



**PATIENT**

Lorelai Coombs

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

15 y

**WEIGHT**

5.2 lb

**PRESENTING CLINICAL SIGNS**

Patient has increase in appetite and vomiting. Keeps losing weight. Recent bloodwork, normal thyroid, elevated WBC 25,000 with neutrophilia. Rule-out IBD, pancreatitis. Started on Cerenia and GI Biome and is doing better. Leukocytosis with neutrophilia.

**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. 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Scant pyelectasia was present. Pinpoint areas of dystrophic medullary mineral were noted in both kidneys. The left kidney was mildly subnormal in size, measuring 2.6 cm in length. The right kidney measured 3.8 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

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 containing primarily anechoic content with mild, non dependent, echogenic, luminal gallbladder debris. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter.

**Gastrointestinal**

The stomach exhibited moderate retained variably echogenic ingesta and fluid. The gastric fundus and body walls appeared to be sonographically normal. The ventral gastric body wall width measured

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County  
Veterinary Service

**REFERRING VET**

Aurora Richards, DVM

**INVOICE**

15296

**DATE**

10/27/22



**PATIENT**

Lorelai Coombs

0.22 cm. Regional moderate thickening of the gastric antrum and pylorus exhibiting decreased mural echogenicity and loss of discernable wall layer detail extending into the area of the pyloric outflow and potential gastroduodenal junction was present. The ventral pylorus wall width measured 1.1 cm. Concurrent retained variably echogenic ingesta / chyme was present in the pylorus lumen.

**SPECIES**

Feline

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 0.22 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.29 cm width.

**BREED**

DLH

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

***Pancreas***

**SEX**

FS

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***

**AGE**

15 y

Regional perigastric hyperechoic mesentery was present. Potential for isoechoic to subtly hypoechoic gastric lymphadenopathy is suspected, although not definitive.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.2 lb

- Regional moderate thickened gastric antrum and pylorus with moderate retained gastric ingesta / chyme - sonographically consistent with infiltrative neoplasia i.e., gastric lymphoma or other, significant gastritis is considered a less likely differential diagnosis, given loss of discernable gastric wall layering
- Sonographically unremarkable small bowel
- Mild heterogeneous pancreas - patient / age-related variant, potential for concurrent low-grade or chronic pancreatitis possible
- Gallbladder debris with mild nonobstructive proximal common bile duct dilation - CBD dilaton may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County  
 Veterinary Service

**REFERRING VET**

Aurora Richards, DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA cytology of the thickened gastric wall could be considered for further assessment, potential definitive diagnosis, and oncology consult. Empirically, as-needed GI support and gastroprotectant protocol would be reasonable.

**INVOICE**

15296

**DATE**

10/27/22



**PATIENT**

Lorelai Coombs

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

15 y

**WEIGHT**

5.2 lb

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County  
 Veterinary Service

