


PATIENT PRESENTING CLINICAL SIGNS

Thunder Bosela History: Vomiting, decreased appetite and weight loss. Recently switched to Z/D and received Convenia injection

SPECIES Abnormal PE/Chem/CBC/UA Results: WBC: 26.4 TP: 6.2 L Alb: 2.2 L Ca: 8.8 L

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

BREED The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

DSH

SEX The left kidney is normal in size (3.65 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Neutered Male

AGE The right kidney is normal in size (3.83 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

10 years

Adrenal Glands

WEIGHT The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

10.6 lbs

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.80 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.

IMAGING PERFORMED BY

Dr Reyes

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.

HOSPITAL NAME

Mobile Vet
 Ultrasound

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
REFERRING VET

Dr Fine

The gastric lumen is mildly distended with ingesta. The majority of the gastric wall thickened (up to 1.29 cm), irregular and hypoechoic with a loss of the normal layering pattern. The mesentery effacing the serosal surface of the stomach is hyperechoic. The pyloric outflow tract appears 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 colonic wall is normal. There is no obvious evidence of an obstructive pattern.

INVOICE
Pancreas

12653 A portion of the pancreas is obscured by the gastric mass. In the visualized portions no obvious abnormalities are seen.

DATE

4.4.23

Free Abdomen

There is no obvious evidence of free fluid. A 1.51 cm hypoechoic lymph node is suspected in the right cranial quadrant. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

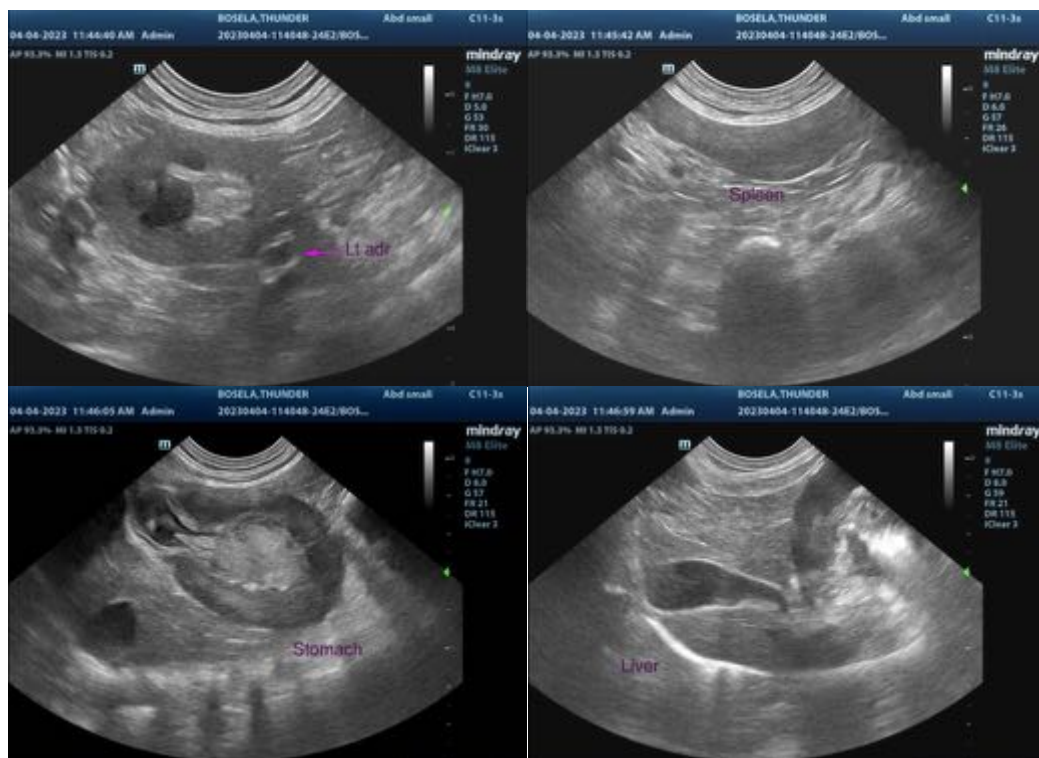
- Gastric wall mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process. Adjacent peritonitis is present. There is suspected regional lymphadenopathy, which may represent reactive change or infiltrative neoplasia.

Secondary Findings

- Mild bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the gastric wall is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, to further assess for maldigestion/malabsorption and underlying pancreatic disease.





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)
info@SonoPath.com