



PATIENT

Kassie Barnard

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

8.4 Lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

13391

DATE

1/12/22

PRESENTING CLINICAL SIGNS

History: History of chronic vomiting, which has worsened acutely.
Abnormal PE/Chem/CBC/UA Results: BUN 44, USG 1.036, all else WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Subtle subjective decreased proximal urethra tone to a depth of 2.0 cm was present, this was nonspecific, if no evidence of incontinence or abnormal urination pattern. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The left adrenal gland was mildly prominent in size with maintained symmetrical contour and primarily homogeneous parenchyma, exhibiting potential focal nonspecific hyperechoic nodule or emerging dystrophic mineral. The left adrenal gland measured 0.7 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.5 cm width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small to mild multifocal, well-defined, symmetrical, non-expansive echogenic nodules were present throughout the cranial to caudal parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen was otherwise normal. The spleen measured 0.83 cm in width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls. The gallbladder contained primarily anechoic content with potential for mild luminal mineral. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited regional mild to moderate wall thickening, subjectively in the area of the fundus or caudoventral gastric body. The thickened gastric walls exhibited decreased mural echogenicity with



PATIENT	loss of discernable wall layering, measuring 0.8- 0.9 cm. The area of the mid gastric body, antrum and pylorus exhibited intact yet subjective mild prominent wall layering with mild retained chyme. By comparison, the pylorus wall measured 0.35 cm in width. No evidence of mechanical pyloric outflow obstruction.
Kassie Barnard	
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm. The jejunum wall measured 0.23 cm.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	
SEX	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
Spayed Female	
AGE	Free Abdomen
15 Years	A focally enlarged gastric lymph node was present cranial to the pylorus. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The gastric lymph node measured 0.6 cm in diameter. Subtle evidence of perigastric reactive mesentery, primarily around the areas of gastric thickening. No evidence of concurrent free fluid.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
8.4 Lbs.	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> Regional mild to moderate thickened stomach exhibiting hypoechoic mural echogenicity and loss of wall layering, probable concurrent gastric stasis Associated mild perigastric reactive mesentery and focal gastric lymphadenopathy Nonspecific prominent left adrenal gland with potential focal parenchymal nodule versus emerging dystrophic mineral Subtle heterogeneous pancreas- age-related pancreatic changes, potential chronic pancreatitis
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Secondary Findings
Dr. Ebersole	<ul style="list-style-type: none"> Bilateral mild chronic renal changes Nonspecific yet likely benign splenic nodules- suggestive of myelolipomas Possible emerging mild cholelithiasis
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Scanvet	The regionally thickened stomach may indicate areas of chronic to generalized variable gastritis or other chronic gastropathy. However, given the loss of discernable wall layering in the areas of gastric thickening and decreased echogenicity, primary concern for emerging infiltrative/neoplastic process (such as gastric lymphoma or other) is warranted. Assuming normal clotting status, ultrasound guided FNA of the stomach wall (if accessible) could be considered for screening cytology. Otherwise, surgical biopsies recommended (if possible) for further clarification. Empirically, gastric protectant +/-
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helicobacteriosis protocol with sonographic monitoring of the gastric wall for evidence of progression would be appropriate.

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The mildly prominent left adrenal gland may indicate age-related or benign change. Potential for emerging neoplasia is considered less likely yet cannot be definitively excluded. Likewise, sonographic monitoring of the left adrenal gland and monitoring of blood pressure and potassium levels could be considered.

