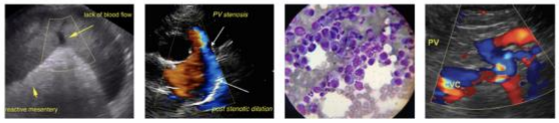

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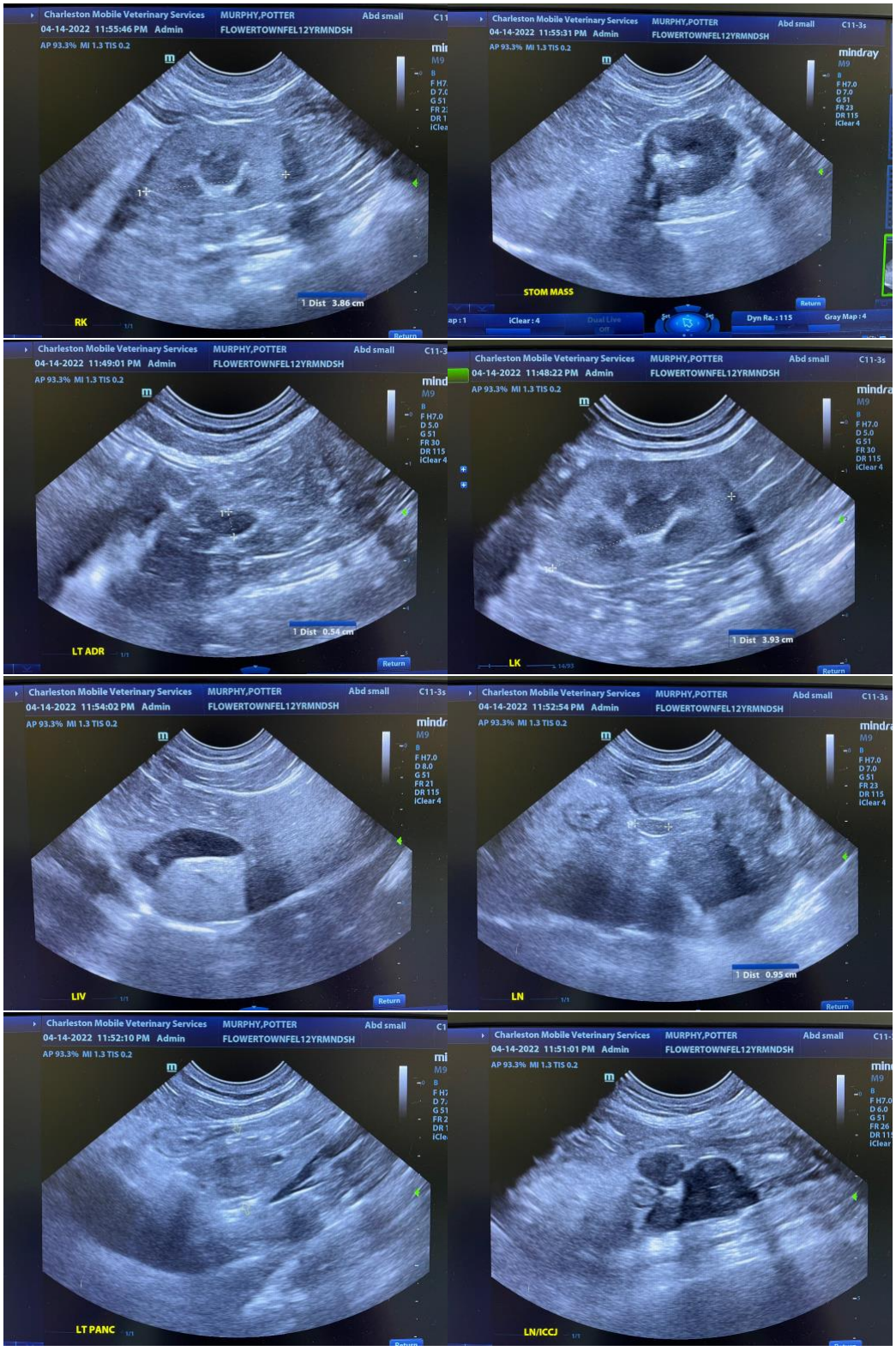

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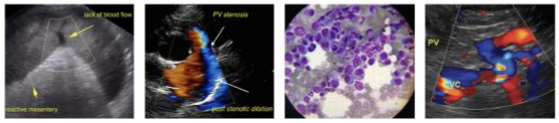

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com