



PATIENT

Misty Midnight
McInnis Misenor

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

7.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

17945

DATE

10/28/22

PRESENTING CLINICAL SIGNS

History: Ravenous appetite and weight loss. Has lost an additional 1.3 lbs since last last visit on 10/10/22. Had 1 TB of wet food this am, dinner last night at 7:30pm.

Abnormal PE/Chem/CBC/UA Results:Rads: WNL BW: WNL, T-4 3.5, high normal. USG 1.038, normal otherwise.

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 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 right kidney measured 3.66 cm. The left kidney measured 3.57 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 0.44 cm. The right adrenal gland measured 0.46 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. The spleen measured 0.91 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder calculi noted, nonobstructive, a grouping of which measured 1.03 cm. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed shadowing material, measuring up to 1.5 cm – 2.0 cm in the gastric fundus. The gastric fundus revealed wall thickening, measuring up to 1.4 cm with positive power doppler assessment. The pylorus revealed chyme presence. Curvilinear patterns were largely maintained;



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however, epithelial proliferation is likely. Some loss of mural detail was noted in the submucosal layering. Areas of mineralization are present, suggestive for possible carcinoma.

Pancreas

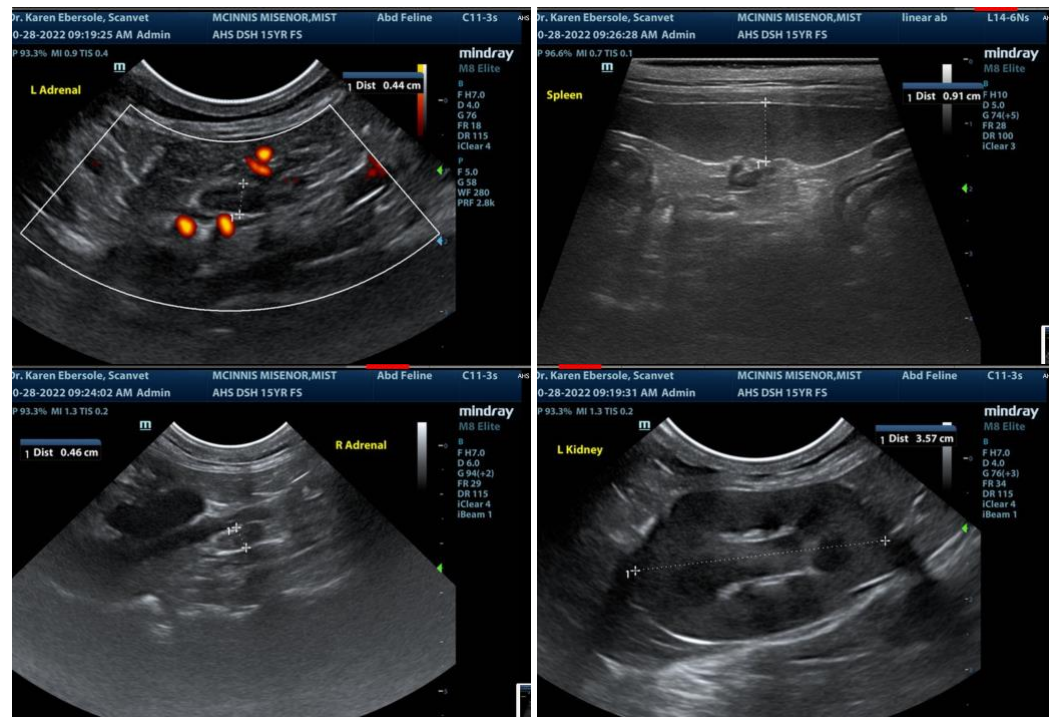
Minor heterogenous **pancreatic** changes noted in the left limb. No evidence of active inflammation. The right base of the pancreas revealed an anechoic 2.1 cm x 1.6 cm cyst, subjectively benign.

ULTRASONOGRAPHIC FINDINGS

- Shadowing gastric material with thickened irregular gastric fundic epithelial proliferation. Potential for carcinoma. This is possibly resectable.
- Heterogenous left limb of the pancreas with an anechoic cyst in the right base of the pancreas (subjectively benign).
- Age-related hepatic changes with gallbladder calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery in this patient to evacuate the stomach and obtain full thickness gastric biopsies or attempt at resection of the gastric thickening. Drainage of the pancreatic cyst could also be considered at the time of surgery. Otherwise, endoscopy could also be considered, however, it would likely be difficult to retrieve the gastric fundic material. There is a possibility that the gastric presentation could be completely unrelated to the weight loss. Malassimilation of nutrients should be considered.





