**DATE**

11/29/22

**PRESENTING CLINICAL SIGNS**

Presenting Complaint: Lethargic. Weight Loss

History: Date: 11-27-2022 Notes: Hasn't been eating and is losing weight - went from 12# to 7# Hasn't been eating for around a few weeks - currently will only eat a few bites of food but mainly treats - not eating his normal diet Used to vomit more often then he does currently No real diarrhea - has been solid. Has been urinating.

**PATIENT**

Butter Yan

Rdvm bw 11/23: Amy 1822, Wbc 30.1, Neu 27692, Rbc 5.8, Hct 26

Assesment: Weight loss. Hyporexia

Current Medications: Gabapentin Tablets 25mg, Omeprazole 10 mg, Maropitant Citrate (Cerenia) 10mg/mL

**SPECIES**

Feline

Solution, Buprenorphine 0.6mg/mL

Lab Results: Attached.

Date of Previous IntraPet Ultrasound: No previous.

**BREED**

Domestic Longhair

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX**

Neutered male

**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 was noted. Ureteral papillae were normal.

**AGE**

2005

The left **kidney** measured 3.56 cm with slight pyelectasia, irregular contour and cortical infarcts. The right kidney revealed multi-focal, hypoechoic nodules that measured up to 1.38 cm with areas of cortical collapse and slight subcapsular halo and pyelectasia. The right kidney measured 3.43 cm.

**WEIGHT**

7 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 right adrenal gland measured 0.49 cm.

**HOSPITAL NAME**Animal Emergency  
Hospital**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**REFERRING VET**

Dr. Nacke-Horney

**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.

**INVOICE**

42772

**Gastrointestinal**

The **stomach** in this patient revealed a concentric mass with wall thickness that measured up to 1.27 cm with loss of structural detail and an annular pattern with mural nodules in other portions of the gastric wall. Regional inflammation was noted. The small intestines and colon were unremarkable. Slight lymphadenopathy was noted.

## Pancreas

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

## ULTRASONOGRAPHIC FINDINGS

Concentric gastric mass, strongly concerning for round cell neoplasia.

Slight lymphadenopathy and regional inflammation.

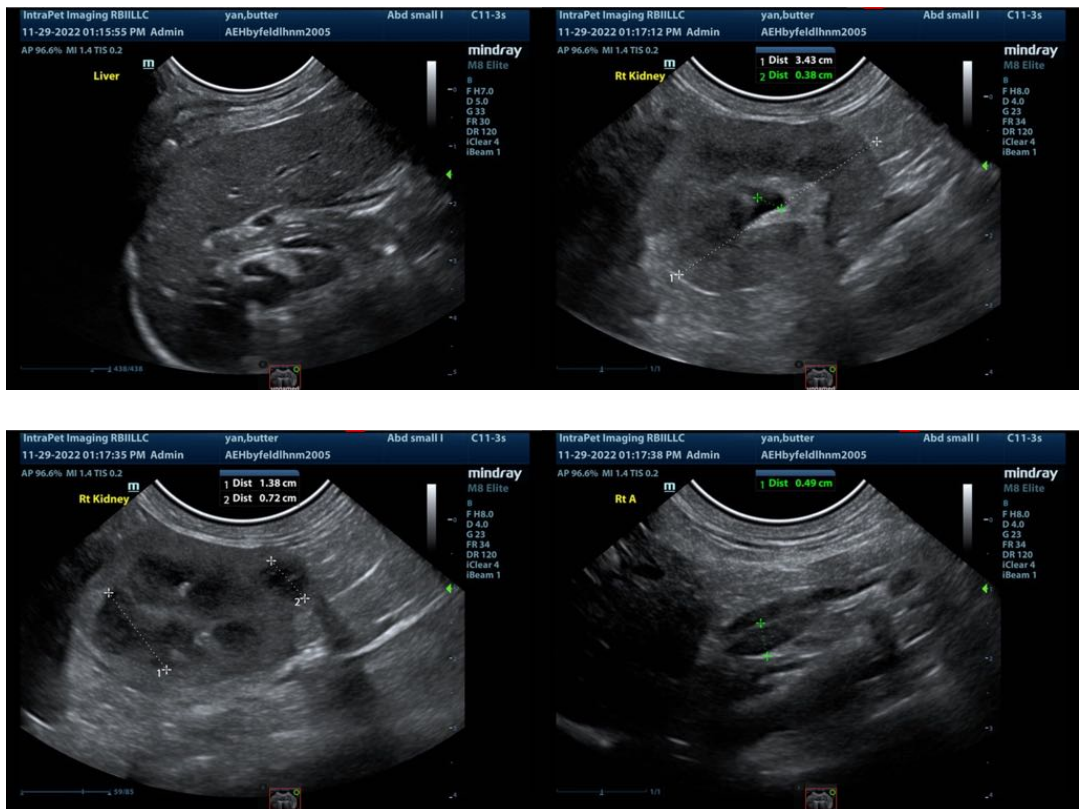
Multi-focal, hypoechoic right renal nodule with Cortical collapse, subcapsular halo and pyelectasia.

