

**DATE PRESENTING CLINICAL SIGNS**

5/1/23 History: 1lb weight loss past 6 months with sporadic appetite. Littermate died from suspected cardiomyopathy.

PATIENT

Reese Cosby Current Medications: None.

Lab Results: 10/4/22 >CPK 793.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Feline Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****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.

Spayed Female

AGE

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 3.36 cm. The left kidney measured 3.29 cm.

6/21/2019

WEIGHT

8.5 Pounds

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Alexander AH

Liver

The **liver** revealed slight increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Alexander

Gastrointestinal

The **gastric wall** was thickened in this patient, primarily in the gastric fundus and entering into the gastroesophageal inlet. The thickening was concentric and not resectable. The small intestine and colon were unremarkable. Intestinal wall thickness measured up to 0.22 cm.

INVOICE

22285

Pancreas

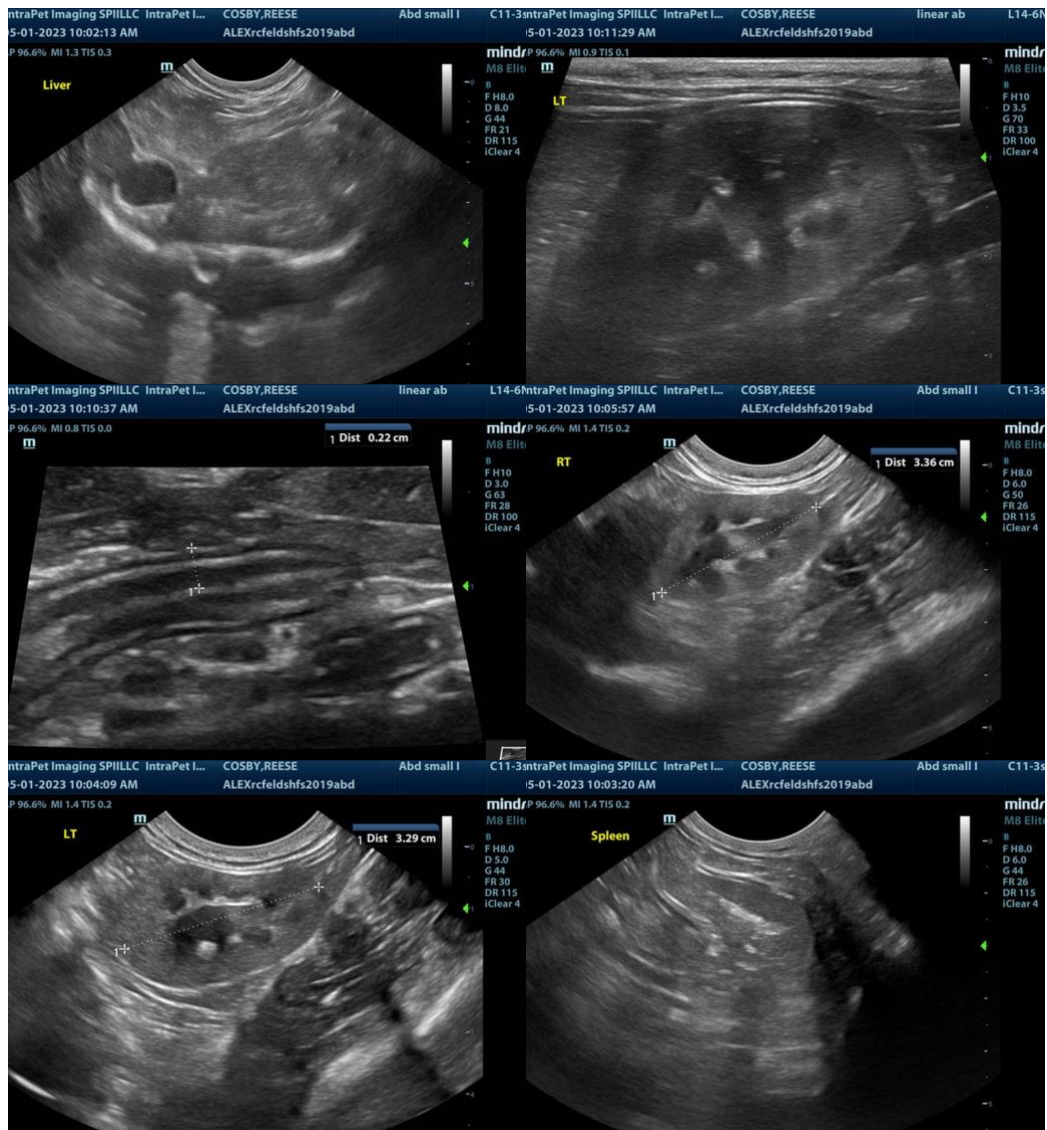
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Upper gastric gastroesophageal wall thickening- suspect gastritis. There is a possibility of emerging round cell neoplasia, as early loss of mural detail was noted.
- Minor hepatic remodeling
- The remainder of the abdomen was unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastroesophageal/gastric fundic thickening is likely the cause of the hyporexia. GI protectant protocol and coverage for helicobacter could be considered empirically, yet endoscopy or full thickness upper gastric/gastroesophageal biopsies would be appropriate.





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