

DATE PRESENTING CLINICAL SIGNS

9/7/21 History: Presenting Complaint: Vomiting with blood.

PATIENT

Irie Definbaugh

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9/2/13

WEIGHT

10 Pounds

Date: 09-02-2021 Notes: vomiting on and off for the last several days, vomit has become black/blood present, not sure if or when he has used the litter box, weight loss, lethargy. Indoor only. Hx of kidney disease; hx of dental disease. According to owner- 2 weeks ago owner was away 4 days left cats with food/water - no sitter, came home to vomiting around house. Last few days he is vomiting at least once a day. At first it was food but is now black liquid with specs of red. Eating 1-2 bites, drank for the first time in days. Severe weight loss- used to be 15 lbs. He had a tooth cleaning last year- teeth bother him when eating. Assessment: 8 yr. MN Domestic Long-Hair / Problems: vomiting- with blood/ black material, lethargy, weight loss ~6 lbs., severe* dehydration. Hx of azotemia, dental disease. DDX: CKD vs hyperthyroidism vs neoplasia vs IBD vs other. Plan: Recommend to owner: Hospitalization, IV catheter, fluid therapy, and further treatment as needed CBC/chem/ Lytes, t4, SDMA, bnp, x-ray, bp, ua, +- aus +- urine culture. Gave 2 estimates- 2nd estimate with hct/ chem 10/ lytes and x ray 1 view Owner Elects to Owner authorizes recommended treatment. Prognosis: Fair to poor pending diagnostics Os' would like to start with low end only- would like to discuss additional Tx if needed.

Current Medications: Cerenia, Amoxicillin, Omeprazole, Buprenorphine, Omeprazole, Ampicillin, Gabapentin, Vitamin B12, Pantoprazole.

Lab Results: BUN 38, Lipase 1890, WBC 26,000 w/monocytosis and neutrophilia. USG 1.050 with excessive white cells at 5/hpf and hematuria.

Radiographs: AFAST: no FF - gas in stomach and prominent rugal folds TFAST: Not able to perform- P attempting to bite/ scratch. Xray Whole Body 2 view. Rads: Renoliths, scalloped kidneys, gas and fluid in stomach, mildly distended - no obvious fb or obstructive pattern.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Kalwa

INVOICE

25218

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. A minor amount of debris was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.87 cm. The left kidney measured 3.87 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 left adrenal gland measured 0.58 cm. The right adrenal gland measured 0.63 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 were 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.

Gastrointestinal

The **stomach** revealed a concentric infiltrative pattern with wall thickness up to 1.6 cm. Regional lymphadenopathy noted. Complete disruption of architecture noted. The infiltrative pattern in the stomach created a mass measuring approximately 6.0 cm x 3.0 cm. An epigastric lymph node was enlarged, rounded, hypoechoic, and peripherally inflamed at 1.5 cm x 1.44 cm. The gastric infiltrative pattern continued into the upper duodenum. The distal small intestine was unremarkable.

Pancreas

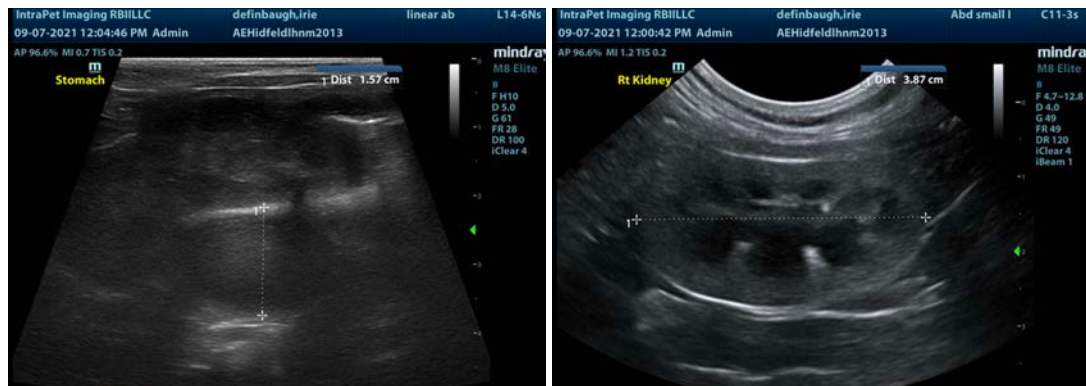
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

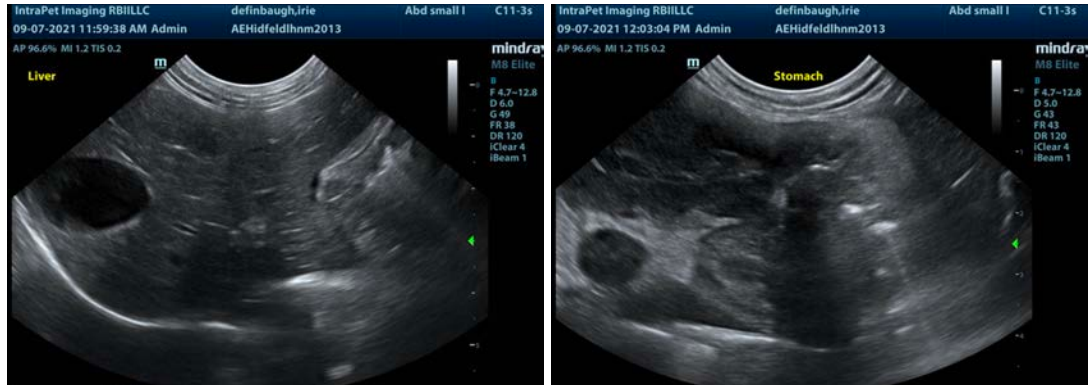
- Gastric infiltrative pattern, likely lymphoma
- Regional lymphadenopathy with secondary inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric and lymph node FNAs recommended with immediate chemotherapeutic intervention. The entire stomach from the pylorus to the gastroesophageal inlet was affected.







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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