

PATIENT PRESENTING CLINICAL SIGNS

Bella Walker History: weight loss chronic vomiting no abnormalities on CBC and Chem Current Medications cerenia no response.

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC and Chem WNL

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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.

SEX

Spayed Female The **kidneys** were normal in size and contour. The left kidney measured 3.6 cm. Hyperechoic medullary rim sign was noted bilaterally. The right kidney measured 3.7 cm. Blood flow to the kidneys appeared to be mildly subnormal.

AGE

12 Years

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 0.25 cm. The left adrenal gland measured 0.36 cm.

WEIGHT

8.7 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Tansley Woods AH

REFERRING VET

Dr. Petrowski

Gastrointestinal

The **stomach** in this patient presented concentric wall thickening of 1.0 cm with entrapped ingesta or hair accumulation. Periserosal inflammatory pattern was noted. Significant inflammation was noted around the gastric wall. The gastric wall meets neoplastic criteria yet may represent a granulomatous change or fibroplasia. The small intestine and colon were unremarkable.

INVOICE

23219

DATE

7/7/23

Pancreas



PATIENT

Bella Walker

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Concentric gastric wall thickening with periserosal inflammation.
- Mild to moderate degenerative renal changes with bilateral medullary rim kidney

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the gastric wall could be considered, however, I believe that full thickness surgical biopsies would be optimal for a definitive diagnosis on this particular presentation, as well as evacuation of the stomach and renal biopsy. Differentials for the gastric wall presentation include gastric lymphoma, however, granulomatous disease/FIP or nonneoplastic fibroplasia are all possible. Prognosis is guarded. The degenerative changes in the kidneys appear to mild to moderate yet the medullary rim sign may be related to FIP, possibly lymphoma or idiopathic.

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.7 Pounds

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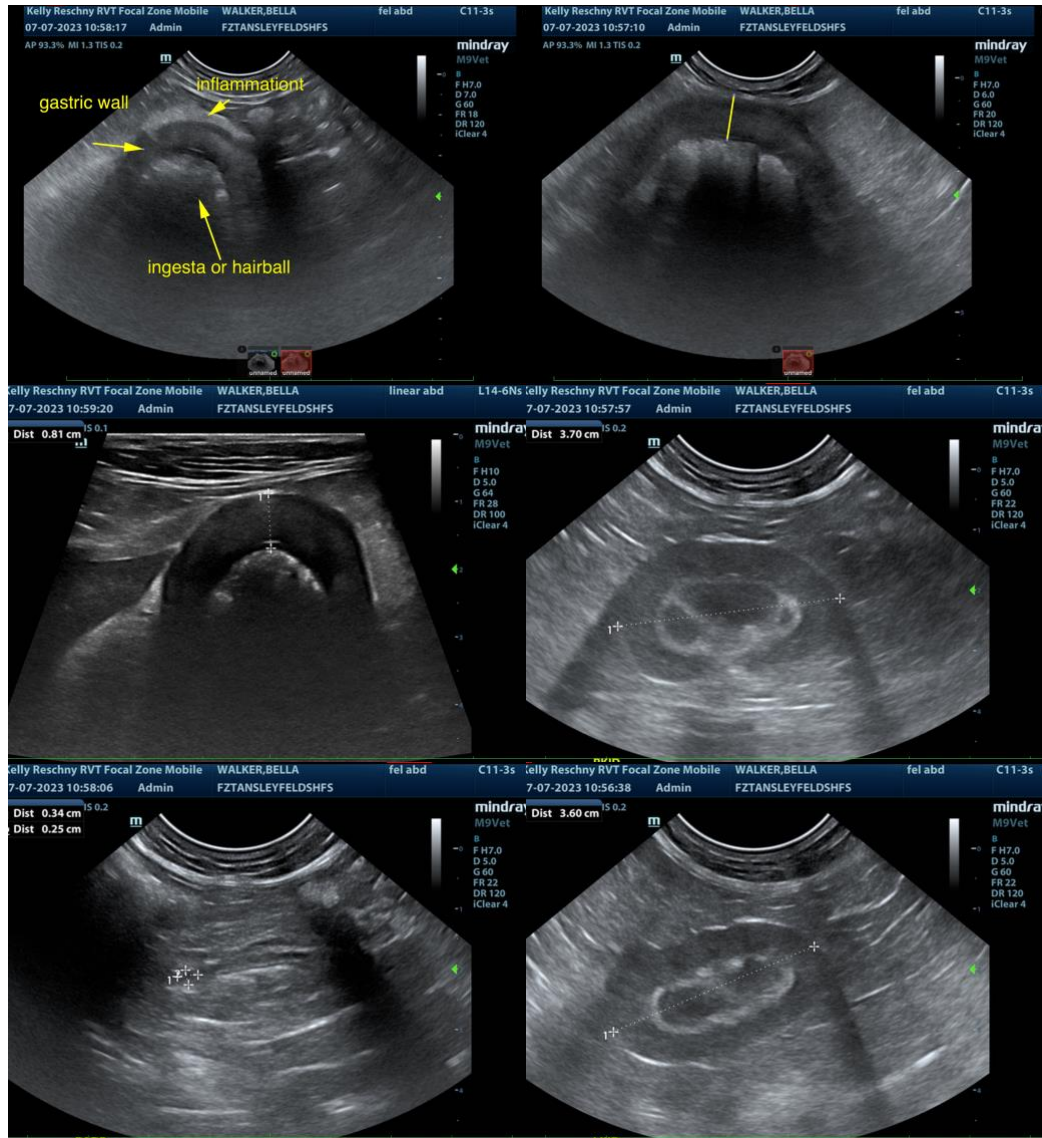
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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