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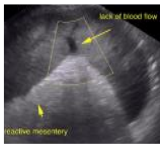
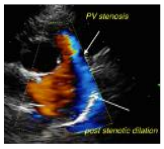
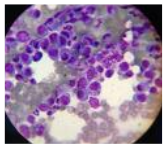
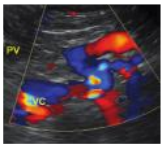

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1-800-838-4268 info@sonopath.com

PATIENT
Lily Stanion

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
11 Years

WEIGHT
7 lbs.

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

IMAGING PERFORMED BY
Dr. Sharkaway

HOSPITAL NAME
Kew Gardens AH

REFERRING VET
Dr. Sharkaway

INVOICE
13476

DATE
1/17/22

PRESENTING CLINICAL SIGNS

History: P is presented with Anorexia. Weight loss and intermittent vomiting for a few weeks Abnormal PE/Chem/CBC/UA Results: Underweight. Dental calculus and gingivitis CBC/CHEM/T4: WNL except for Slightly high WBS and neutrophils

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was mildly prominent in size with symmetrical capsule contour and uniform parenchyma. The right adrenal gland measured 0.51 cm. The mildly prominent right adrenal gland is nonspecific and may be a patient variant or secondary to mild stress hyperplasia and is not overtly suggestive of neoplastic criteria.

Spleen

The spleen was normal to potential mild subnormal in size, possibly owing to mild volume contraction. Splenic parenchyma and contour were uniform. No evidence of neoplastic criteria.

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 and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited diffuse yet variable gastric wall thickening, exhibiting intact to indistinct wall layer detail. The gastric body wall measured 0.6-0.7 cm. Moderate retained primarily anechoic fluid with potential for mild nonspecific ingesta/chyme was present in the gastric lumen.

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 jejunum wall measured 0.24 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.27 cm.

Pancreas

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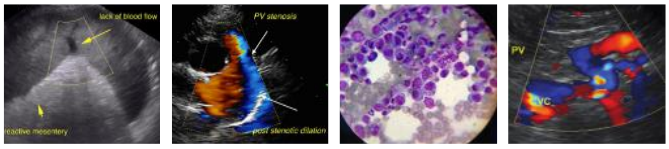

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent focally enlarged gastric lymph nodes were present adjacent to the area of the pylorus. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. Borderline abnormal width: length ratio was present. Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.4 cm x 0.7 cm. Regional mild perigastric reactive mesentery was present. No overt evidence of peritoneal effusion noted.

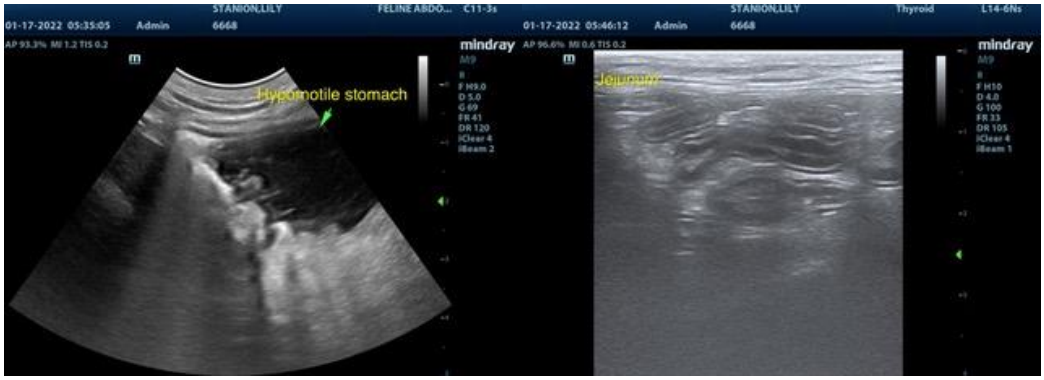
ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened stomach, exhibiting indistinct wall layering and moderate retained fluid/chyme- chronic gastritis, infectious gastropathy (helicobacteriosis), infiltrative/neoplastic gastropathy, other.
- Associated gastric lymphadenopathy- moderate lymphoid hyperplasia, reactive lymphadenitis or early neoplastic lymphadenopathy possible
- Overtly normal small bowel
- Mild chronic renal changes
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Gastric mural biopsies are required for further clarification and potential for a definitive diagnosis. Alternatively, potential for ultrasound guided FNA of the gastric wall for screening cytology (if accessible) could be considered. The stomach is the probable cause of the patient's clinical signs, although given the history of prednisolone administration, which may suppress small intestinal mural changes, the possibility of concurrent small intestinal disease cannot be definitively excluded. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate. Empirically, gastric protectant protocol +/- empirical helicobacter protocol with as needed gastrointestinal support and sonographic monitoring of the stomach wall may be considered. Guarded prognosis given the potential for neoplastic/infiltrative gastric mural disease.



