

**PATIENT**

Kojnok Kojnok

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Loetitia-Saint Jacques,  
LVT, RVT

**HOSPITAL NAME**

Donner Truckee VH

**REFERRING VET**

Dr. Vannini

**INVOICE**

34273

**DATE**

1/15/22

**PRESENTING CLINICAL SIGNS**

Intermittent chronic vomiting and diarrhea. NSF on bloodwork. RAD REVIEW 1/11/2022: The cardiovascular structures are within normal limits for size and contour, with no evidence of individual chamber or pulmonary vessel enlargement. There is no evidence of pulmonary nodules or thoracic lymphadenopathy. The visible tracheal diameter is unremarkable. The cranial mediastinum and pleural space are unremarkable. The extra thoracic structures are unremarkable. A moderate amount of amorphous mineral is visible within the kidneys bilaterally. The stomach is mildly distended with gas and amorphous soft tissue or fluid. The large intestine contains a mild amount of fecal material and gas. The small intestines are diffusely unremarkable for size and content. The liver, spleen, and kidneys are within normal limits for size and contour. The urinary bladder is mildly distended and there is no evidence of sublumbar lymphadenopathy. Abdominal detail is good. Spondylosis deformans is seen at multiple sites in the vertebral column. Assessment: Unremarkable thorax with no evidence of metastases. Moderate bilateral renal calculi. Gastric content as described with no evidence of obstructive mechanical ileus. The exact nature of the visualized gastric content is not known, and may represent ingesta, foreign material, or a mixture of both. Consider controlled fasting and supportive care for 12 to 24 hours with repeat 3 view abdominal radiographs at that time to verify passage of this content and emptying of the gastrointestinal tract  
Abnormal PE/Chem/CBC/UA Results: sedated dex/torb

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.55 cm. The right kidney measured 4.55 cm.

**Adrenal Glands**

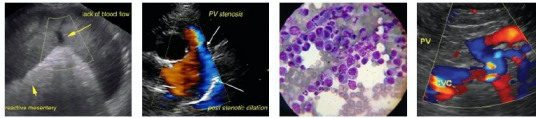
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.42 cm. The right adrenal gland measured 0.51 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with



**PATIENT**

Kojnok Kojnok

primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**SPECIES**

Feline

**Gastrointestinal**

**BREED**

DSH

The **gastric** wall revealed loss of mural detail. Wall thickness measured up to 0.85 cm. Regional inflammation noted. Regional lymph node enlargement noted at 1.5 cm. Some gastric stasis was noted. The gastric wall thickness was variable, non-resectable, and occupied the gastric fundus. The largest region in question measured approximately 2.0 cm x 1.5 cm. However, variable wall thickening noted throughout the stomach and pyloric outflow. The small intestine and colon were unremarkable.

**SEX**

Spayed Female

**Pancreas**

The **pancreas** was hypoechoic and mildly irregular. Dilated duct measured 0.23 cm.

**AGE**

9 Years

**ULTRASONOGRAPHIC FINDINGS**

- Gastric infiltrative pattern
- Minor inflammation extending to the pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full thickness biopsies likely necessary for definitive diagnosis with regional lymphadenopathy. Endoscopy may arrive at a definitive diagnosis. However, the majority of the pathology is intramural and may not be fully accessible by endoscopic means. Ultrasound guided FNA of the gastric wall thickenings could be considered. However, complete exfoliation may be difficult for a definitive diagnosis. Strongly suggestive for early lymphoma. Granulomatous gastritis possible, yet less likely.

**INTERPRETED BY**

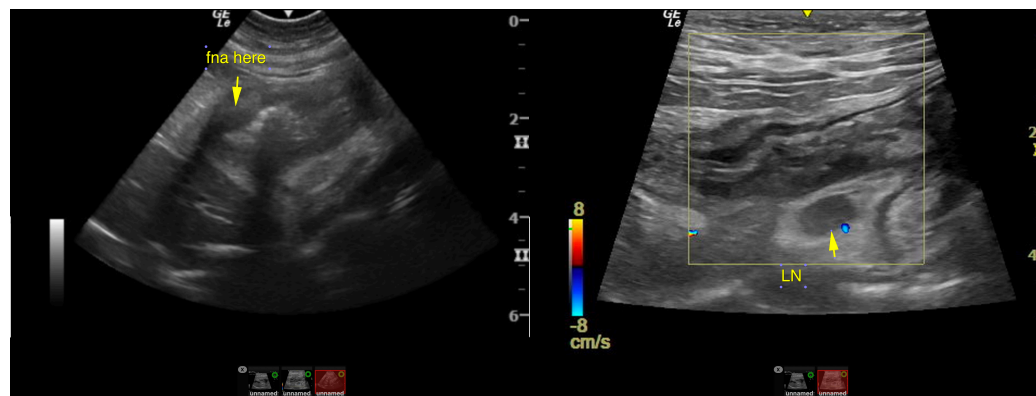
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Loetitia-Saint Jacques,  
LVT, RVT

