



PATIENT PRESENTING CLINICAL SIGNS

Lily Trimble History: Palpable mass in abdomen about 7.8x5cm or distended stomach felt. Decreased appetite, vomiting, licking walls. No current meds.
Abnormal PE/Chem/CBC/UA Results: Not done.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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. The region of the trigone and the visualized portion of the proximal urethra are normal.

SEX

Spayed Female

The left kidney is normal size (3.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

7 years

The right kidney is normal size (3.84 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

6.32 kg

Adrenal Glands

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

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.79 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

Crystal Hill

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

Westoak AH

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.

REFERRING VET

Dr. Kohlmaier

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is focally thickened (up to 1.62 cm) and irregular, with suspected loss of the normal layering pattern. 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 ileocecolic junction and colonic wall are normal. The colonic lumen contains hard, shadowing fecal material. There is no evidence of an obstructive pattern.

INVOICE

10852

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

DATE

5/4/22

Free Abdomen



PATIENT

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Lily Trimble

ULTRASONOGRAPHIC FINDINGS

SPECIES

Primary Findings

Feline

- Focal thickening of the gastric wall in the region of the fundus. Differentials include neoplasia (i.e., adenocarcinoma, round cell tumor) versus a focal inflammatory process versus hypertrophy.

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

- Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, to assess overall metabolic function.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Gastric wall biopsies, either via endoscopy or surgery can be considered to try to obtain a definitive diagnosis. Small intestinal biopsies should also be obtained with either procedure. A fine-needle aspiration of the thickened gastric wall can also be considered. However, due to the patient's size, the area may not be accessible for aspiration.

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REFERRING VET

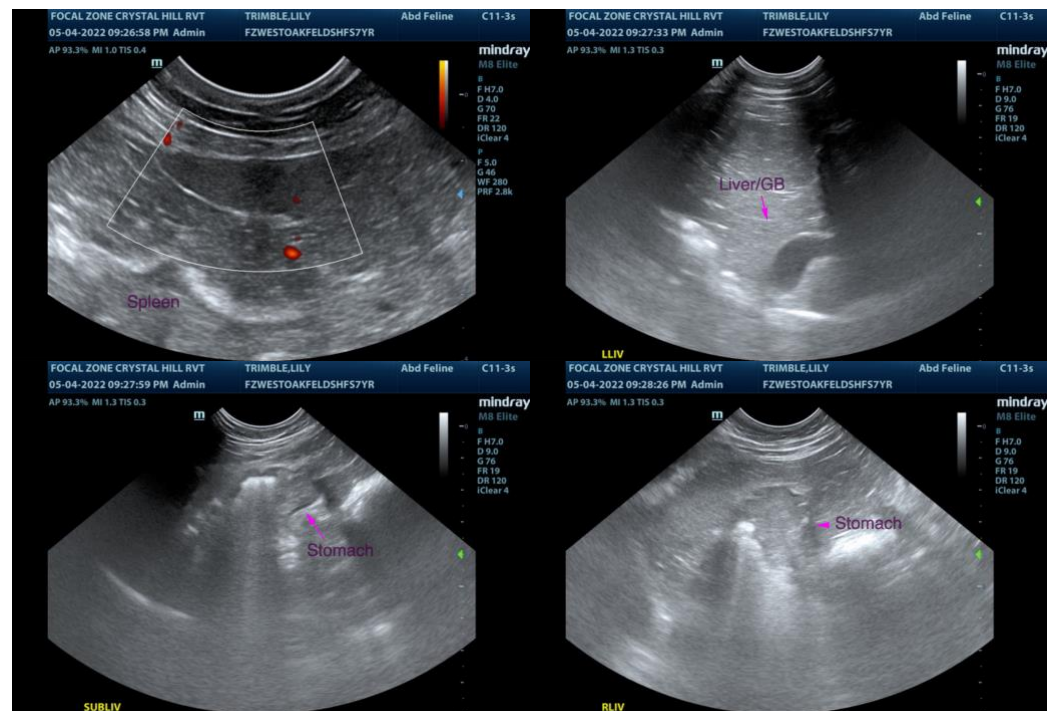
Dr. Kohlmaier

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PATIENT

Lily Trimble

SPECIES

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DSH

SEX

Spayed Female

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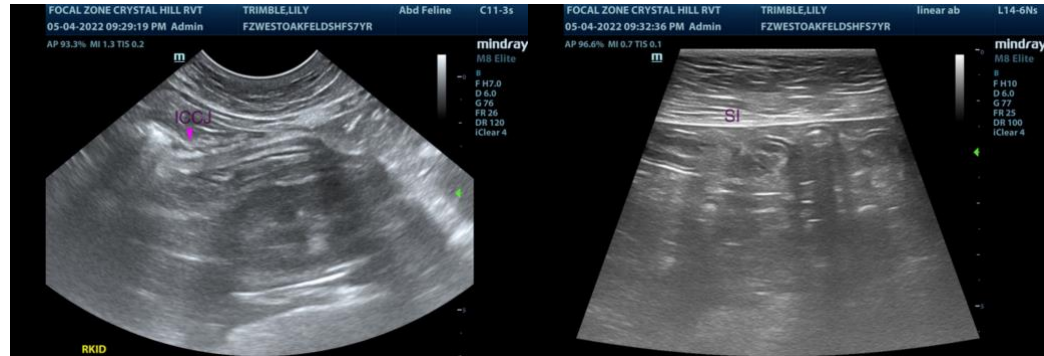
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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