



PATIENT PRESENTING CLINICAL SIGNS

Iggy Baurkot History: Weight loss, hyporexia, occasional vomiting

Medication: Mirtazapine, Cerenia

SPECIES

Feline

WBC 15.0 w/mild neutrophilia, Calcium 11.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4,0 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 were noted.

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology.

AGE

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 4.2 cm. The right kidney measured 4.2 cm.

Adrenal Glands

WEIGHT

15 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm in width. The right adrenal gland measured 0.27 cm in width.

Spleen

INTERPRETED BY

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

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.72 cm in width. 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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Easton AH

Gastrointestinal

REFERRING VET

Dr. Nankman

Moderate to severe gastric wall thickening and loss of gastric wall layer detail was present, subjectively in the area of the gastric antrum and pylorus. Minor retained pyloric and antrum fluid noted. Sonographically unremarkable wall layering present in the fundus and mid gastric body. Pylorus wall measured up to 1.0 cm in width. Normal appearing gastric body and fundus wall measured 0.29 cm in width. Mild to moderate luminal gas was present in the stomach.

INVOICE

29866

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. Jejunum wall measured 0.27 cm. Duodenum wall measured 0.26 cm.

DATE

11.17.2021

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



PATIENT *Pancreas*

Iggy Baurkot The right pancreatic limb exhibited normal size and contour with generalized mild echogenic to focally nodular parenchyma.

SPECIES *Free Abdomen*

Feline Several enlarged, hypoechoic gastric lymph nodes were present adjacent to the thickened pylorus. Example of lymph node measured 1.3 cm x 0.9 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.

BREED

Domestic Shorthair No overt evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Gastric antrum/pyloric mass with associated gastric lymphadenopathy and regional omental inflammation
- Echogenic to nodular right pancreas

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the presentation of the gastric antrum and pyloric mass is strongly suggestive of infiltrative neoplasia with gastric lymphoma considered a primary differential diagnosis. Potential for non-neoplastic or inflammatory etiology possible, yet thought less likely. Additionally, concern for regional gastric lymph node metastasis is warranted. Endoscopic or surgical gastric +/- lymphatic biopsies are required for definitive diagnosis, although potential for gastric wall FNA (if accessible) could be considered. Empirical to palliative gastrointestinal support would be a more conservative approach.

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

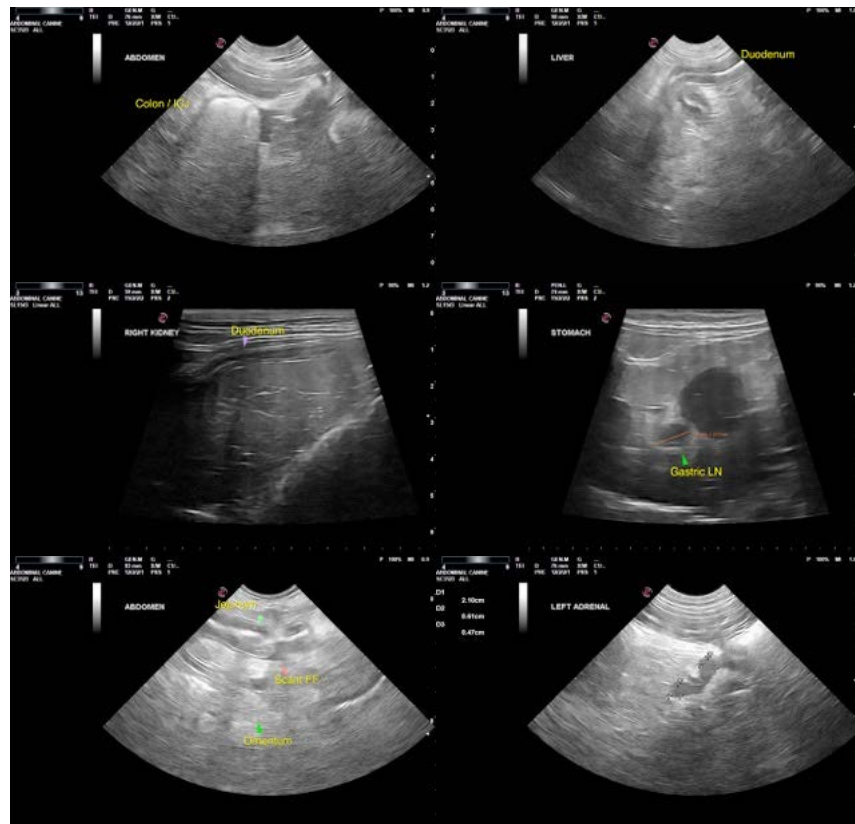
Dr. Nankman

INVOICE

29866

DATE

11.17.2021





PATIENT

Iggy Baurkot

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

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.

WEIGHT

15 Pounds

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)

mac.daniel@sonopath.com

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

INVOICE

29866

DATE

11.17.2021

