



PATIENT	PRESENTING CLINICAL SIGNS
Tathra-Irene Brown	Weight loss and chronic vomiting.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Non diagnostic
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
DSH	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	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 3.7 cm in length. The right kidney measured 3.9 cm in length
FS	
AGE	The area of the aortic trifurcation was free of pathology.
10yr	<i>Adrenal Glands</i>
WEIGHT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.
4.1kg	<i>Spleen</i>
INTERPRETED BY	The spleen exhibited mild volume contracted size with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A hyperechoic caudal splenic nodule consistent with small benign myelolipoma was present measuring 0.3 cm in diameter. 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. The spleen measured 0.56 cm in width at the level of the hilus.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Liver/Gallbladder</i>
IMAGING PERFORMED BY	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild debris likely secondary to anorexia/fasting. The cystic and common bile ducts were normal.
Dr. Belan	<i>Gastrointestinal</i>
HOSPITAL NAME	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. Potential for associated ulceration if evidence of hematemesis possible. Thickened gastric wall width measured 1.2 cm. Normal intact gastric wall layering measured 0.26 cm by comparison. Regional perigastric hyperechoic mesentery was present.
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PATIENT	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.
Tathra-Irene Brown	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	Pancreas
Feline	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.
BREED	Free Abdomen
DSH	No omental masses or peritoneal effusion was present.
SEX	Minor mesenteric lymphadenopathy was present. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.
FS	
AGE	
10yr	<ul style="list-style-type: none"> Gastric mural mass with mild regional perigastric hyperechoic mesentery-consistent with neoplastic criteria, primary concern for gastric lymphoma, potential for severe non-neoplastic gastritis possible yet thought less likely. Potential for ulcerative gastric lymphoma Sonographically unremarkable small bowel Heterogenous pancreas- patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible Mild chronic renal changes
WEIGHT	
4.1kg	

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY	Correlation of suspected neoplastic gastric presentation with pending gastric cytology and potential for oncology consultation is suggested. Empirically as needed GI support and gastric protectant protocol would be reasonable. Given the extent of gastric mural involvement, curative surgical options are suspected to be precluded. A very guarded to unfavorable long term prognosis is indicated.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	

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PATIENT

Tathra-Irene Brown

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

4.1kg

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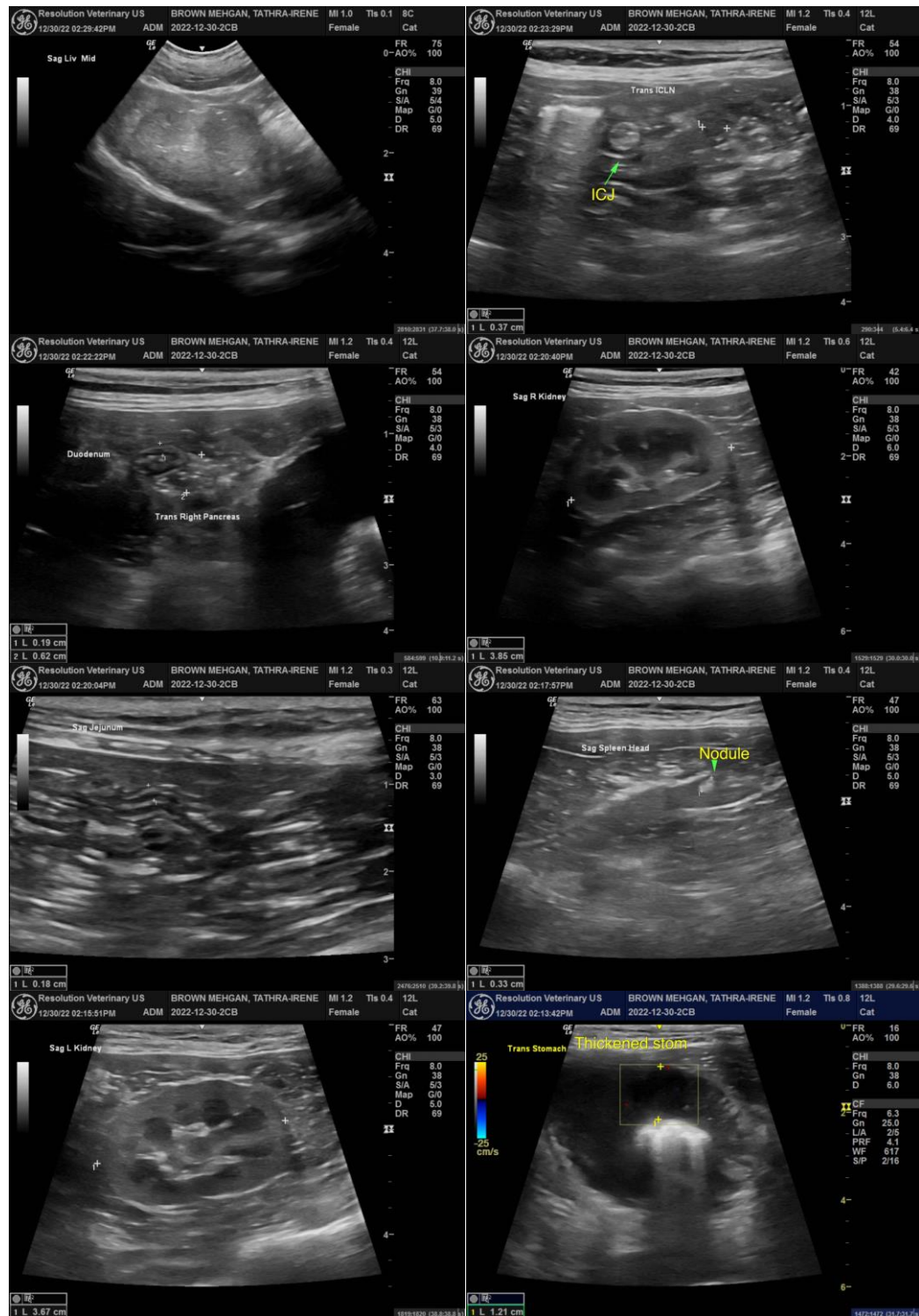
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

Tathra-Irene Brown

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

4.1kg

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