**HOSPITAL NAME**

Donner Truckee VH



**REFERRING VET**

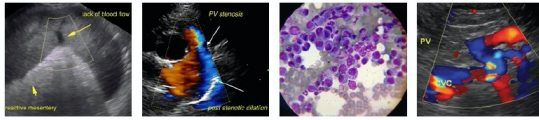
Dr. Vannini

**INVOICE**

34273

**DATE**

1/15/22



**PATIENT**

Kojnok Kojnok

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Loetitia-Saint Jacques,  
LVT, RVT

**HOSPITAL NAME**

Donner Truckee VH

**REFERRING VET**

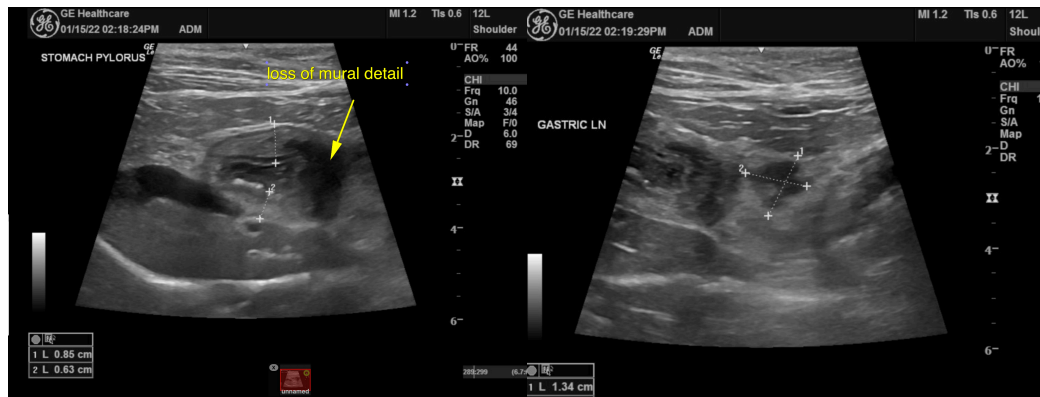
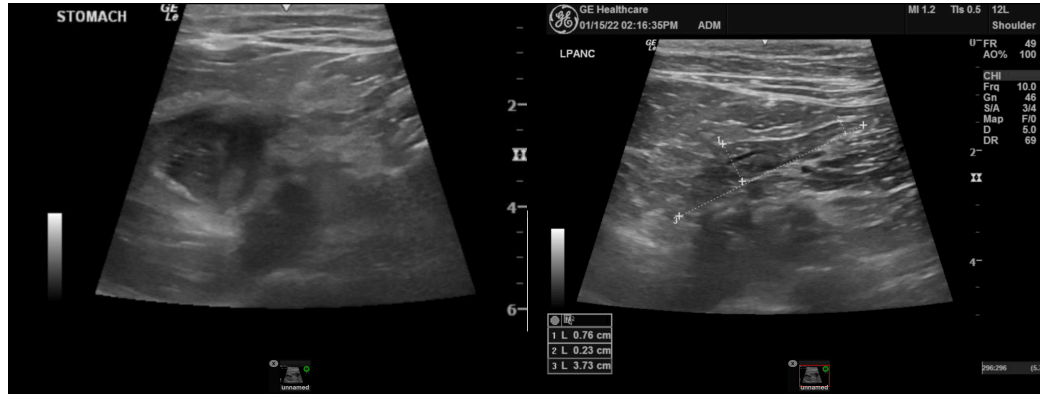
Dr. Vannini

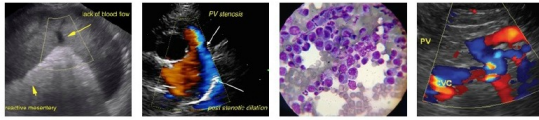
**INVOICE**

34273

**DATE**

1/15/22





**PATIENT**

Kojnok Kojnok

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Loetitia-Saint Jacques,  
LVT, RVT

**HOSPITAL NAME**

Donner Truckee VH

**REFERRING VET**

Dr. Vannini

**INVOICE**

34273

**DATE**

1/15/22