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Clinical Sonography & Telecytology
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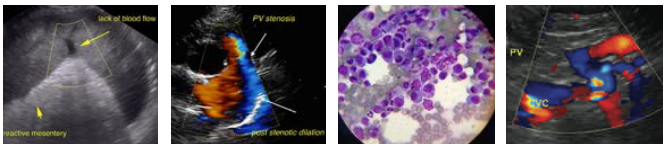

PATIENT

Rafa Meskey

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 years

WEIGHT

7.1 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Reese

INVOICE

92706

DATE

10/27/21

PRESENTING CLINICAL SIGNS

History: Several month history of occasional vomiting episodes. Responded initially to diet change and laxative. Increase in vomiting with 1 lb weight loss in last 3 weeks.
Abnormal PE/Chem/CBC/UA Results: No significant changes on full bloodwork panel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.1 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 0.28 cm. The right adrenal gland measured 0.28 cm with slight mineralization.

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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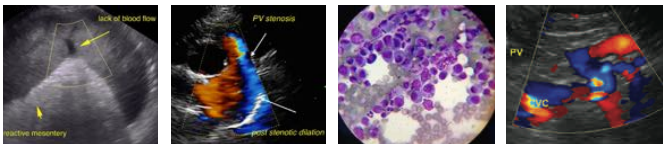

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Gastrointestinal

The **gastric** fundus revealed a hypoechoic fundic thickening that measured approximately 2.0 x 1.5 cm. This appeared to be deriving from the mucosa and appeared to be localized to the greater curvature in the gastric fundus. Regional inflammatory pattern was noted around the gastric thickening. The pylorus appeared free of evident pathology. Regional lymph nodes were enlarged as well.

Pancreas

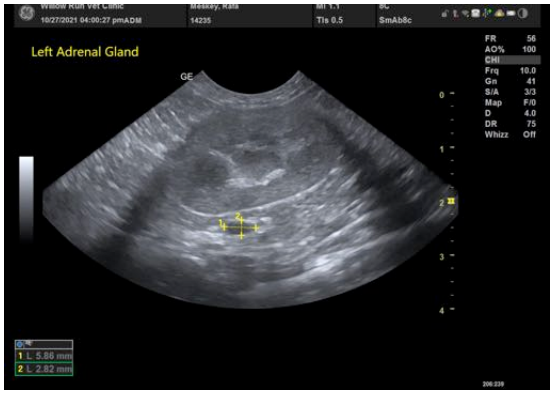
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

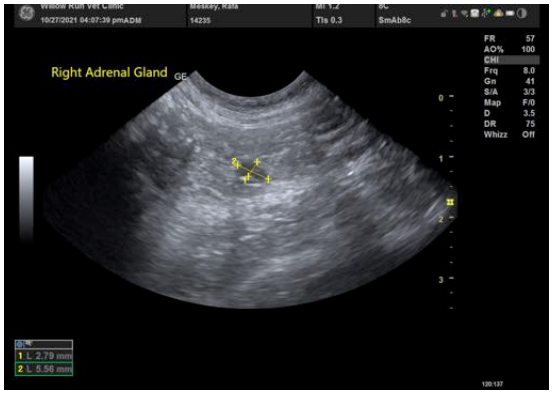
ULTRASONOGRAPHIC FINDINGS

Gastric fundic thickening with regional lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for gastric neoplasia/lymphoma with lymph node spread. Chronic gastritis with lymphadenitis is possible, yet less likely. Full thickness gastric and lymph node biopsies are recommended. Endoscopy can be considered; however, it may not provide deep enough biopsies to obtain a definitive diagnosis. The thickening approaches the gastroesophageal inlet. The prognosis is guarded depending on histopathology results.





