

**DATE**

9/9/21

**PRESENTING CLINICAL SIGNS**

Patient has chronic history of vomiting hairballs weekly. past 2-3 weeks has had marked increase (2-3x pet week to daily) vomiting that is not assoc w hairball-liquid, undigested food, some blood. Brief abdominal us showed concern for gastric wall abnormality.

**PATIENT**

Current Medications: SID Cerenia

Lab Results: Attached

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

Dutchess Hertenstein

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED****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.

Domestic Longhair

**SEX**

Spayed Female

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 left kidney measured 3.84 cm. The right kidney measured 3.58 cm.

**AGE**

2010

**WEIGHT**

12.31 lbs

**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

**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. A splenic lymph node was enlarged and measured 1.07 cm.

**HOSPITAL NAME**

Everhart VH

**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. 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.

**REFERRING VET**

Dr. Hayes

**INVOICE**

91745

**Gastrointestinal**

The **stomach** in this patient presented concentric gastric mass with loss of mural detail. The gastric mass approximately 4.5 cm and occupied the gastric fundus, but continued into the pyloric antrum. The wall

thickness measured up to 2.08 cm with embedded luminal shadowing material. This is likely hairball accumulation. Regional periserosal inflammation is noted. Epigastric lymph nodes were slightly enlarged and measured 0.5 cm.

### **Pancreas**

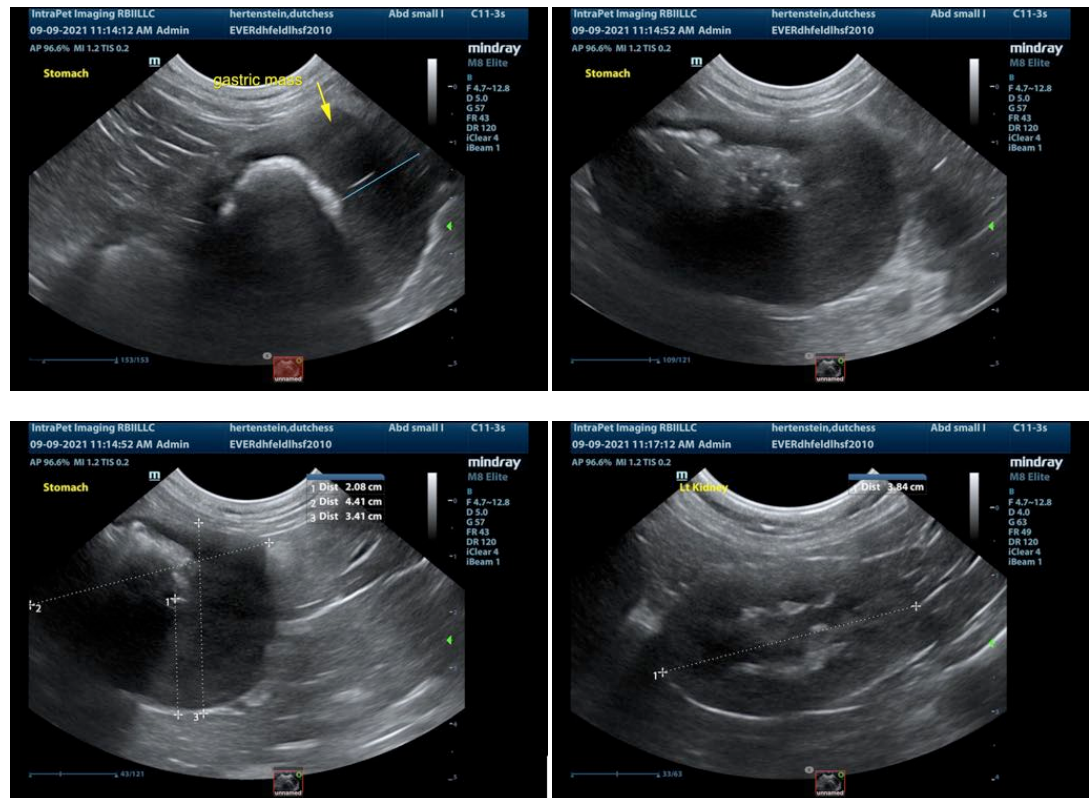
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

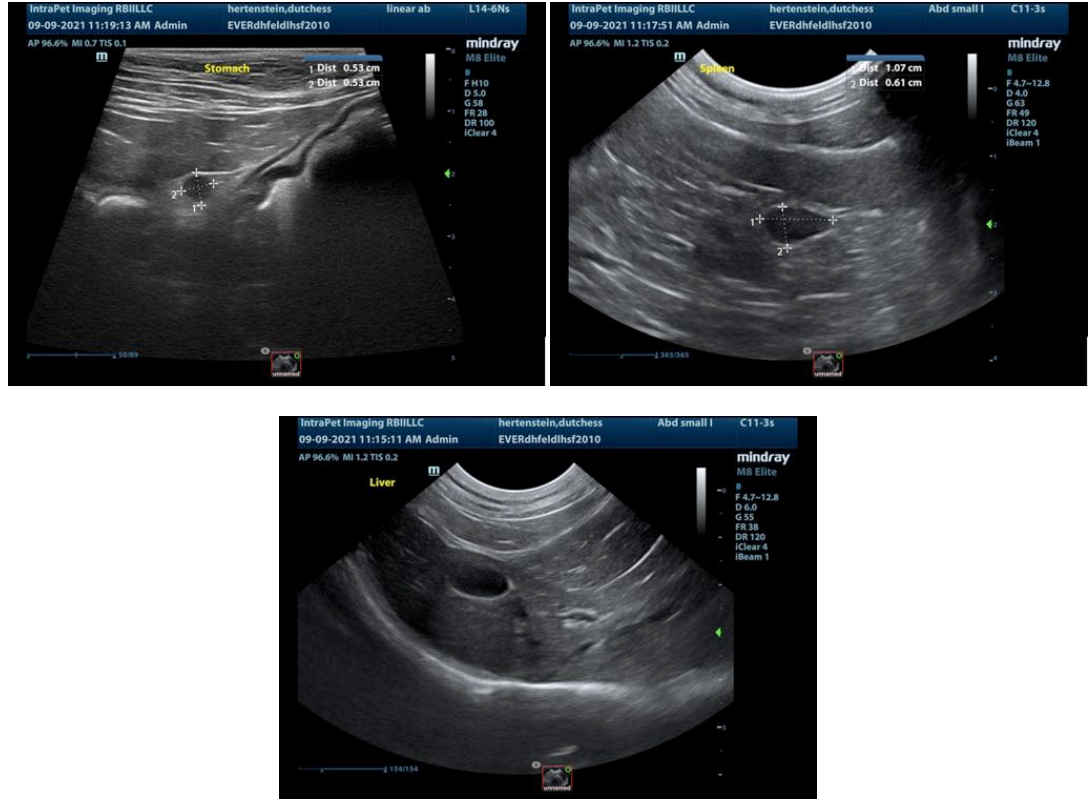
### **ULTRASONOGRAPHIC FINDINGS**

Concentric gastric mass with embedded luminal material, likely hairball accumulation. Regional lymphadenopathy.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastric FNA is warranted. Palliative therapy for hairballs is warranted. Chemotherapeutic intervention is warranted. Guarded to poor prognosis depending upon responsiveness to chemotherapy.





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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