



**PATIENT**

OJ Patrovits

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

6 years

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Loving Care VH

**REFERRING VET**

Dr. Steele

**INVOICE**

12840

**DATE**

12/17/21

**PRESENTING CLINICAL SIGNS**

possible FB; hiding, not eating or drinking much in the past couple of days; lethargic, ADR. Is on methimazole

Abnormal PE/Chem/CBC/UA Results: WBC 9500 with high bands 4% (380) and low lymphocytes 7% (665)

**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 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. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 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 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.

**Spleen**

The spleen exhibited mild generalized enlargement yet maintained symmetrical capsule contour and finely texture homogeneous parenchyma. A solitary, well-demarcated, ovoid, uniformly hyperechoic splenic nodule was present, measuring 1.5 cm in diameter.

**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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

Regional moderate to 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. Gastric wall width measured up to 1.7 cm wall width.



<b>PATIENT</b>	The small intestine presented intact wall layering with a maintained 1:3 muscularis/mucosa ratio. Subjective propensity for mild duodenojejunal mural hypertrophy, yet intact wall layering and maintained 1:3 muscularis/mucosa ratio were present. The jejunum wall width measured 0.28 cm. The duodenum wall width measured 0.26 cm.
OJ Patrovits	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
<b>SEX</b>	
MN	<b><i>Free Abdomen</i></b>
<b>AGE</b>	Regional reactive to potentially inflamed perigastric mesentery was present. No overt lymphadenopathy was noted. Potential small pockets of scant free fluid were noted in the lateral abdomen around the spleen.
6 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
N/A	<b><i>Primary Findings</i></b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Gastric mass with regional perigastric reactive to potentially inflamed mesentery</li> <li>• Concurrent mild active to chronic active pancreatitis</li> <li>• Mild splenomegaly with solitary well-demarcated uniformly hyperechoic nodule</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Diane McFadden	Although sampling is required for a definitive diagnosis, primary concern is for infiltrative gastric mural neoplasia, specifically gastric lymphoma. Non-neoplastic etiologies such as severe gastric to erosive inflammation is possible yet thought less likely.
<b>HOSPITAL NAME</b>	The splenic nodule was nonspecific with considerations including myelolipoma, nodular hyperplasia, or emerging mineralization. However, the potential for primary vs. metastatic neoplastic nodule cannot be excluded.
Loving Care VH	
<b>REFERRING VET</b>	Assuming normal clotting status, ultrasound-guided FNA of the gastric wall and spleen using a 25-gauge needle could be considered for cytology and potential for oncology consultation. Empirically, as-needed gastrointestinal support with gastroprotectant protocol is recommended. Three view chest radiographs are recommended.
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12840	No overt evidence of gastric or gastrointestinal foreign body was present.
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**HOSPITAL NAME**

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**REFERRING VET**

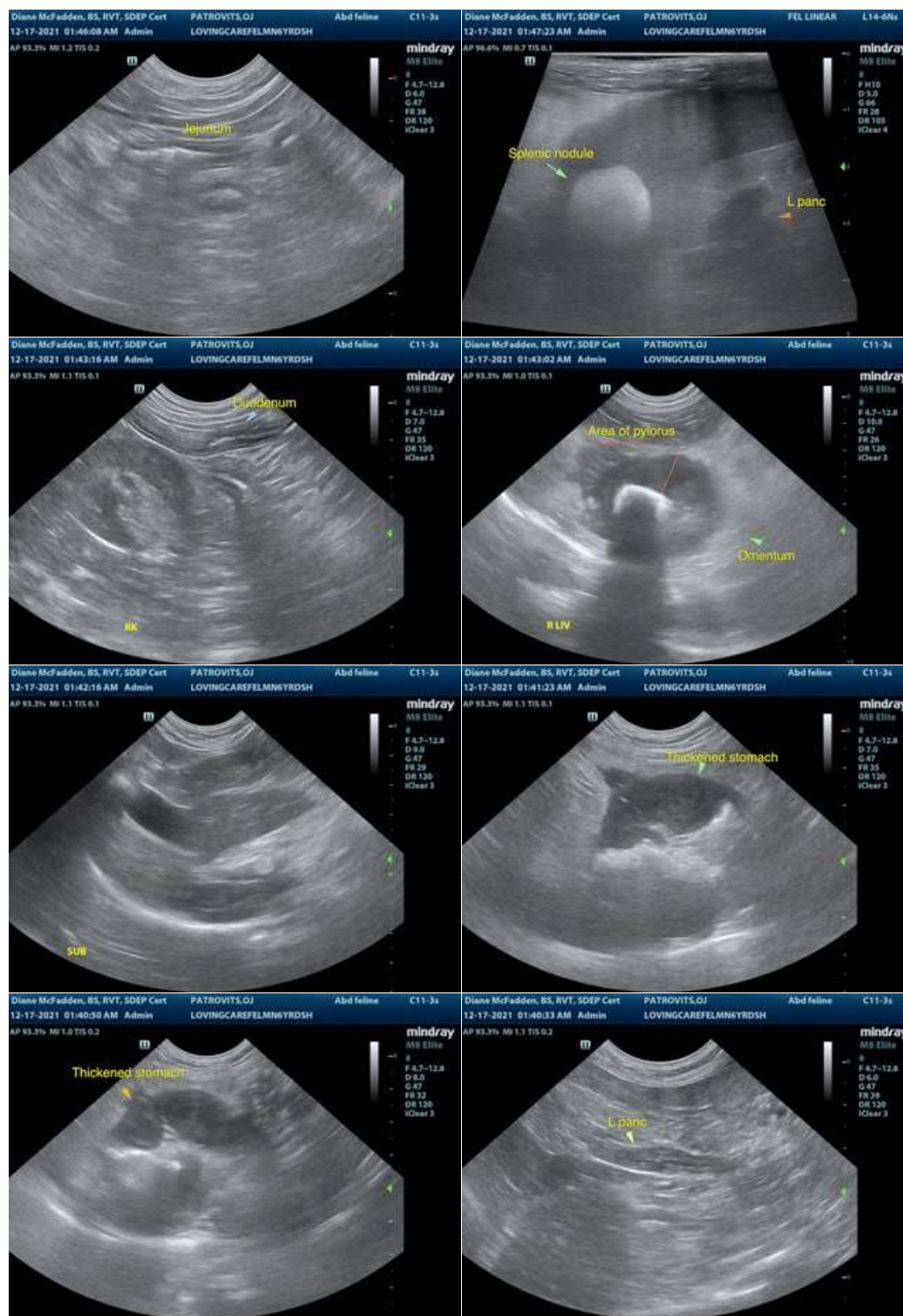
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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