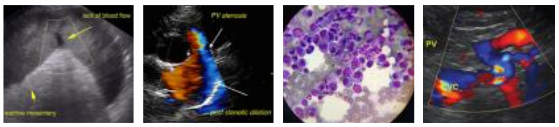


PATIENT

Emma VanGundy

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 y

WEIGHT

10.12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Veterinary Clinic

REFERRING VET

Dr. Mercer

INVOICE

15592

DATE

12/2/22

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting. Radiographs showed no obvious obstruction patterns in the small and large intestines.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 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 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

Spleen

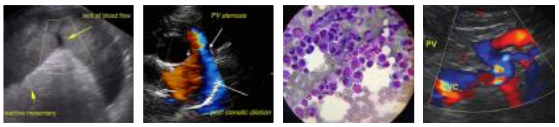
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 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.

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. A mild amount of retained anechoic fluid was present in the gastric lumen without evidence of foreign



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material. Potential for associated ulceration is possible. Gastric wall width measured up to 1.9 cm. The pylorus wall width measured 1.4 cm.

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.

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

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

Associated, regional, mildly prominent, gastric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Regional perigastric mild hyperechoic mesentery was evident. An example of lymph node size was 0.7 cm diameter. No evidence of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric mass with mild associated regional gastric lymphadenopathy and reactive mesentery
- Overtly normal small intestine

Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the gastric presentation is consistent with infiltrative neoplasia criteria with primary concern for gastric lymphoma vs. other neoplasia.

Assuming normal clotting status, FNA cytology of the gastric wall and potential for an oncology consult is suggested. Three-view chest radiographs are recommended. A very guarded to potential unfavorable long-term prognosis. Empirical as-needed gastrointestinal support would be reasonable.

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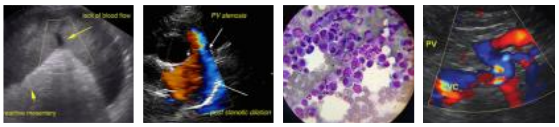

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MOBILE VETERINARY ULTRASOUND
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AnimalSoundsNW.com 541-357-9423

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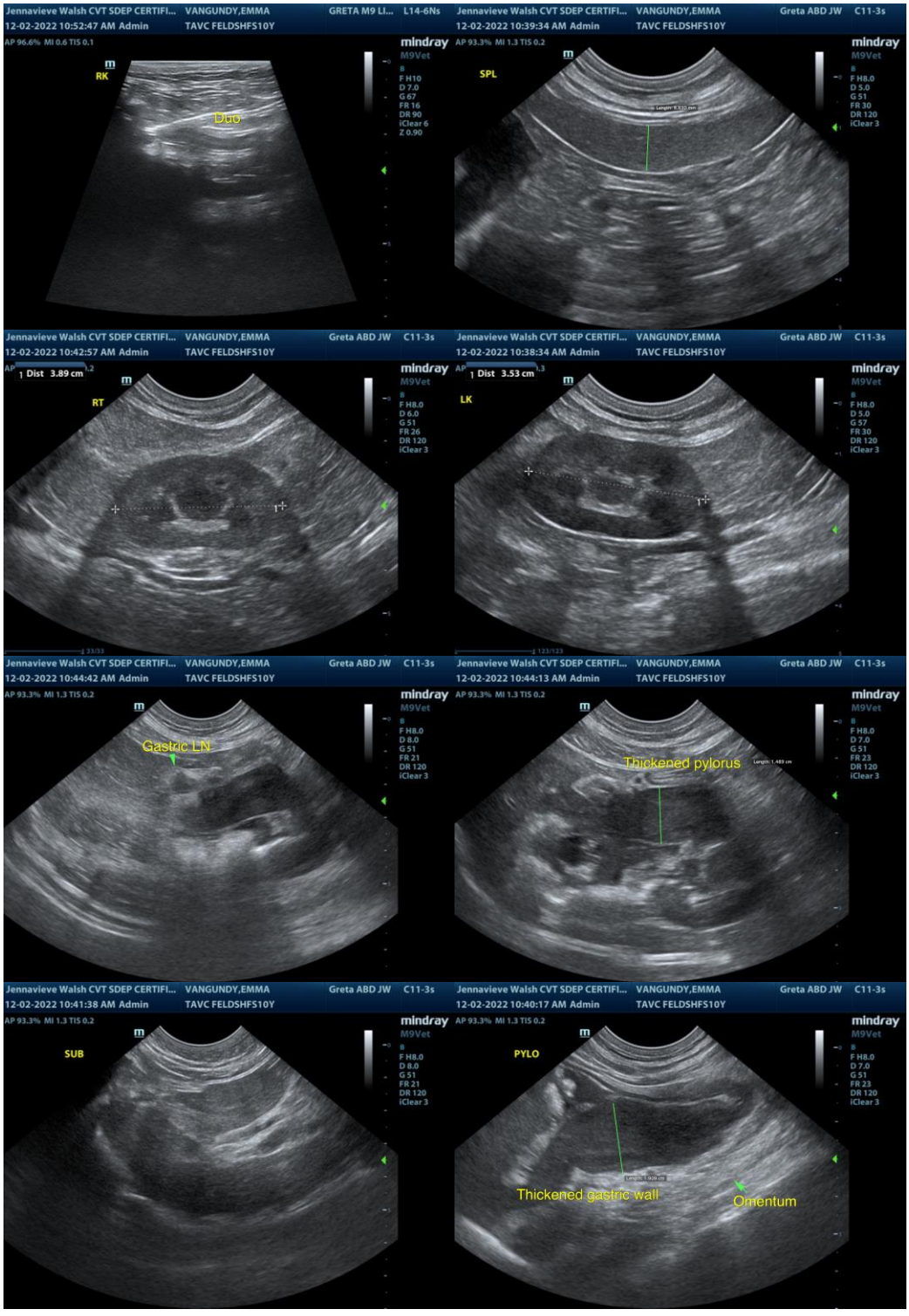

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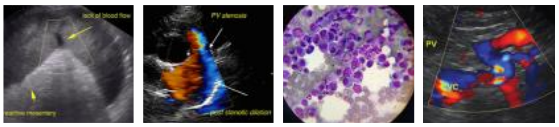

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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