



PATIENT

Maya Curtis

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

DATE

12/7/21

INVOICE

12674

PRESENTING CLINICAL SIGNS

History: weight loss, poor appetite, vomiting blood. Grade 2/6 SHM as well
Abnormal PE/Chem/CBC/UA Results: HCT 29.1% (172,000 Retic), WBC 19,670 (Neut 17,340), PLT 690,000, TP 7.8 (Alb 2.8 Glob 5.1) all other parameters wnl Radiographic Findings 2 images are available for review. Thorax: The cardiovascular structures are normal. There is a diffuse bronchial pattern (mild). The pleural space is normal. The mediastinal structures are normal. Abdomen: The stomach contains gas and homogeneous soft tissue. The small intestine is normal for size and contains homogeneous soft tissue and gas. The cecum and colon contain heterogeneous feces and gas. Feces widen the rectum and descending colon distally. The liver, spleen, kidneys, and urinary bladder are normal. The serosal detail is normal. Assessment: Gastroenterocolitis or aerophagia; infiltrative gastroenteropathy (inflammatory bowel disease, lymphoma) is also possible. Constipation (mild). Mild bronchitis; consider allergic/inflammatory/irritant, parasitic, or other infectious etiologies.

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. A moderate amount of aggregated echogenic suspended debris is observed within the lumen. 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 (4.15 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 hydroureter. Renal vasculature is normal.

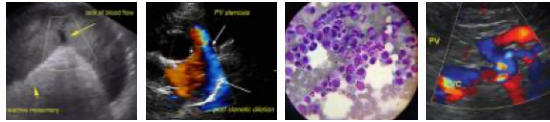
The right kidney is normal in size (4.22 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.80 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.28 cm length; 0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen



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The spleen is normal in size (0.54 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 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.

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Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. Within the fluid there are aggregations of echogenic material. The wall is moderately to severely thickened and irregular in some areas (up to 1.30 cm) with a loss of the normal layering pattern. In other areas, the wall is normal in thickness. Surrounding mesentery is hyperechoic. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

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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.

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Free Abdomen

There is no evidence of free fluid. 2-3 prominent lymph nodes are observed in the cranial abdomen, the largest measuring 1.40 cm in length.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastric wall changes are concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a severe inflammatory process cannot be completely excluded. Regional peritonitis and gastric ileus are present.

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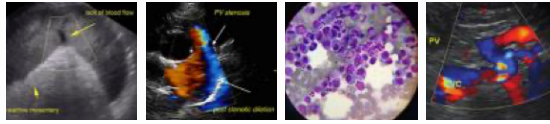
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- The prominent cranial abdominal lymph nodes may be secondary to infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings:

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- Minor age-related renal changes.
- Urinary bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the thickened gastric wall is recommended (if clotting status is appropriate).
- A thorough oral exam is also recommended to rule out a foreign body at the base of the tongue.
- Depending on the results of the above diagnostics, endoscopic or surgical gastric biopsies may be necessary to get a definitive diagnosis.

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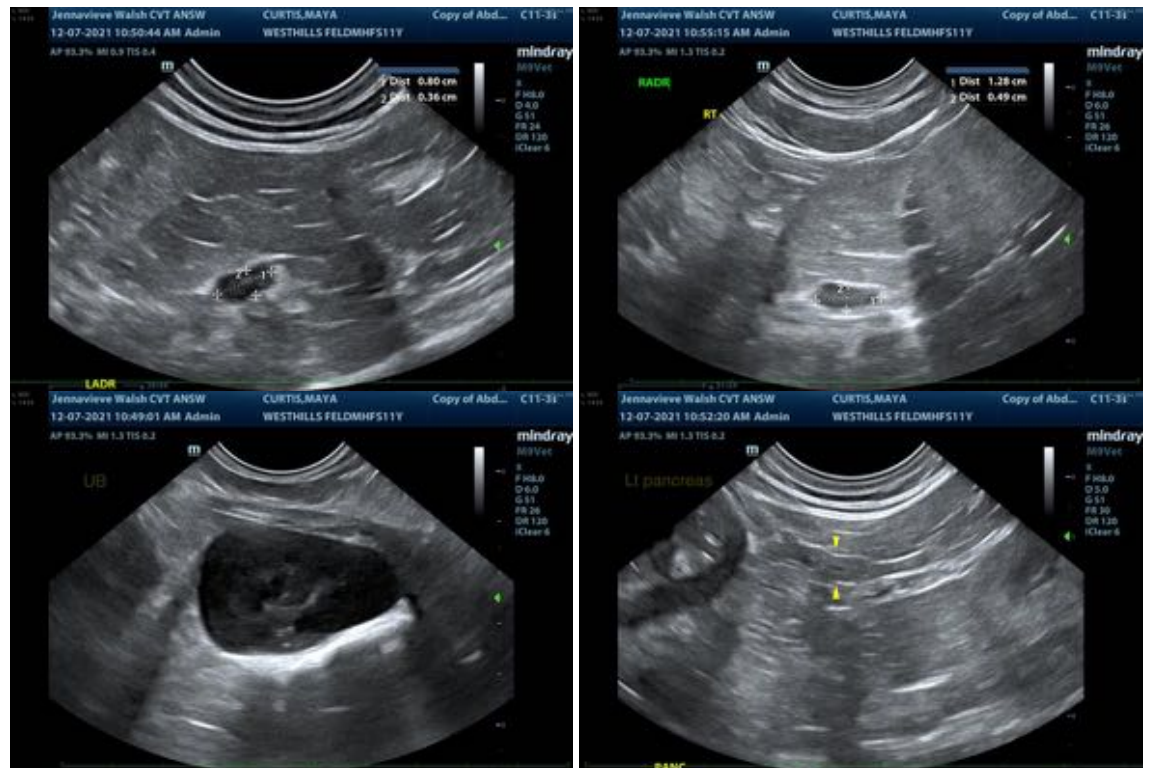
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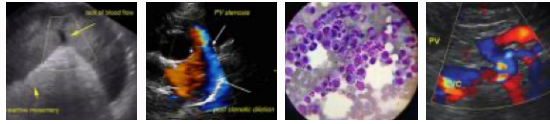
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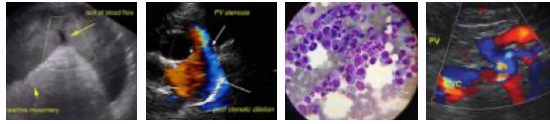
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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