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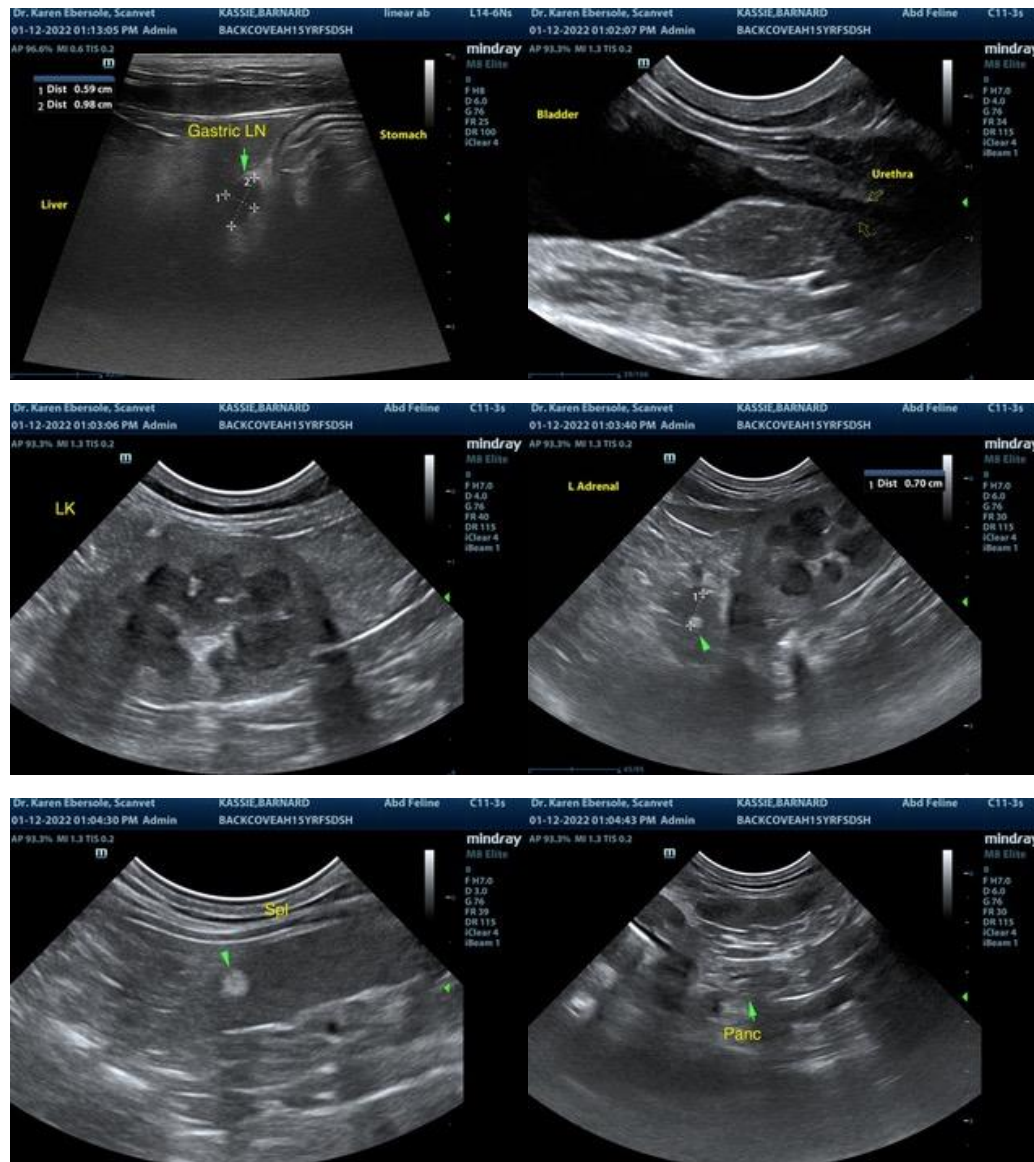
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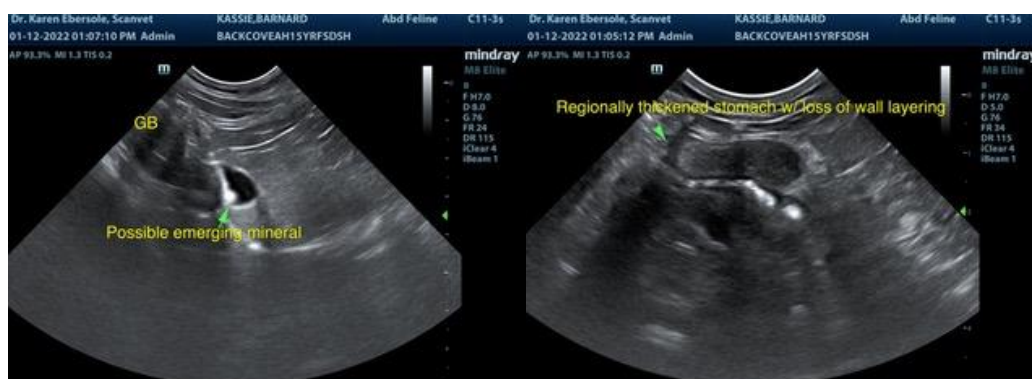
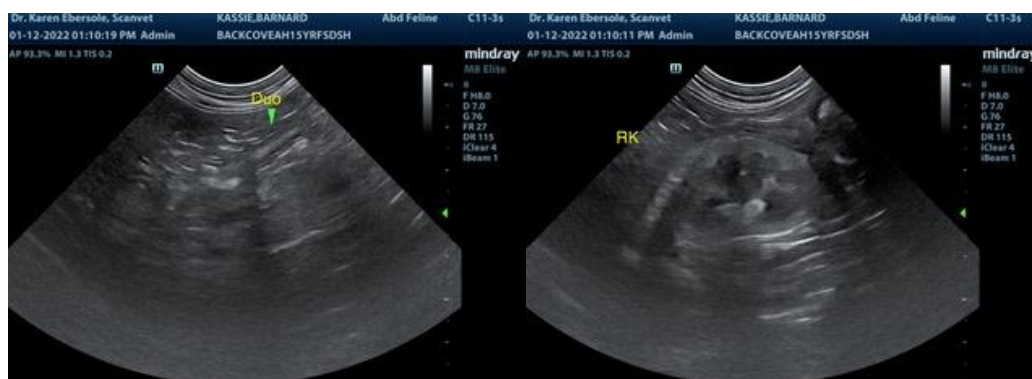
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com