**REFERRING VET**

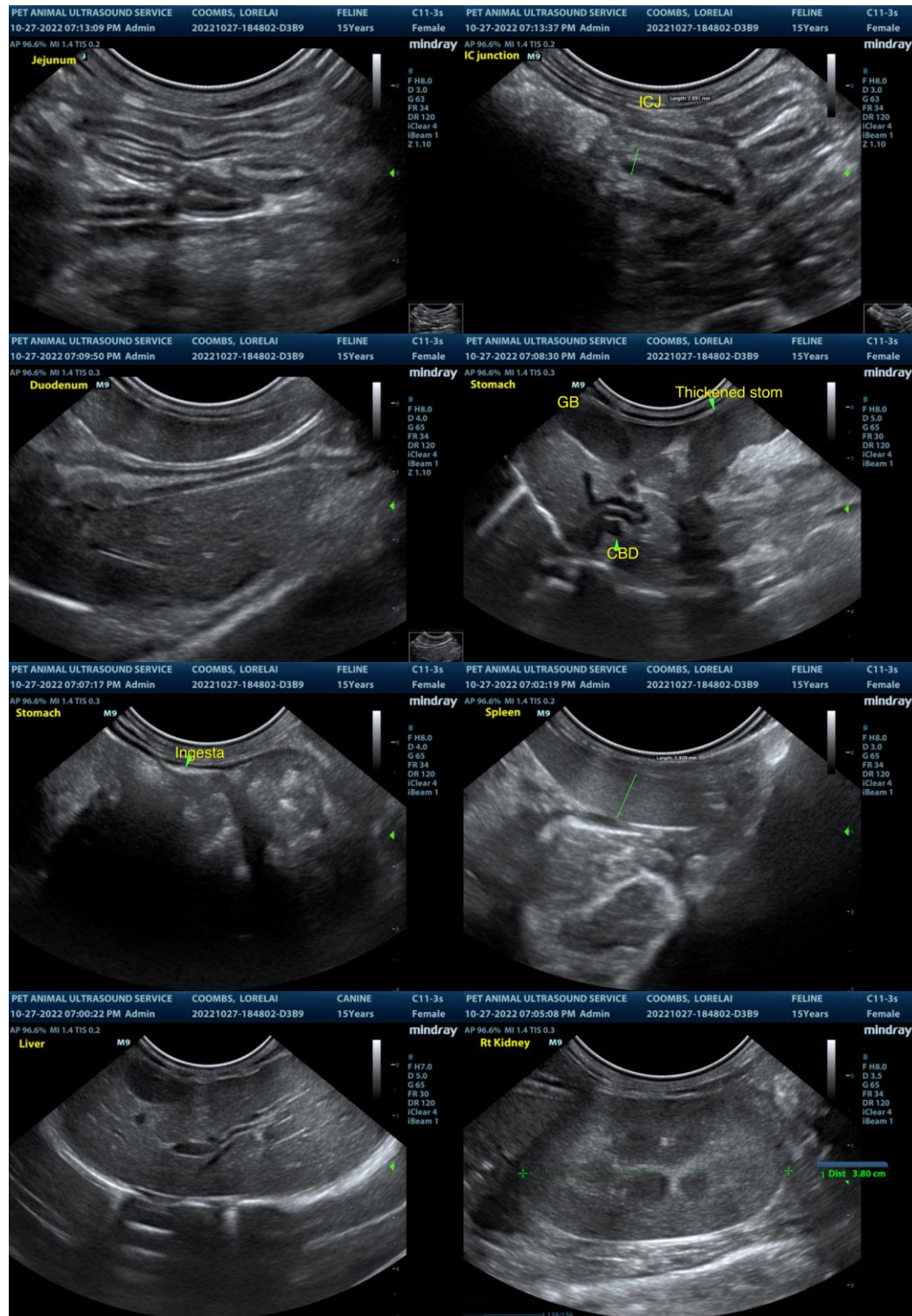
Aurora Richards, DVM

**INVOICE**

15296

**DATE**

10/27/22





**PATIENT**

Lorelai Coombs

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

15 y

**WEIGHT**

5.2 lb

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Norfolk County  
 Veterinary Service

**REFERRING VET**

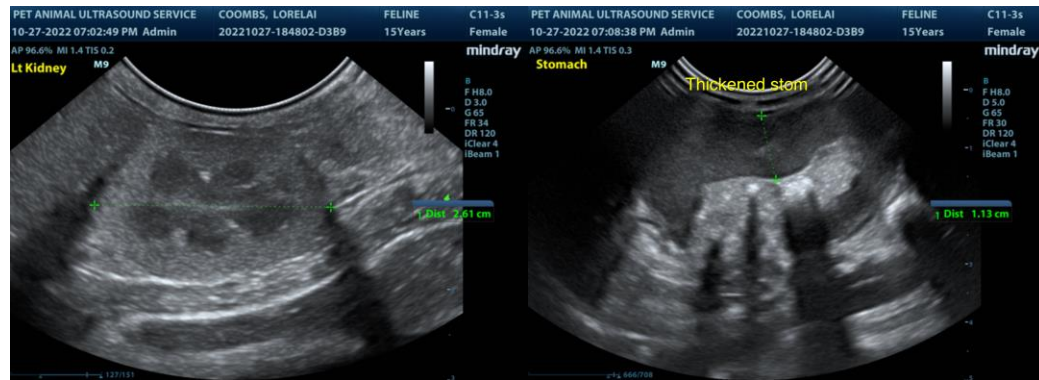
Aurora Richards, DVM

**INVOICE**

15296

**DATE**

10/27/22



**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.

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