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Clinical Sonography & Telecytology
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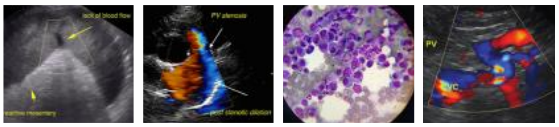


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Mouse Christensen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

7.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Kimball

INVOICE

16487

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Ongoing weight loss despite increased appetite. Appetite recently has decreased. Cranial abdominal mass palpable on exam on 3/22/23.

Abnormal PE/Chem/CBC/UA Results: Normal blood work on 1/23.

Current Medications None 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 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

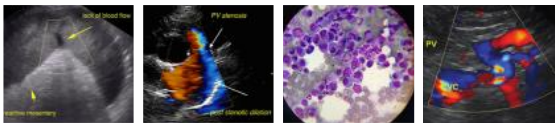
The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.31 cm width. The right adrenal gland measured 0.36 cm width at the caudal pole.

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. The spleen measured 0.71 cm width at the level of the hilus.

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.



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Gastrointestinal

The stomach exhibited variably thickened hypoechoic wall layering with loss of discernable wall layer detail primarily in the gastric body extending into the pylorus. Intact normal wall layering was noted in the area of the gastric fundus. Thickened gastric wall measured 0.8 - 1.0 cm wall width. By comparison, intact, normal-appearing fundus wall width measured 0.28 cm. The stomach contained a mild amount of retained primarily anechoic fluid and luminal gas.

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 duodenum wall measured 0.28 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.32 cm width.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Thickened hypoechoic gastric walls with gastric stasis - sonographically consistent with infiltrative gastric neoplastic criteria, primary concern for gastric lymphoma vs. other infiltrative neoplasia, moderate to severe gastritis possible yet thought less likely
- Sonographically unremarkable small bowel
- Bilateral nonspecific renal medullary rim sign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal biopsies would be required for a definitive diagnosis with potential for an oncology consult.

No overt evidence of regional peri gastric or obvious intraabdominal metastasis. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for concurrent occult intestinal or pancreatic disease as a contributing factor. Three-view chest radiographs are suggested if not done.

Empirically, as-needed gastrointestinal support, canned hydrolyzed diet, and gastroprotectants +/- coverage for helicobacter with sonographic monitoring of the stomach would be reasonable.

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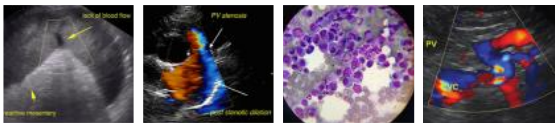

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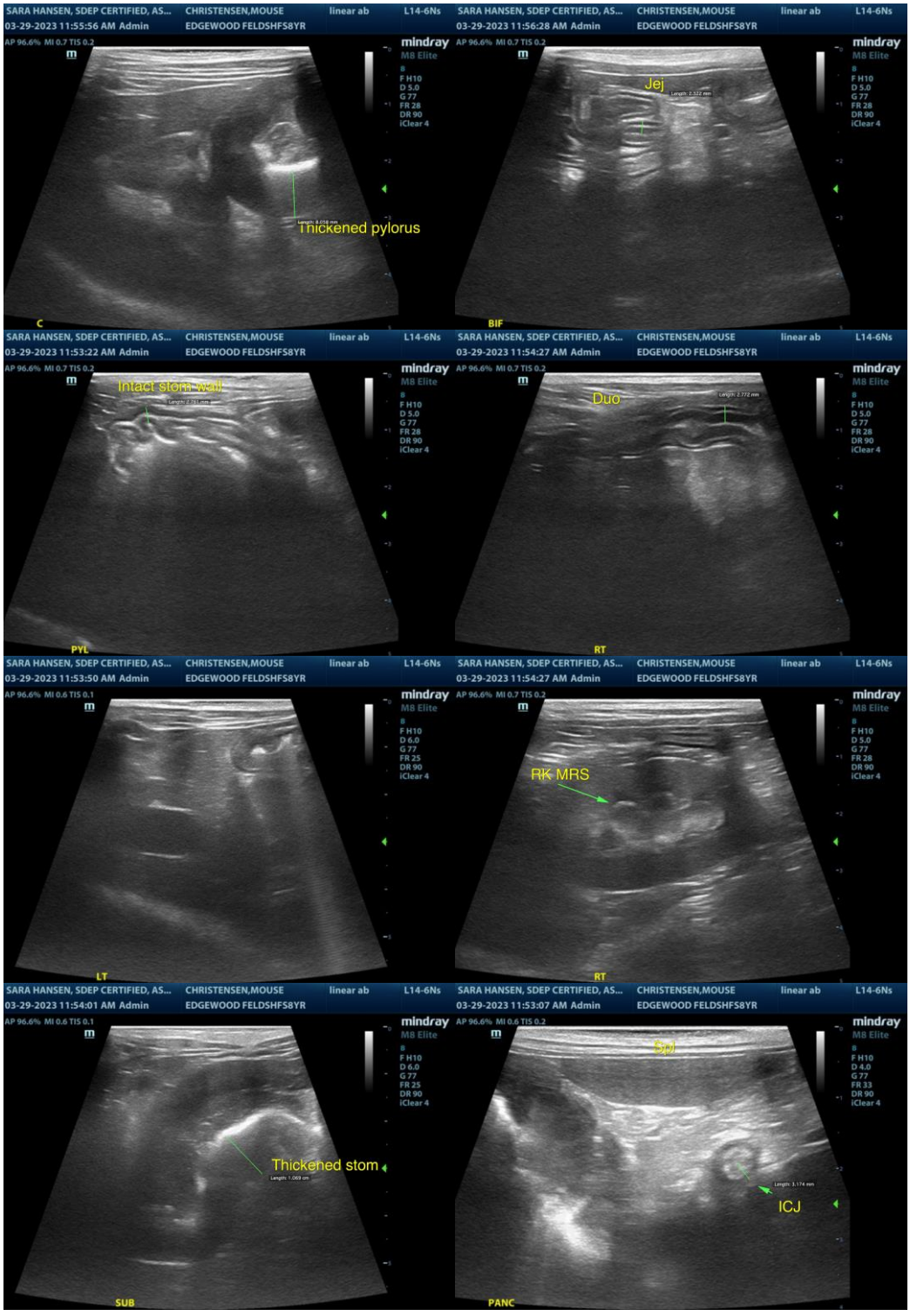

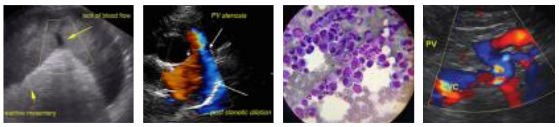

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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