



**PATIENT**

Marley Keene

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

8 years

**WEIGHT**

6.32 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Cottage Grove VH

**REFERRING VET**

Dr. Damewood

**INVOICE**

15752

**DATE**

12/30/22

**PRESENTING CLINICAL SIGNS**

Significant weight loss, BCS 2/9. Possible cranial abdominal mass.

Current Medications SQ fluids yesterday afternoon Radiographic Findings None

**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 3.8 cm in length. The right kidney measured 3.5 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

**Spleen**

The spleen was volume contracted in appearance yet maintained a finely textured homogeneous parenchyma and symmetrical capsule contour. The spleen measured 0.48 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver presented subjective mild enlarged size. The parenchyma of the liver exhibited mild uniform increased echogenicity compared to the spleen and falciform fat. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodules were noted. The gallbladder was non-distended in size containing primarily anechoic content with mild echogenic gallbladder debris, likely secondary to anorexia / fasting. No evidence of post-hepatic obstructive criteria. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach generalized variable hypoechoic wall thickening with loss of gastric wall layer detail. The stomach contained a mild amount of retained anechoic fluid without evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall width measured 0.76 cm. The pylorus wall width measured 0.77 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonobstructive intestinal ileus was present.

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***Pancreas***

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The left limb, right limb, and base 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.

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***Free Abdomen***

Regional perigastric mild nonuniform hyperechoic mesentery was present. Likely mild perigastric lymphadenopathy was noted. An intermittent scant pocket of cranial abdominal peritoneal free fluid was visualized.

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**ULTRASONOGRAPHIC FINDINGS**

- Variably thickened gastric walls exhibiting decreased mural echogenicity and loss of discernable wall layer detail - strongly suggestive of infiltrative neoplastic criteria i.e., gastric lymphoma or other
- Overtly normal small bowel with minor nonobstructive ileus
- Suspect concurrent low-grade pancreatitis
- Nonspecific mild hepatomegaly
- Mild, likely incidental, gallbladder debris

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Assuming normal clotting status, screening gastric wall FNA, as well as screening hepatic FNA, using a 25-gauge needle, is suggested with potential for oncology consult if infiltrative gastric round cell neoplasia is confirmed. Non-neoplastic etiology for the thickened stomach, i.e., severe gastritis, is possible yet thought less likely.

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A very guarded prognosis pending recommended sampling. Empirically, as-needed gastrointestinal support and empirical therapy for potential low-grade pancreatitis would be reasonable. Spec fPL could be considered for further pancreatic assessment.