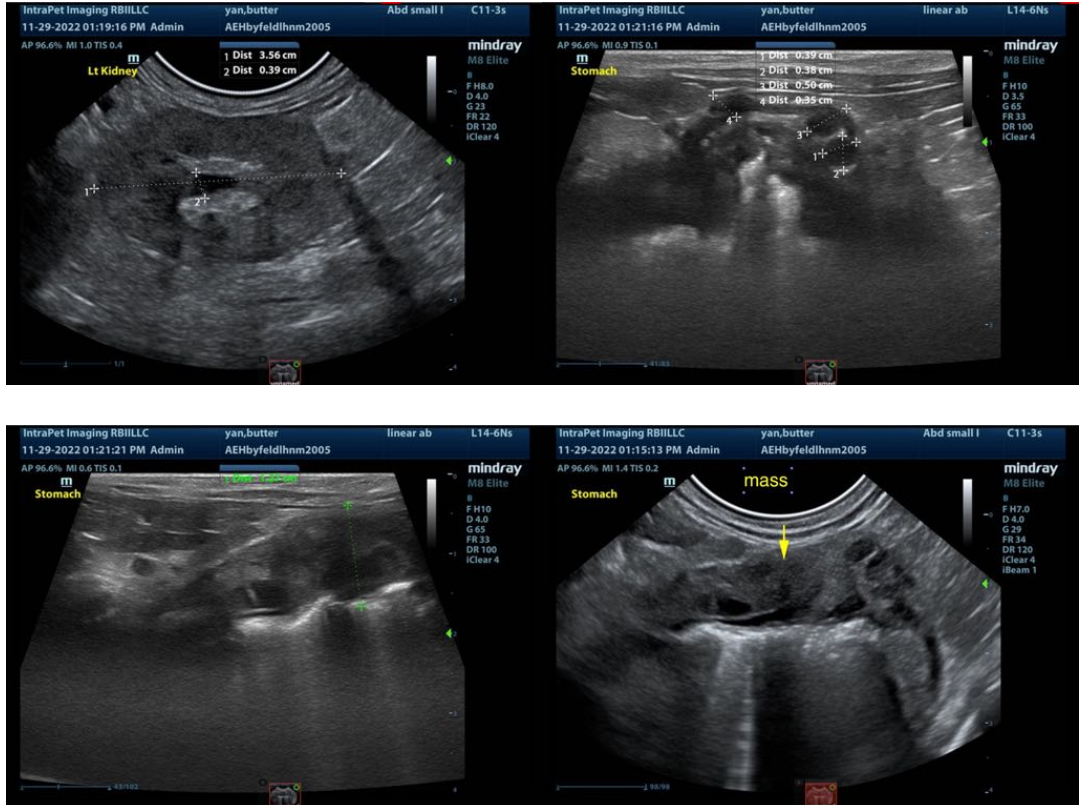
Left renal irregular contour and cortices with pyelectasia.

Possible renal involvement, particularly the right kidney.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the gastric wall and right kidney is indicated. This is not a surgical prestaton. The prognosis is guarded to poor. Round cell neoplasia/lymphoma versus carcinoma (less likely) or granulomatous disease (less likely).





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**  
Eric.Lindquist@SonoPath.com