



**PATIENT**

Roz McCaffery

**PRESENTING CLINICAL SIGNS**

Vomiting several times daily for past few months (bile, fluid, occ. food). Not eating much now. Sedated with Butorphanol IV.

Abnormal PE/Chem/CBC/UA Results: BW: SDMA 21, Creat 1.7, otherwise NSF. USG 1.027

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

DMH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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**

FS

No evidence of pathology in the area of the aortic trifurcation.

The right kidney was normal in size. Mild to moderate loss of corticomedullary border demarcation with concurrent mild hypoechoic halo noted around the lateral peripheral cortex was noted. The right kidney measured 3.9 cm in length.

**AGE**

12 Years

The left kidney was enlarged with moderately hyperechoic renal cortex and medulla echogenicity. A hypoechoic halo was present at the periphery of the cortex. Mild dilation of the renal diverticuli was present. The left kidney measured 5.4 cm in length.

**WEIGHT**

11.2 lbs

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width.

**INTERPRETED BY**

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

No overt pathology in the area of the right adrenal gland.

*Spleen*

**IMAGING PERFORMED BY**

Dr. Ebersole

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. The spleen measured 0.76 cm width.

**HOSPITAL NAME**

Scanvet

*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.

**REFERRING VET**

Dr. Chadbourne

*Gastrointestinal*

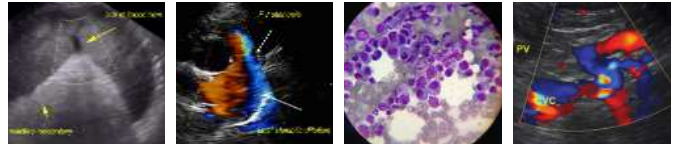
Regional moderate to severe gastric wall thickening and loss of gastric wall layer detail was present primarily involving the ventral gastric body extending into the area of the pylorus as well as expanding into caudal perigastric omentum. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Associated retained anechoic fluid was present in stomach and consistent with paralytic gastric stasis. The mass measured approximately 4.0 x 2.0 cm with the gastric wall width measuring up to 1.3 cm.

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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 jejunum wall width measured 0.24 cm.

**SPECIES**

Feline

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

***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 was evident.

**BREED**

DMH

***Free Abdomen***

Potential associated perigastric lymphadenopathy suspected although not definitive given the mildly expansive nature of the gastric mass. Regional perigastric reactive mesentery was present.

**SEX**

FS

No overt peritoneal effusion was present.

**AGE**

12 Years

**ULTRASONOGRAPHIC FINDINGS**

- Gastric mural mass.
- Left kidney renomegaly with bilateral hypoechoic halo around peripheral cortex.

**WEIGHT**

11.2 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, the presentation of the stomach and bilateral kidneys, specifically left kidney, are consistent with multicentric round cell neoplasia with likely high grade lymphoma present in both the stomach and bilateral kidneys considered top differential diagnosis. Further assessment may include gastric mural mass +/- left kidney cortex FNA for screening cytology and oncology consult. Three view chest radiographs recommended; however, likely unfavorable long term prognosis is indicated.

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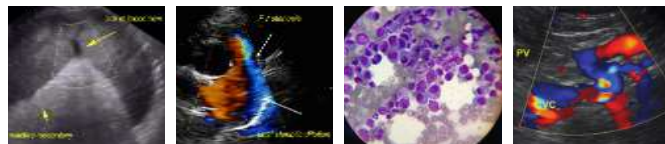
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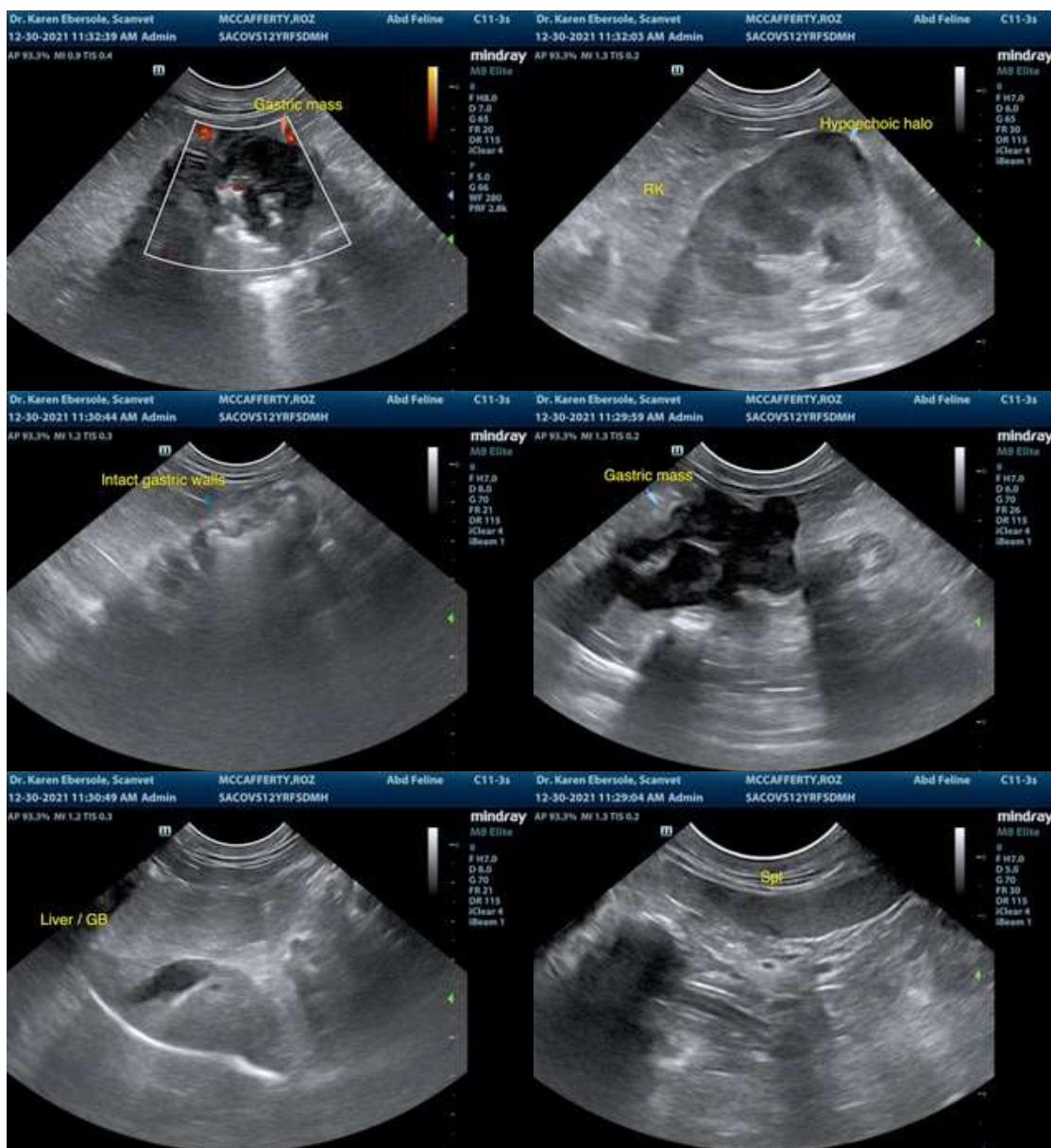
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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