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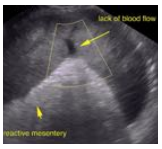
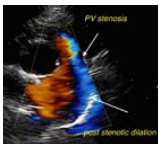
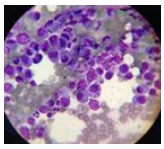
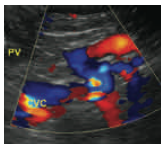

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1-800-838-4268 info@sonopath.com

PATIENT
George Tusko

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
6 years

WEIGHT
3.9 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Woodside

HOSPITAL NAME
Sherwood Family Pet Clinic

REFERRING VET
Dr. Rudie

INVOICE
92492

DATE
10/19/21

PRESENTING CLINICAL SIGNS

History: Presented for intermittent vomiting of undetermined duration, though not acute. Bloodwork and supportive treatments on 10/13/2021. Returned 10/19 for anorexia. Weight loss of 2.2# since previous visit in Dec 2018.
Abnormal PE/Chem/CBC/UA Results: Thin body condition; 6% dehydrated; FORL 307 and 407; TP 5.0 g/dL 6.3 - 8.8 ALB 2.4 g/dL 2.6 - 3.9 GLOB 2.6 g/dL 3.0 - 5.9 TRIG 111 mg/dL 20 - 90 USG 1.062, pH 7.5, 2+ struvite crystals, 2+ protein (UPC within normal)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a large calculus and minor, uniform thickening. The calculus measured approximately 0.7 cm. Enhanced mesentery was noted around the urinary bladder with suspended debris.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.92 cm. The left kidney measured 3.5 cm with slight pyelectasia.

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 0.5 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 was 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 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.

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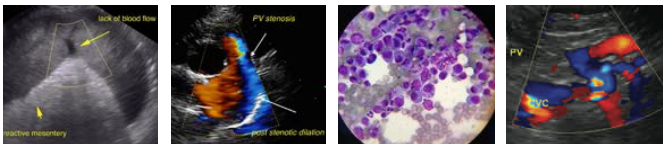

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Gastrointestinal

The **gastric** revealed concentric thickening with some loss of detail up to 1.5 cm. The upper duodenum was also thickened in this patient. Regional inflammation was noted. The cranial abdominal lymph node was mildly enlarged and reactive measuring 0.5 cm. The epigastric lymph node was enlarged, rounded and hypoechoic.

Pancreas

The **pancreas** presented mild, heterogenous, hypoechoic parenchymal changes adjacent to the gastric pathology. Secondary pancreatic inflammation is likely.

ULTRASONOGRAPHIC FINDINGS

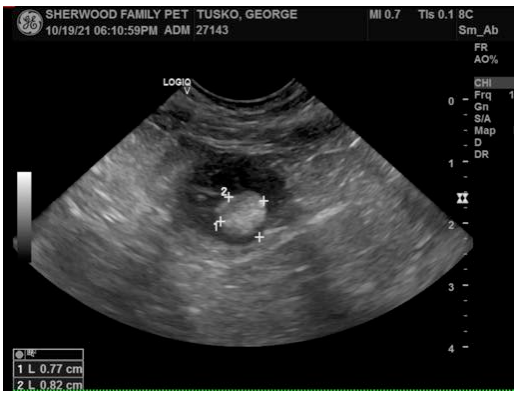
Gastric infiltrative pattern with regional inflammation and secondary pancreatitis.

Regional lymphadenopathy.

Concurrent bladder calculus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for gastric lymphoma in this patient. Granulomatous disease is possible. Ultrasound-guided FNA is warranted or better yet full thickness gastric and lymph node biopsies in case FNA is not adequately diagnostic. A cystotomy can be performed at the time of gastric biopsies. Very guarded prognosis. The gastric infiltrative pattern is non-resectable. Regional lymphadenopathy would suggest regional spread. If neoplastic; however, granulomatous disease can cause this type of presentation and meet neoplastic criteria from a sonographic standpoint.



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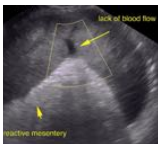
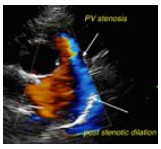
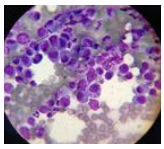
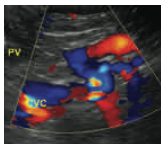

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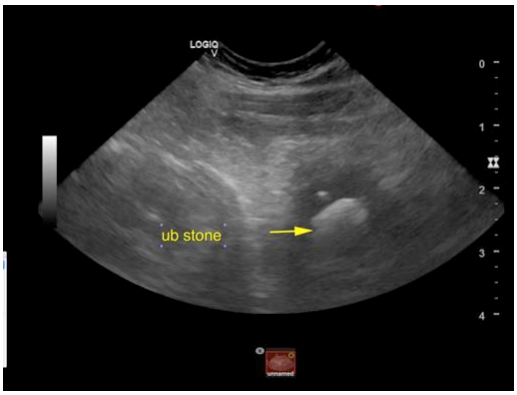