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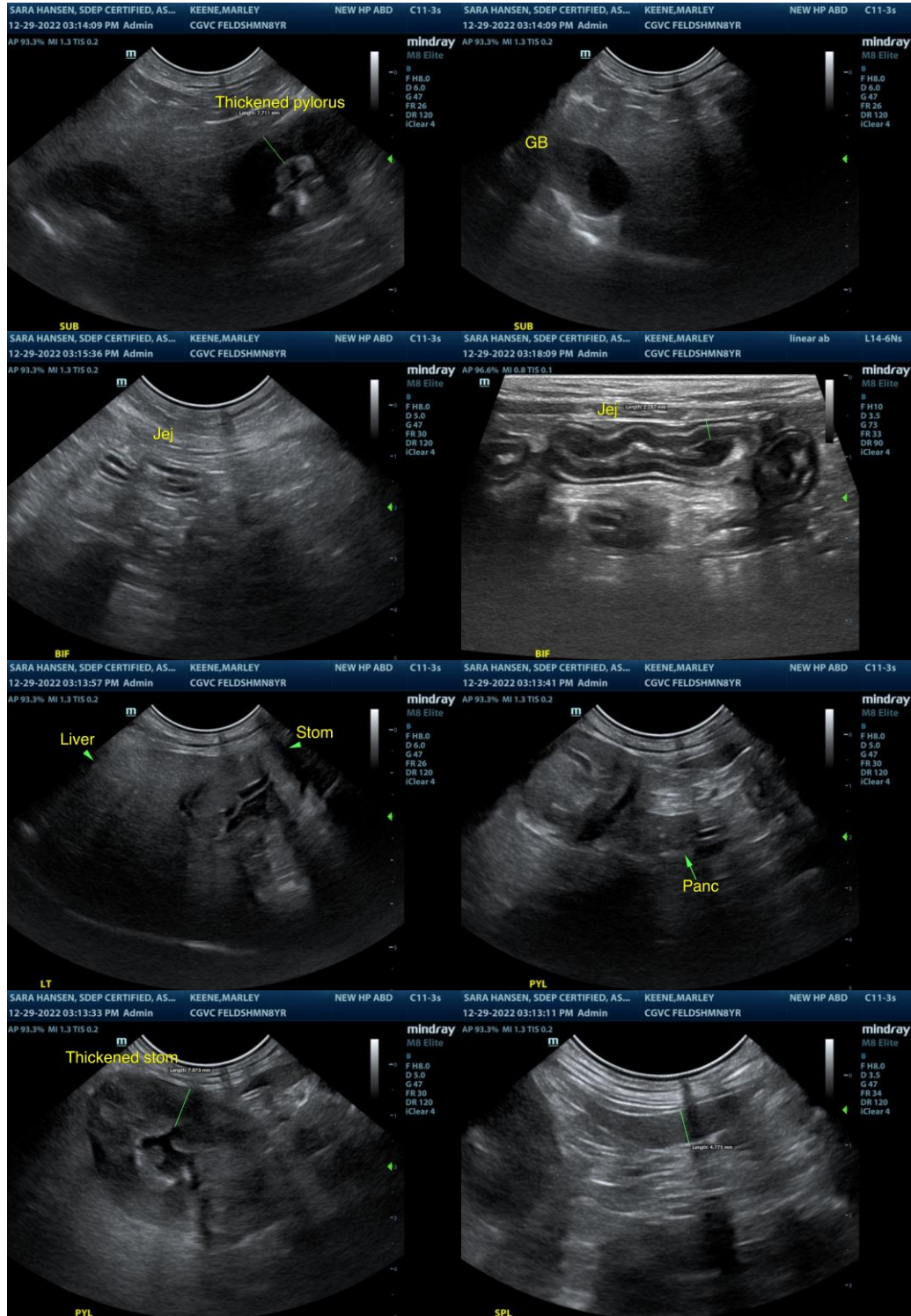
Dr. Damewood

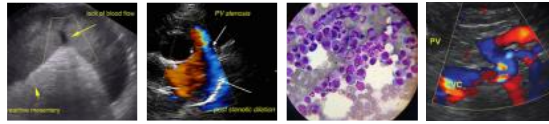
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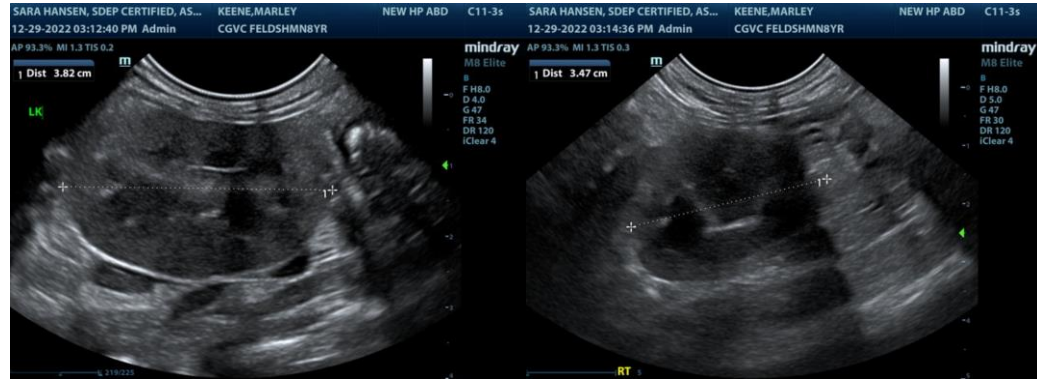
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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