



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Burtle Dore	Weight loss and muscle wasting. Not as feisty as he used to be.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
DLH	
<b>SEX</b>	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. The left kidney measured 2.8 cm in length. The right kidney measured 3.9 cm in length.
MN	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
18yr	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
7.6lb	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was not definitively visualized.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited borderline enlargement with symmetrical capsule contour and mild parenchymal heterogeneity. No splenic masses or nodules. The spleen measured 0.95 cm in width at the level of the hilus.
<b>IMAGING PERFORMED BY</b>	<b>Liver/Gallbladder</b>
Dr. Ebersole	The liver was subjectively mildly enlarged with generalized parenchymal remodeling and intermittent to multiple non-homogenous to cystic nodules. An example of a nodule measured 2.6 cm in diameter.. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>HOSPITAL NAME</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate non-organized echogenic debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.
Scanvet	
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Norman	Regional to generalized severe gastric wall thickening and loss of gastric wall layer detail was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Thickened ventral gastric wall width measured up to 2.0 cm. The pylorus wall measured 0.27 cm in width.
<b>INVOICE</b>	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 width.
12731ag	
<b>DATE</b>	
01/18/2023	



**PATIENT**

Normal visible colon wall layers were present with apparent formed feces in lumen.

Burtle Dore

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Minor pancreatic duct dilation was present in the right pancreatic limb.

**SPECIES**

Feline

**Free Abdomen**

Mild volume peritoneal effusion was present.

**BREED**

DLH

Enlarged, hypoechoic perigastric root lymph node was present adjacent to the spleen. The lymph node exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph node was bordered by echogenic to reactive mesentery. The mesenteric root lymph node measured 2.0 cm x 1.4 cm width.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative gastric mural mass with generalized primarily perigastric non-uniform omentum and hypoechoic to swollen perigastric lymphadenopathy-consistent with infiltrative neoplastic criteria with suspect perigastric carcinomatosis, lymphomatosis or similar
- Hepatic parenchymal remodeling with non-specific cystic nodules-potential cystic biliary adenomas and incidental, hepatic metastasis cannot be excluded
- Moderate gallbladder debris with minor non-obstructive proximal CBD dilation-suspect secondary to anorexia/fasting or age related changes
- Bilateral chronic degenerative renal changes with minor pyelectasia

**AGE**

18yr

**WEIGHT**

7.6lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Assuming normal clotting status, a FNA of the thickened stomach walls +/- effusion analysis for screening cytology could be considered for further assessment and potential oncology consult with immediate chemotherapeutic intervention.

However, lymphatic obstruction owing to carcinomatosis or similar and multicentric neoplasia is likely indicating an unfavorable long term prognosis.

**IMAGING PERFORMED BY**

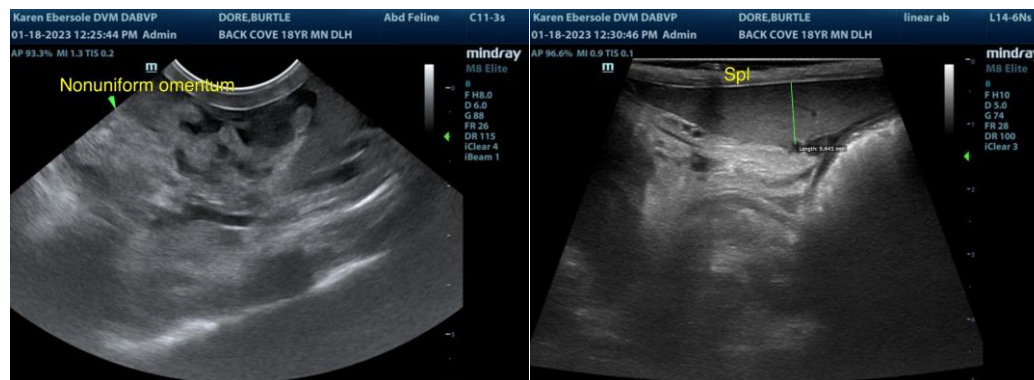
Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Norman