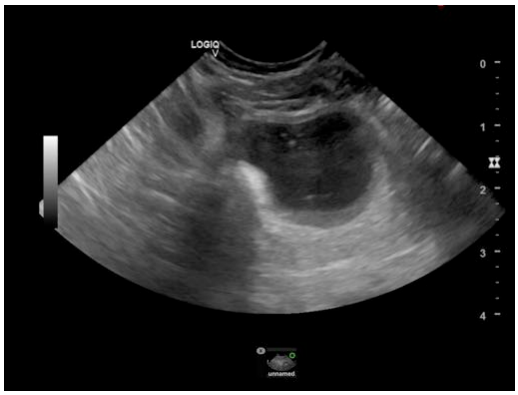

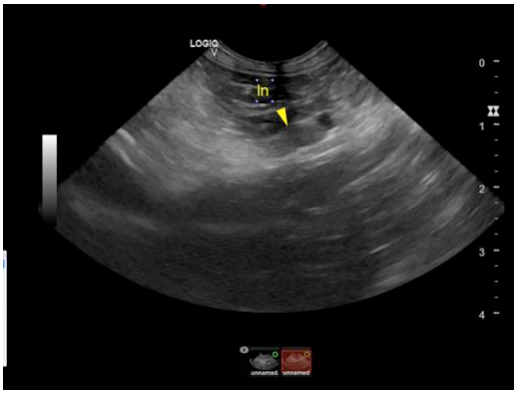

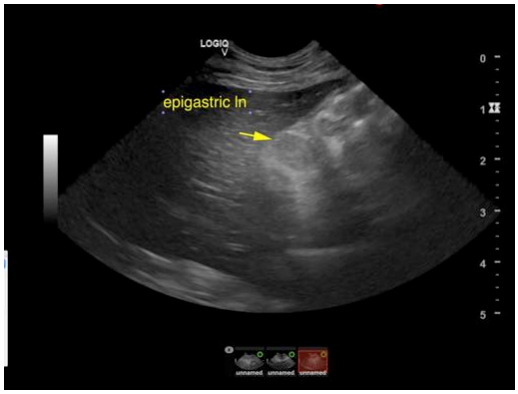

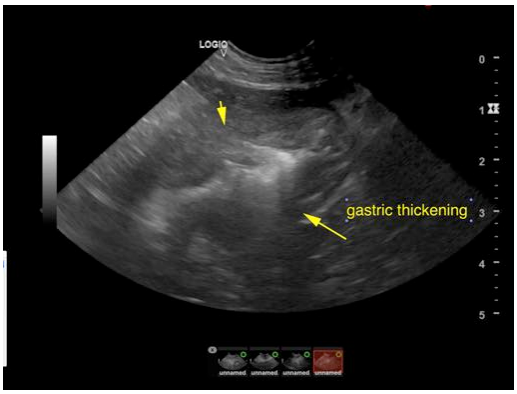

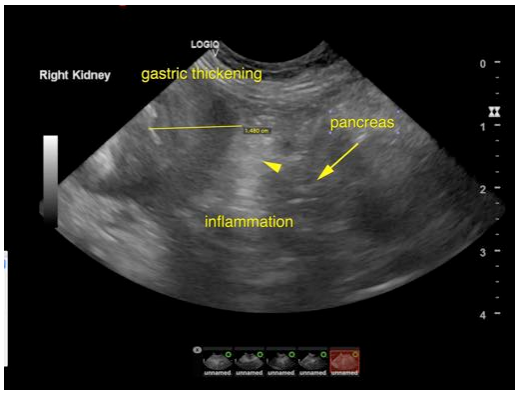

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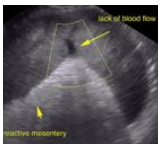
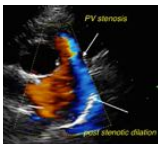
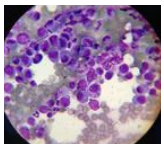
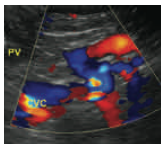

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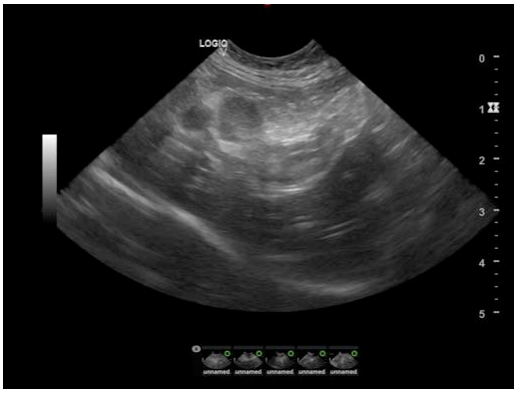

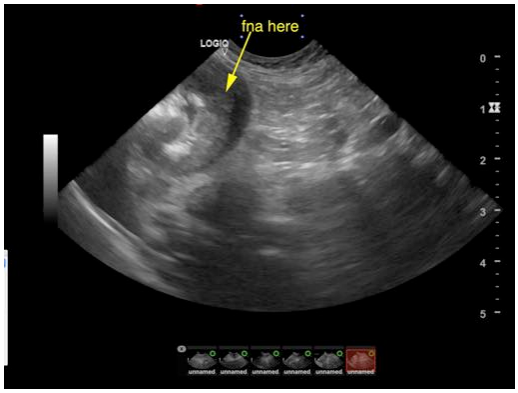

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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