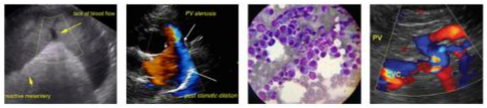
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bella Brady

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Eastham VH

REFERRING VET

Dr. Cerie Couture, DVM

INVOICE

13628

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting r/o IBD, lymphoma, other neoplasia. Normal chemistry. CBC - mild lymphopenia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent 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.

Both kidneys were borderline subnormal in size exhibiting asymmetrical margination, moderate to marked loss of corticomedullary border demarcation and reduced medullary volume. Areas of medullary mineral and cortical infarcts were present. The left kidney measured 3.1 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

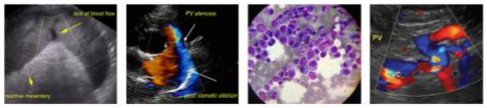
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Multiple areas of non-obstructive biliary tree mineral were present.

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited regional mural hypertrophy, exhibiting mild variable mural echogenicity and indistinct loss of wall layering, subjectively involving the ventral gastric body, extending into the ventral antrum and pylorus. The gastric body wall measured 0.68 cm in wall width. By comparison, normal intact gastric wall measured 0.26 cm. The stomach was empty without evidence of retained ingesta, fluid or foreign material.



PATIENT

Bella Brady

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Eastham VH

REFERRING VET

Dr. Cerie Couture, DVM

INVOICE

13628

DATE

1/24/22

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 0.20 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.29 cm.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

The gastric and jejunocolic lymph nodes were mildly prominent in size. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of colic lymph node size was 0.33 cm width. An example of gastric lymph node size, adjacent to the pylorus measured 0.47 cm in width. Regional primarily perigastric reactive mesentery was present. No overt effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

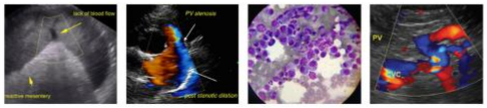
- Bilateral chronic degenerative renal changes, exhibiting medullary mineralization and cortical infarcts
- Regionally thickened stomach with indistinct to loss of discernable wall layering, associated regional perigastric reactive mesentery.
- Sonographically unremarkable small bowel
- Intermittent prominent to hypoechoic gastric and jejunocolic lymph nodes

Secondary Findings

- Biliary tree mineralization- incidental
- Mild gallbladder debris
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary cause of the patients chronic vomiting is likely associated with the stomach. The regionally thickened walls, primarily involving the ventral gastric body and pylorus, may indicate inflammatory or neoplastic infiltrative gastropathy. Primary concern for neoplastic infiltrative gastropathy given the indistinct wall layering, such as lymphoma warranted, yet not definitive. The possibility of generalized gastroenteropathy without evidence of small bowel or intestinal mural changes cannot be definitively excluded. The gastric and jejunocolic lymph nodes may indicate associated hyperplasia, reactive lymphadenitis, although potential for early neoplastic lymphadenopathy may be possible. Definitive diagnosis would require gastric +/- intestinal biopsies for histopathology. Empirically, continued gastrointestinal support, including gastric protectant



