



**PATIENT**

Manny Gardner

**PRESENTING CLINICAL SIGNS**

Chronic intermittent vomiting for 10 months, worse in last month, weight loss. Vomiting recently responded to diet change i/d and omeprazole in last 3 days. CBC/chem wnl

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Domestic Shorthair

**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.

**SEX**

Neutered male

**AGE**

9 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 3.2 cm each.

**WEIGHT**

6 kg

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Anna Wepprich

**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.

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. 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.

**INVOICE**

95756

**DATE**

2/1/22



**PATIENT**

**Gastrointestinal**

Manny Gardner

The **stomach** in this patient revealed a 1.0 x 0.5 cm hypoechoic cranial pyloric lesion with loss of mural detail. This meets neoplastic criteria. Enhanced surrounding mesentery was noted. The mesenteric lymph nodes were reactive and measured 1.5 x 0.5 cm. Pericapsular inflammatory pattern was noted.

**SPECIES**

Feline

**Pancreas**

**BREED**

Domestic Shorthair

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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 years

Geriatric abdomen with mesenteric lymphadenopathy and focal pyloric thickening.

Age related hepatic changes.

**WEIGHT**

6 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

There is a strong concern for emerging neoplasia. Full thickness cranial pyloric and mesenteric lymph node biopsies are strongly recommended in this patient as this may represent early lymphoma or other round cell neoplasia that would be theoretically contained with proper chemotherapy at this point. Endoscopy may prove for a definitive diagnosis. However, this may not enter into the wall of the pyloric outflow adequately for adequate sample to be assessed.

**IMAGING PERFORMED BY**

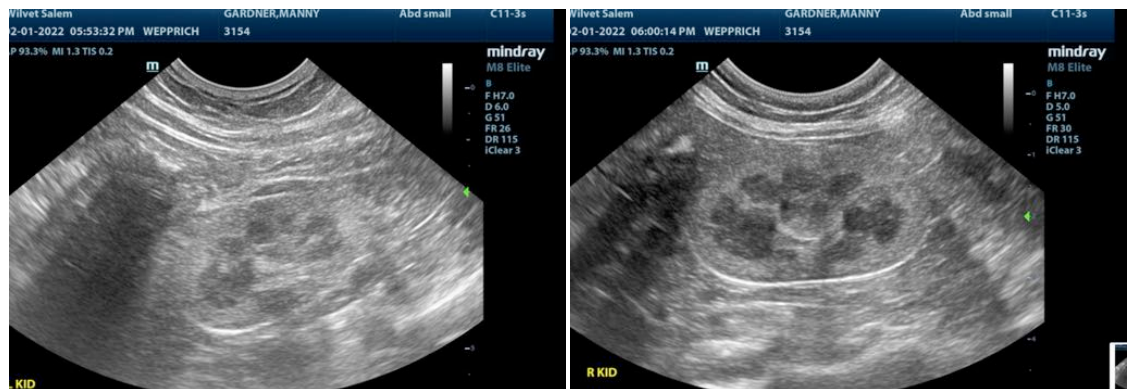
Anna Wepprich

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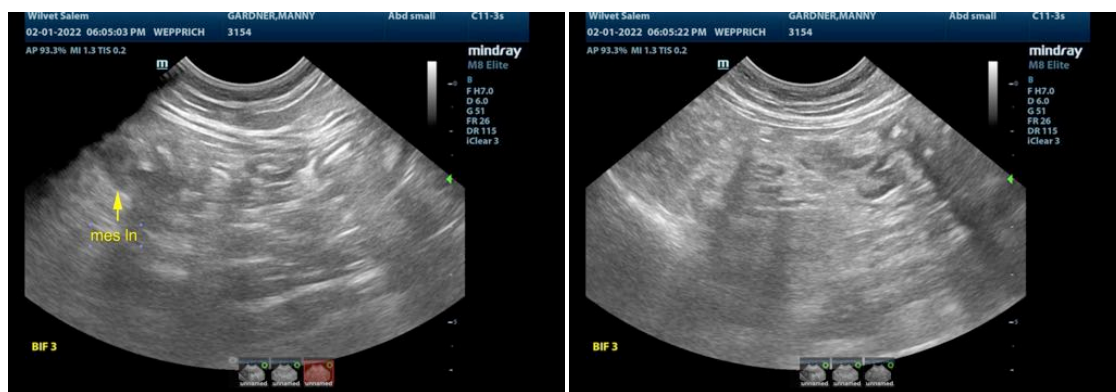
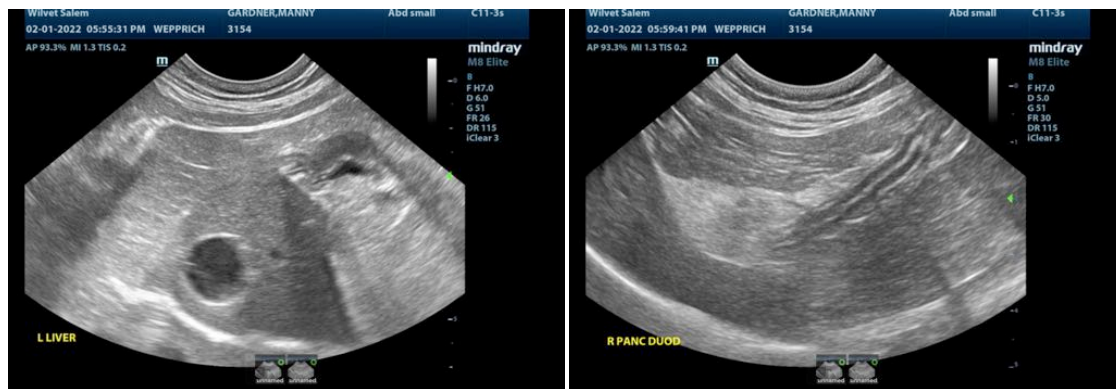
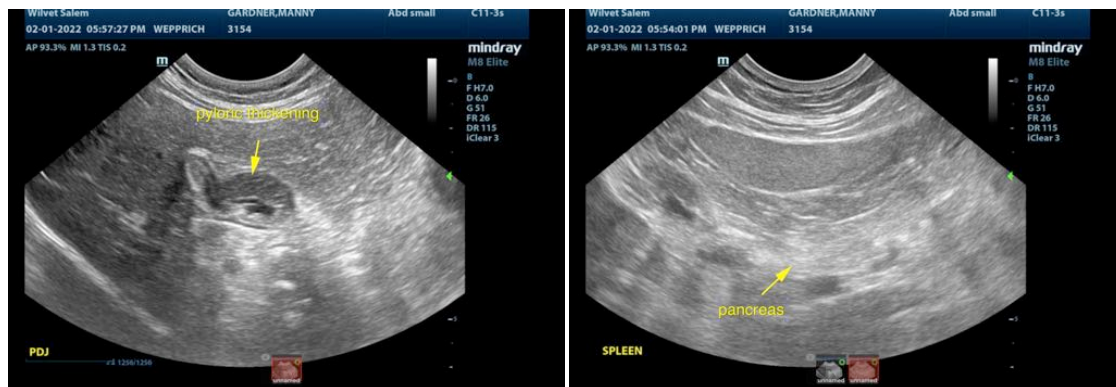
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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