

PATIENT PRESENTING CLINICAL SIGNS

Austin Buote History: Vomiting, improved with prednisolone, current hyporexia, weight loss, increased vomiting
Medication: Prednisolone

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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 particulate nondependent 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.

Domestic Shorthair

SEX The area of the aortic trifurcation was free of pathology.
Neutered Male

AGE Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A subtle, thin, and subjectively mineralized corticomedullary band, consistent with a medullary rim sign, was present. Mild loss of corticomedullary border demarcation was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.6 cm in length. The right kidney measured 4.7 cm in length.

WEIGHT

12.4 Pounds

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Hoffman

Liver/ Gallbladder

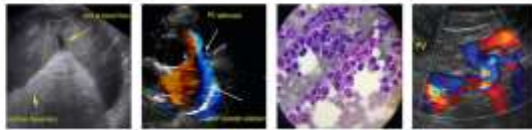
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs 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.

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PATIENT *Gastrointestinal*

Austin Buote Regional moderate to severe gastric wall thickening and loss of gastric wall layer detail was present subjectively primarily involving the fundus gastric body extending into the area of the gastric antrum. 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.

SPECIES Feline Gastric wall width measured 1.4 cm. Intact yet mildly prominent wall layering was noted in the area of the pylorus with minor retained anechoic pyloric fluid. The pylorus wall width measured 0.40 cm.

BREED Domestic Shorthair Regional perigastric reactive mesentery was noted.

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

AGE 14 years *Pancreas*
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 were evident.

WEIGHT 12.4 Pounds *Free Abdomen*
Intermittent gastric lymph nodes were present. 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 lymph node size was 0.56 cm width. No overt effusion was noted.

INTERPRETED BY **ULTRASONOGRAPHIC FINDINGS**

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

Primary Findings

- Gastric mass with associated gastric stasis
- Regional perigastric reactive mesentery and associated mild gastric lymphadenopathy
- Sonographically unremarkable small bowel

IMAGING PERFORMED BY

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ARDMS/RVT

Secondary Findings

- Bilateral subtle mineralized nonspecific medullary rim sign
- Mild particulate urinary bladder sediment

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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.

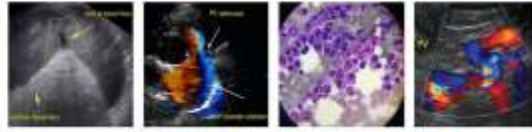
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Although sampling is required for a definitive diagnosis, primary concern for gastric lymphoma, given the hypoechoic thickened gastric walls with loss of discernable wall layer detail. The associated gastric lymph nodes, although nonspecific, may indicate early gastric lymphatic metastasis. Potential for

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other gastric neoplasia, severe inflammation, or granulomatous gastropathy is possible yet thought less likely.

SPECIES

Feline

Assuming normal clotting status, ultrasound-guided FNA of the gastric wall using a 25-gauge needle could be considered for screening cytology and potential oncology consultation. Otherwise, endoscopic or surgical biopsies would be required.

BREED

Domestic Shorthair

Empirically, gastroprotectant and as-needed anti-emetics would be appropriate. Three view chest radiographs are recommended.

SEX

Neutered Male

AGE

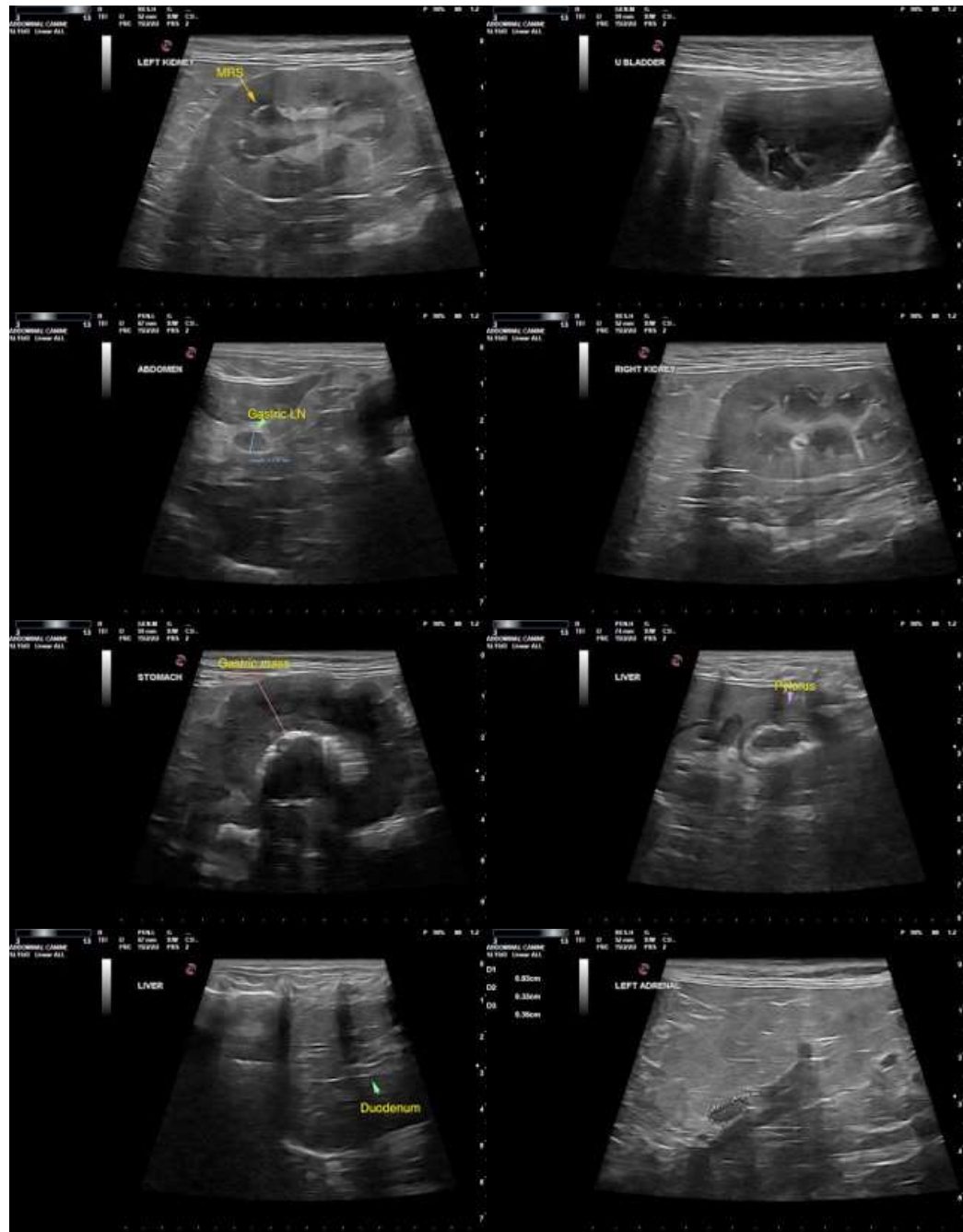
14 years

WEIGHT

12.4 Pounds

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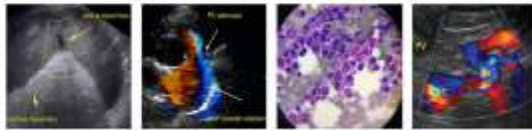
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SPECIES

Feline

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.

BREED

Domestic Shorthair

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.

SEX

Neutered Male

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AGE

14 years

WEIGHT

12.4 Pounds

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