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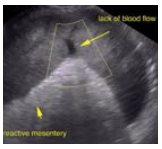
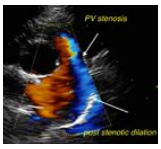
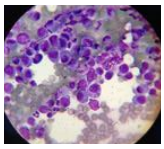
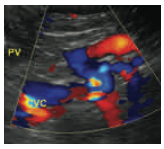

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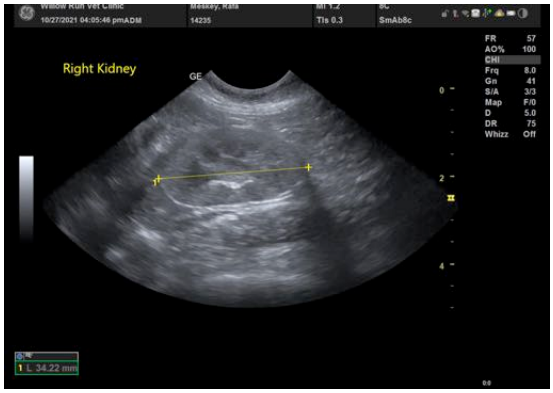

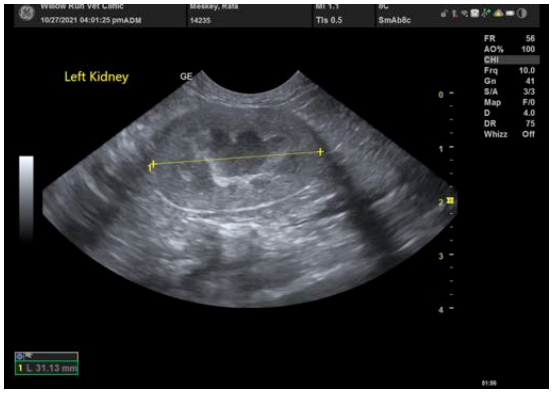

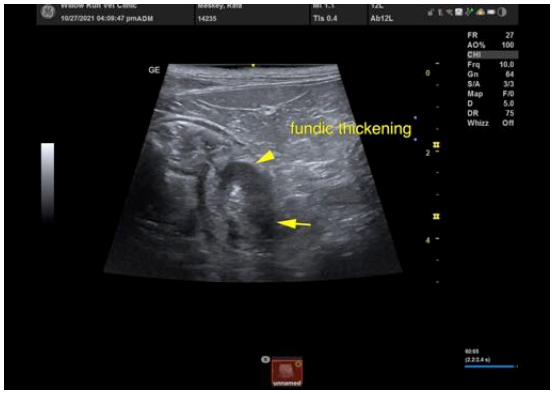

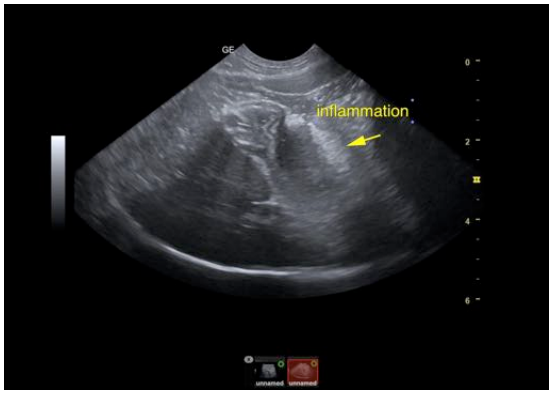

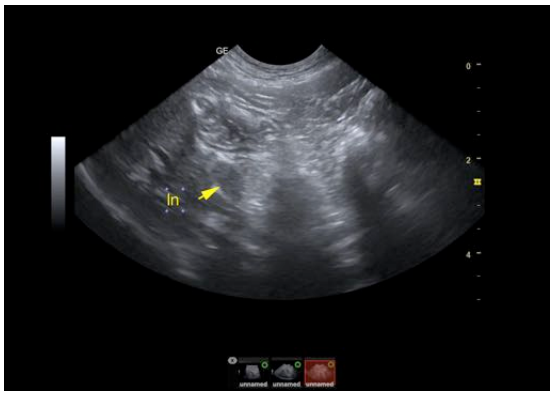

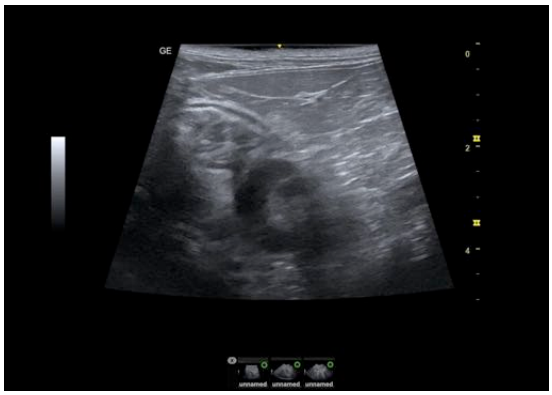

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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