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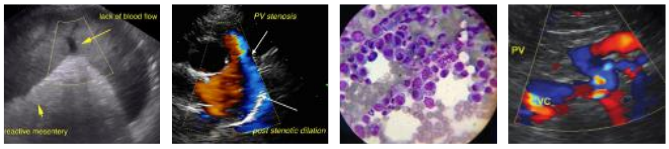

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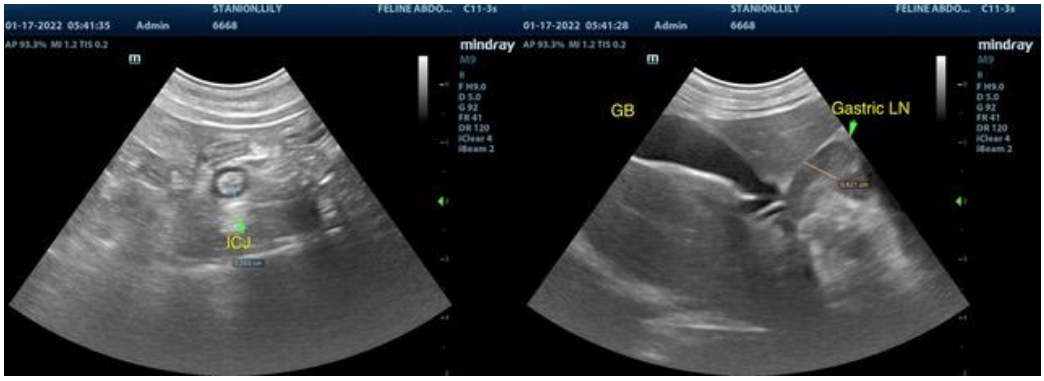

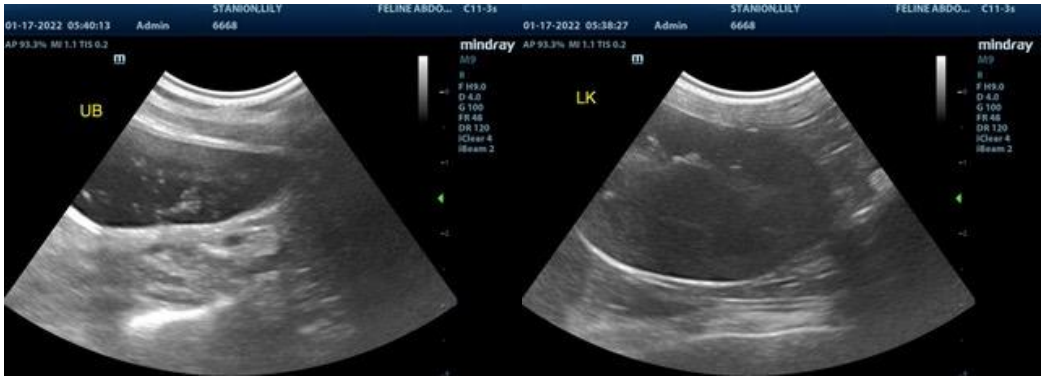

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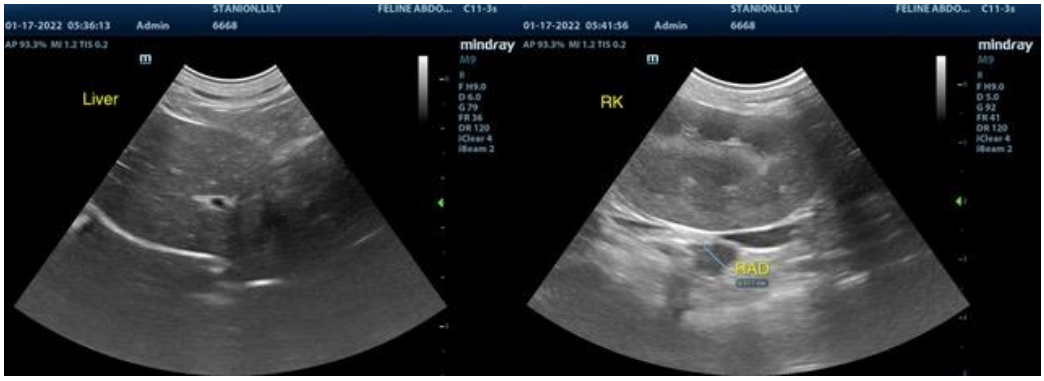

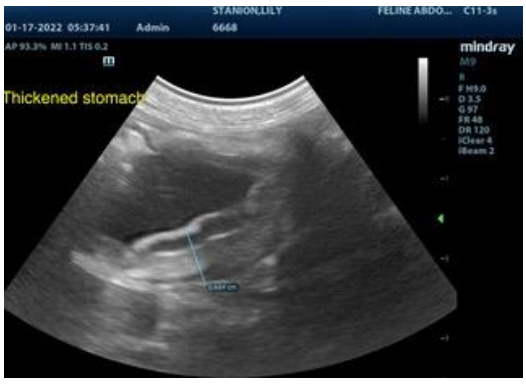

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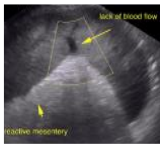
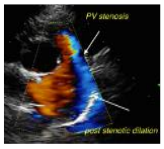
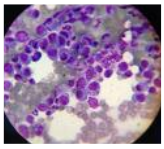
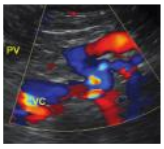

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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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