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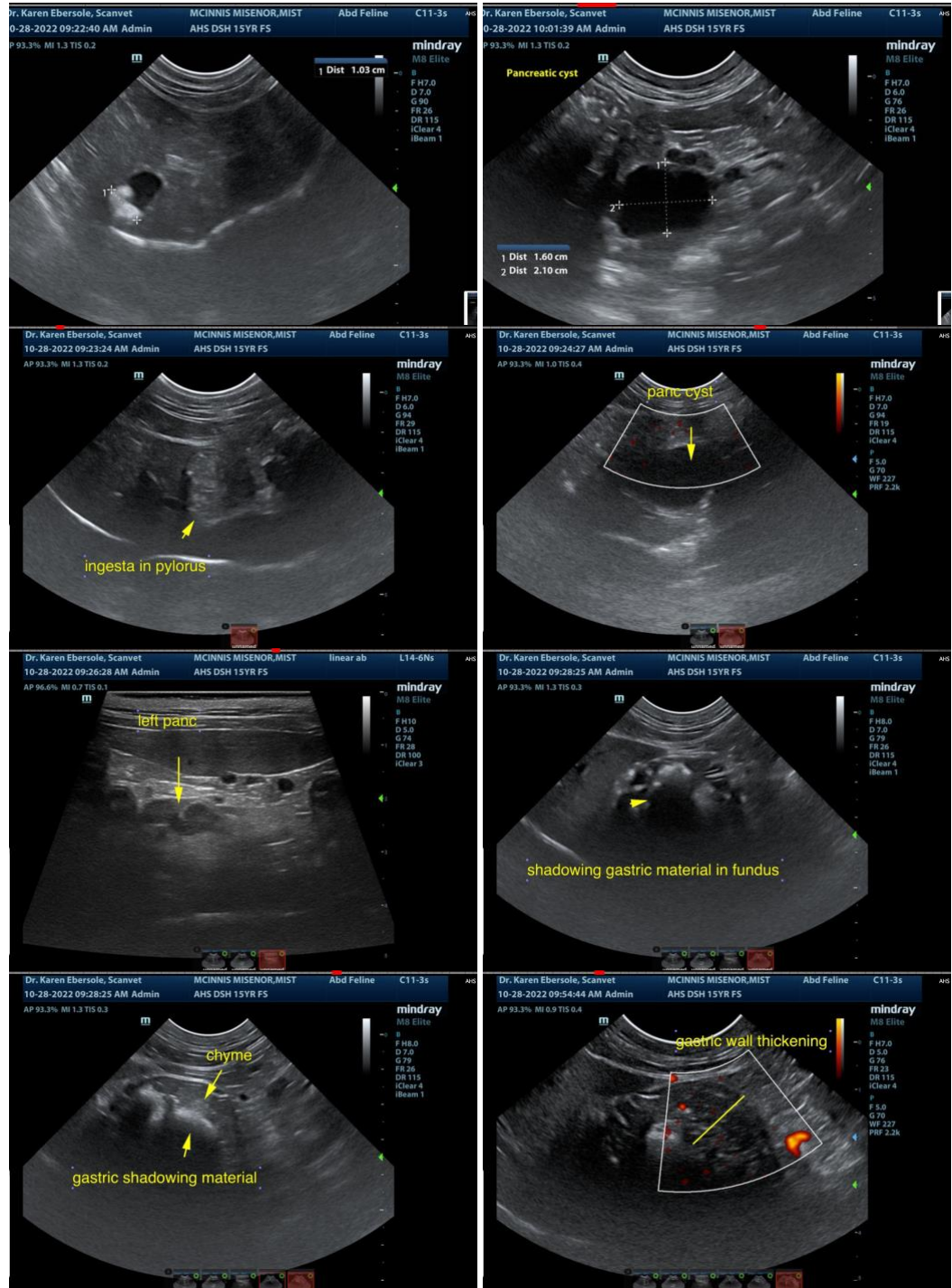
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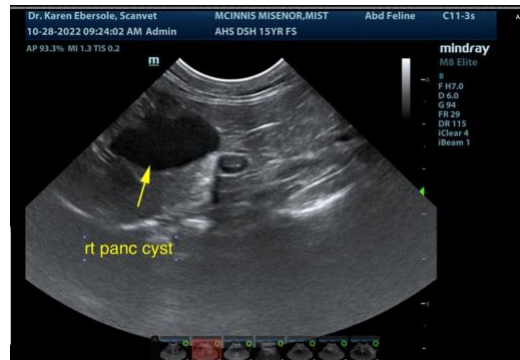
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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