PATIENT

Bella Brady

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Eastham VH

REFERRING VET

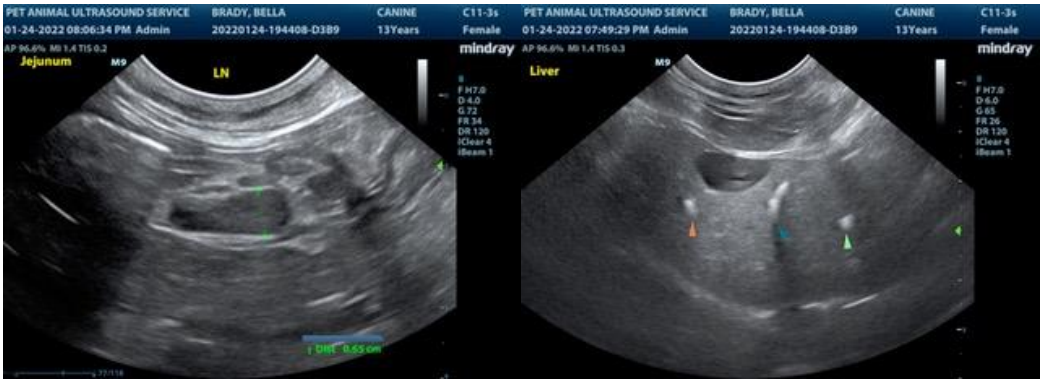
Dr. Cerie Couture, DVM

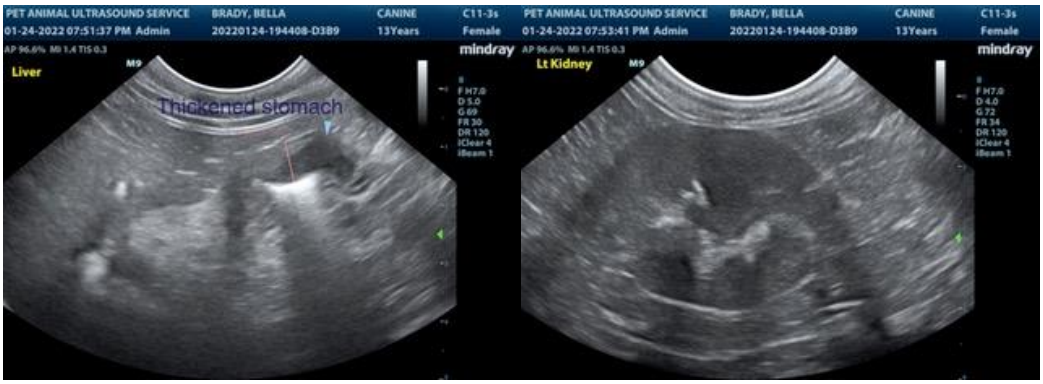
INVOICE

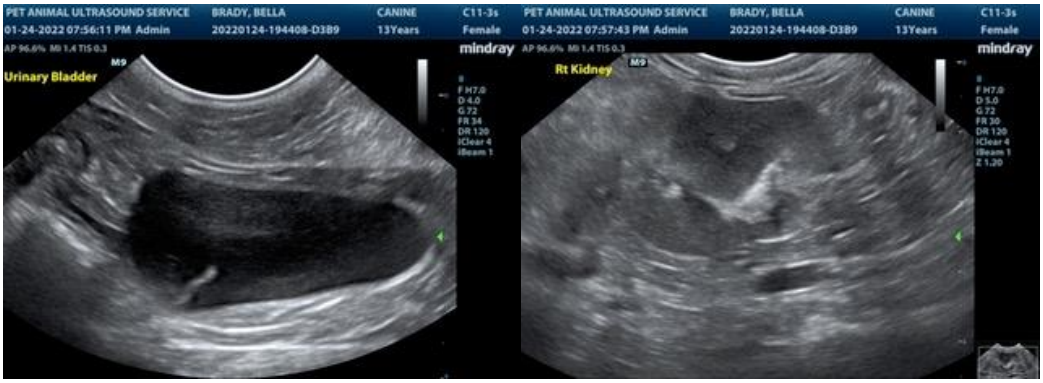
13628

DATE

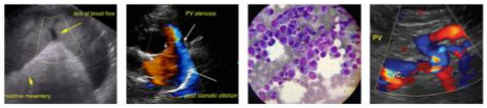
protocol +/- empirically therapy for helicobacter with monitoring of gastric walls for evidence of progression is recommended.







PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bella Brady

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Eastham VH

REFERRING VET

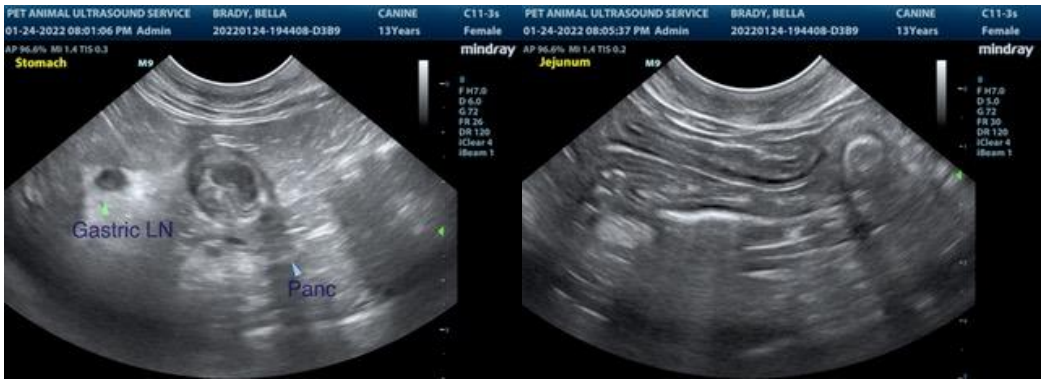
Dr. Cerie Couture, DVM

INVOICE

13628

DATE

1/24/22



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