**INVOICE**

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**PATIENT**

Burtle Dore

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

18yr

**WEIGHT**

7.6lb

**INTERPRETED BY**

R. McKenzie Daniel,  
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**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

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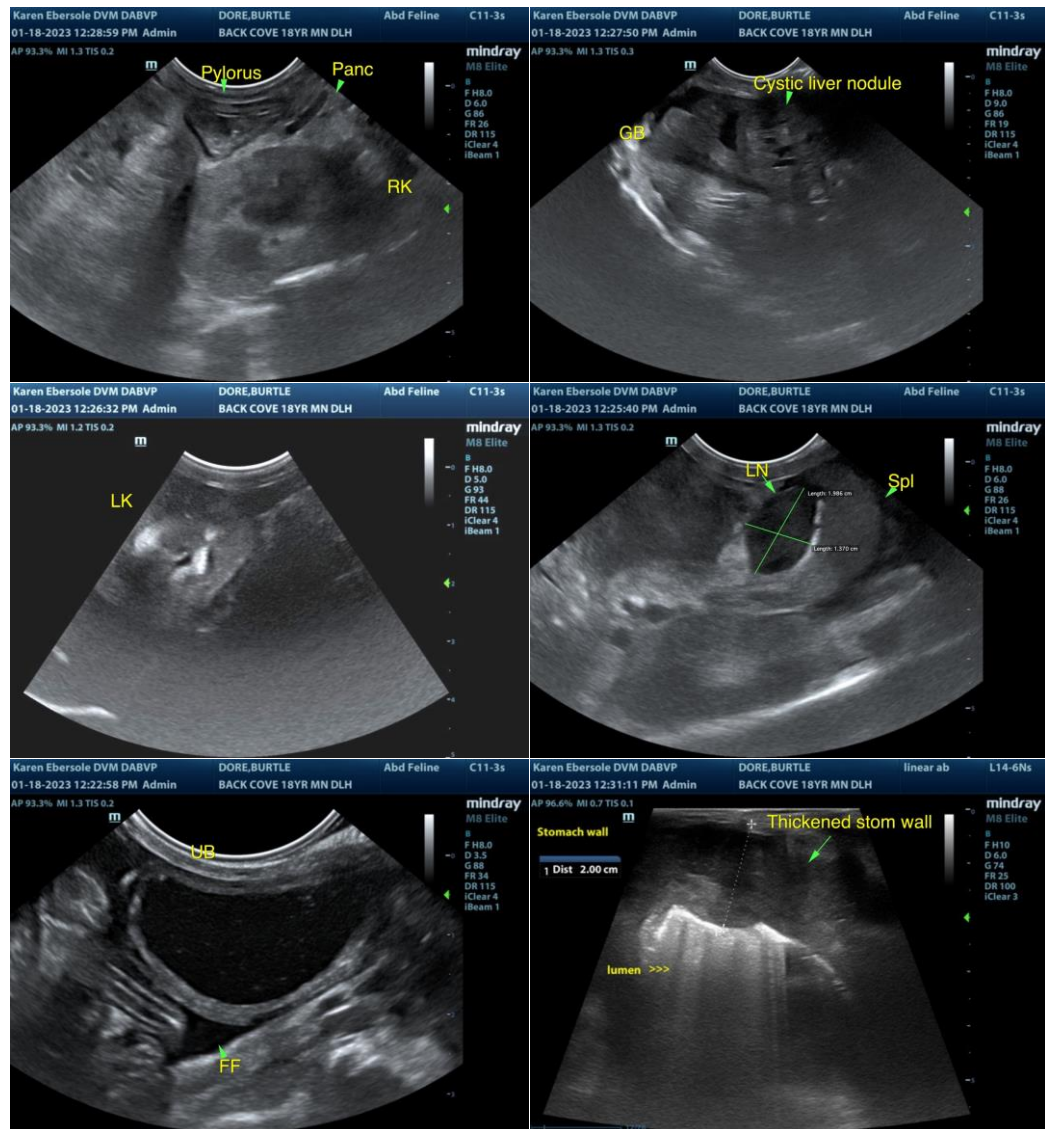
Dr. Norman

**INVOICE**

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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