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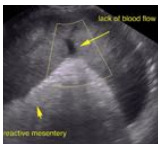

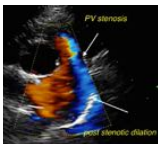

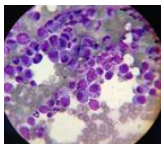
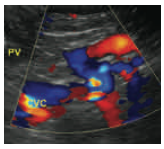

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1-800-838-4268 info@sonopath.com

PATIENT
Abe Martin

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
16 years

WEIGHT
5.5 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dave Stasiuk

HOSPITAL NAME
Resolution Veterinary Ultrasound

REFERRING VET
Montgomery Village VC

INVOICE
97808

DATE
3/25/22

PRESENTING CLINICAL SIGNS

History: Daily vomiting. Elevated GGT. Increased SDMA. Normal AXR's.

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.

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 right kidney measured 3.79 cm. The left kidney measured 3.97 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 right adrenal gland measured 0.33 cm. The left adrenal gland measured 0.28 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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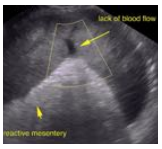
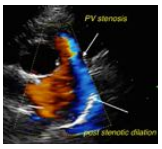
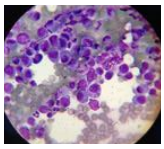
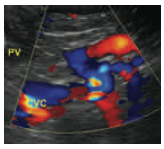

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Gastrointestinal

The **gastric** wall revealed a focal, hypoechoic thickening that measured 0.8 cm with loss of structural detail. A minor amount of ingesta was noted in the stomach. The small intestine and colon were unremarkable. The epigastric lymph node was enlarged and measured 0.96 x 0.79 cm.

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

Focal gastric thickening with epigastric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA is warranted of the lymph node and gastric wall thickening. Resection of the gastric wall thickening can be considered as it is a focal thickening at the cranial aspect of the mid liver. Given the epigastric lymphadenopathy local spread of presumed neoplasia such as lymphoma is suspected. There is a potential for granulomatous gastritis and lymphadenitis. Ultrasound-guided FNA of the epigastric lymph node and gastric wall would be ideal as a screening procedure. PCR or PARR evaluation may be necessary for a definitive diagnosis.

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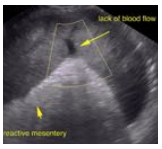
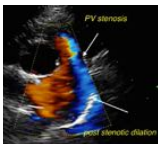
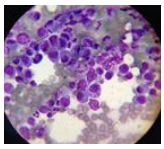
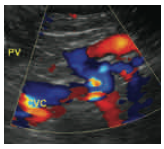

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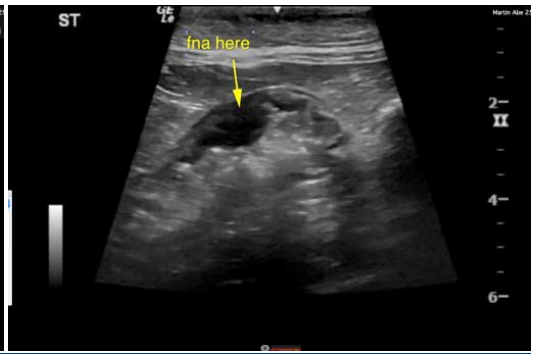

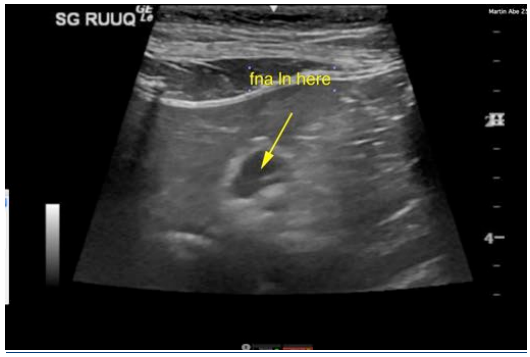

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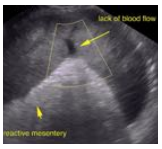

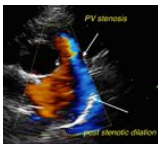

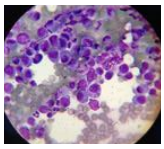
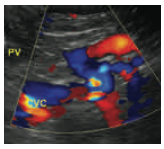

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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