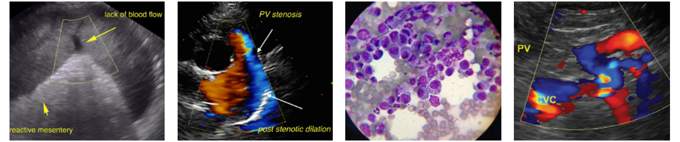


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bella Stockwell

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

14 years

WEIGHT

12.86 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. Silver

INVOICE

43499

DATE

3/27/23

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic vomiting. Current med: Cerenia.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4/FPLI: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 3.68 cm and the right kidney measured 3.58 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.94 cm in length x 0.31 cm at the caudal pole. The right adrenal gland was not definitively visualized but the vasculature in the area was within normal limits.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

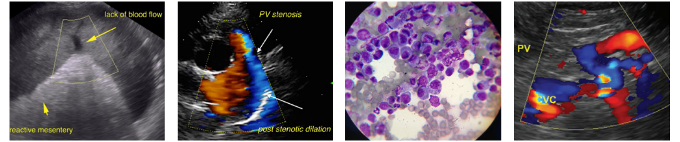
Liver

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. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains minimal luminal contents. The majority of the stomach measures at a normal thickness of with some variability due to the presence of rugal folds. The pylorus is prominent and thickened with blurring of wall layering.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

Solitary perigastric lymph node is prominent with normal echogenicity and maintenance of normal width to length ratio.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

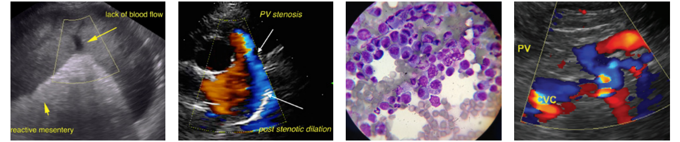
1. Thickened pylorus
2. Perigastric lymphadenopathy
3. Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pyloric thickening may represent hypertrophy from chronic vomiting, but given loss of wall layering and local lymphadenopathy, inflammatory or neoplastic infiltrative disease is a concern. Gastric biopsy is recommended to further define this change and rule out neoplastic mural disease. Endoscopic biopsy is less invasive but may miss lesions due to inability to sample more than top 1-2 layers of GI tract. Surgical biopsies are more likely to be diagnostic but are more invasive.

Lymphadenopathy with maintenance of normal structure is most suggestive of infectious lymphadenitis (bacterial, viral, protozoal or less likely fungal infection), reactive lymphadenitis (parasitism, migrating foreign body), or less likely infiltrative disease (lymphoma, MCT, other) among other things. Lymph node aspirate and culture is recommended to further define this change, though the location may be challenging for percutaneous aspiration. Serial imaging for monitoring for progression or resolution of lymphadenopathy is recommended.

Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.



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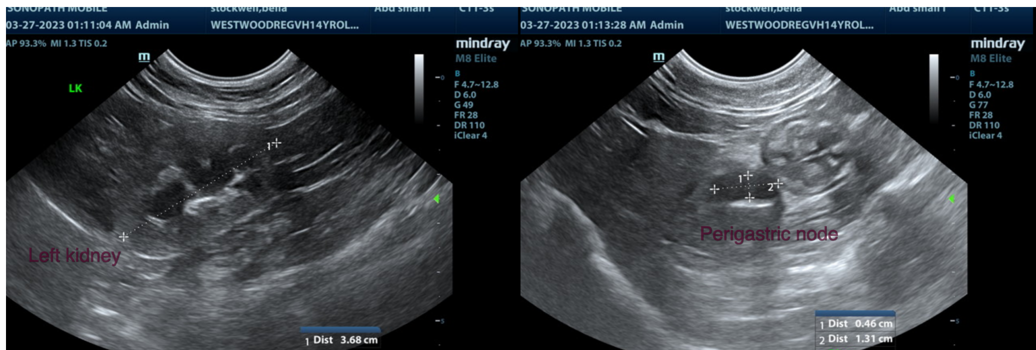

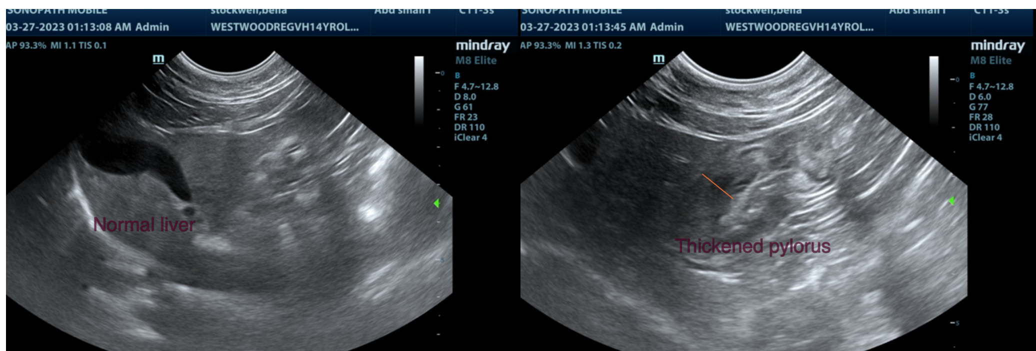

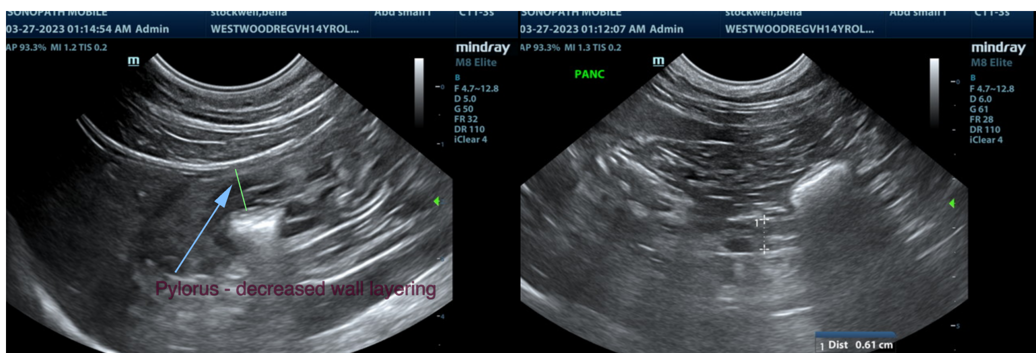

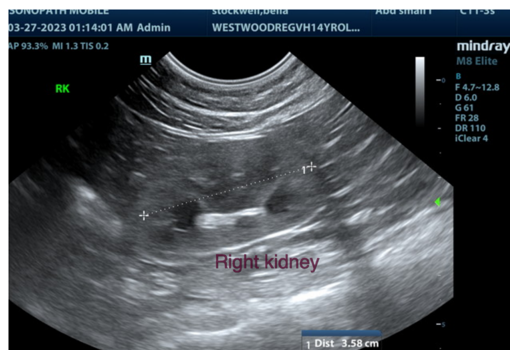

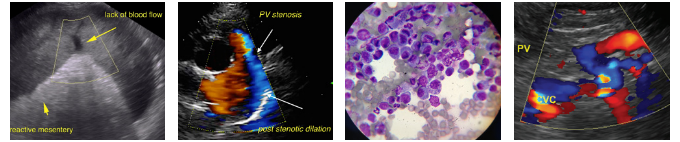

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com