



PATIENT

Alley Rose

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

14Y

WEIGHT

9.11lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Suciu

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr Mucera

INVOICE

74050

DATE

3-4-26

PRESENTING CLINICAL SIGNS

- seen at the family veterinarian for vomiting

Abnormal PE/Chem/CBC/UA Results: see attached radiology report

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 were noted.

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

Normal size and margination was 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. Pinpoint medullary mineral was present in the left kidney. The left kidney measured 4.0 cm in length. The right kidney measured 3.7 cm in length. Mild medullary renolithiasis were present in the right kidney.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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 presented normal in size. The parenchyma of the liver was homogeneous. The liver parenchyma was uniform with a mildly coarse echotexture. The hepatic capsule contour was symmetrically mildly rounded in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Suspect probable pericholecystic intraparenchymal thinly walled hepatic cyst containing anechoic fluid measuring approximately 1.9 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct presented mild to variable dilation in size. The proximal to mid common bile duct dilation without overt visualization of dilated common bile duct to the level of the duodenal papilla.

Gastrointestinal

The stomach was empty in appearance exhibiting combined intact non thickened wall with variably thickened wall exhibiting indistinct to loss of gastric mural detail. Non thickened stomach wall measured



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0.29 cm wall width. Thickened stomach wall measured 0.9 cm wall width. Pylorus wall measured 0.65 cm wall width. No obvious obstruction to pyloric outflow given empty gastric lumen.

The intestinal walls demonstrated thickened primarily intact wall layering with altered wall layer ratio owing primarily to thickened intestinal muscularis layer. Segments of intestine exhibited indistinct to loss of mural detail with generalized empty intestinal lumen. Small intestinal wall measured 0.33 cm wall width.

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

Pancreas

The pancreas was normal in size and contour with mild heterogeneous remodeled parenchyma compared to adjacent omentum. The pancreatic duct was mildly prominent. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent asymmetrically swollen to hypoechoic mesenteric lymph nodes were present. An example of a lymph node measured 1.4 x 0.8 cm.

No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Empty stomach with variably thickened wall exhibiting indistinct to loss of gastric mural detail.
- Thickened intestinal wall exhibiting segmental intact to indistinct/loss of wall layer detail.
- Suspect chronic pancreatitis.
- Intermittent mildly swollen nonhomogeneous to hypoechoic mesenteric lymph nodes.

Secondary Findings

- Chronic renal changes exhibiting medullary mineral/small right kidney renolith.
- Suspect pericholecystic hepatic cyst.
- Nonobstructive proximal/mid common bile duct dilation – age related variant, possible low grade cholangitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for emerging gastrointestinal and potential lymphatic neoplastic/metastatic criteria i.e. lymphoma warranted given indistinct to loss of regional gastric and segmental intestinal wall layer detail. Inflammatory, infectious, or granulomatous etiologies possible yet thought less likely.

FNA cytology of assessable lymph node +/- thickened gastric wall for further clarification could be considered. Biopsies likely required for definitive diagnosis.

Gastrointestinal support, empirical coverage for infectious disease, and sonographic monitoring would be a more conservative approach.



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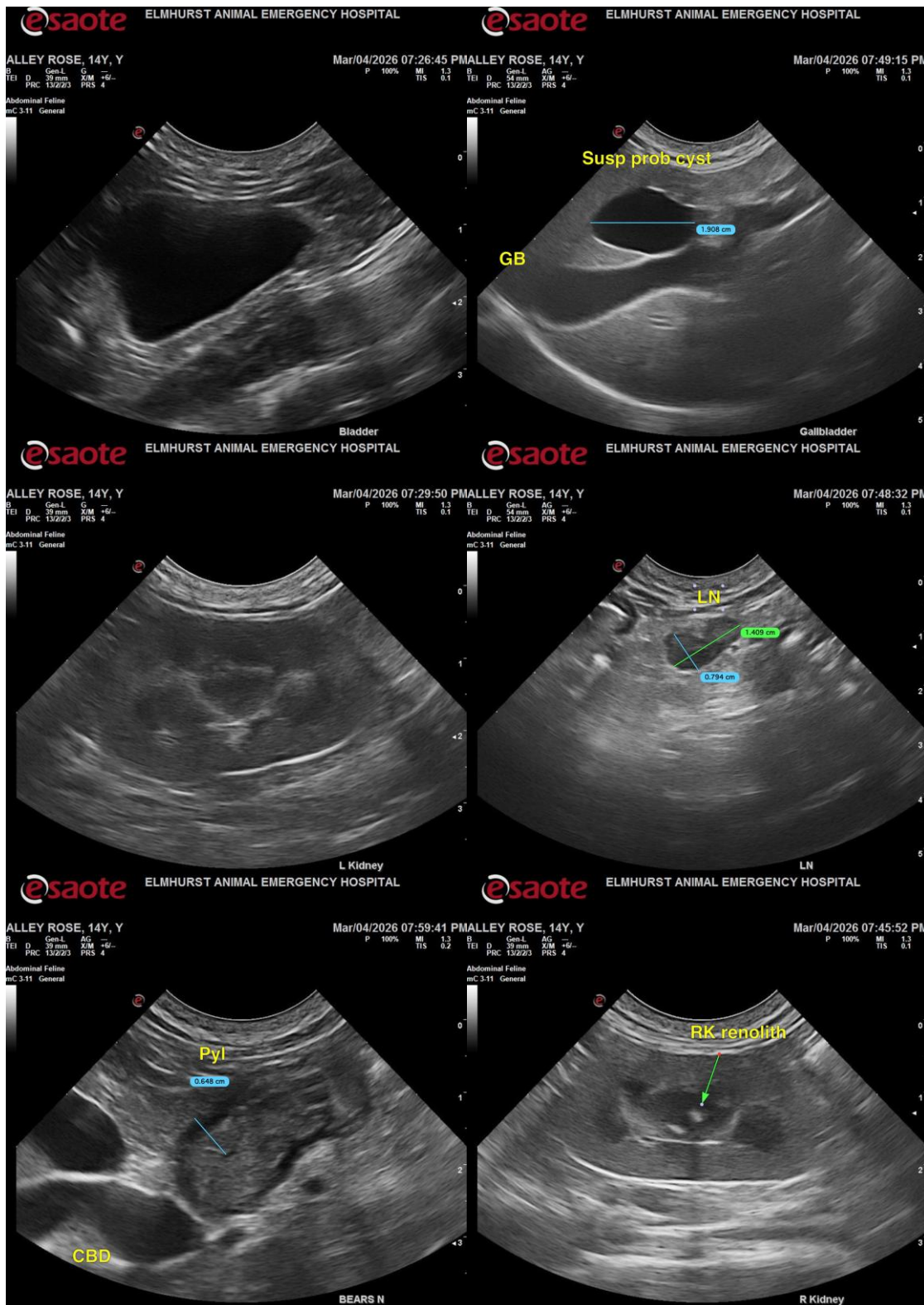
Dr Mucera

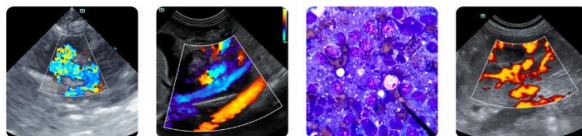
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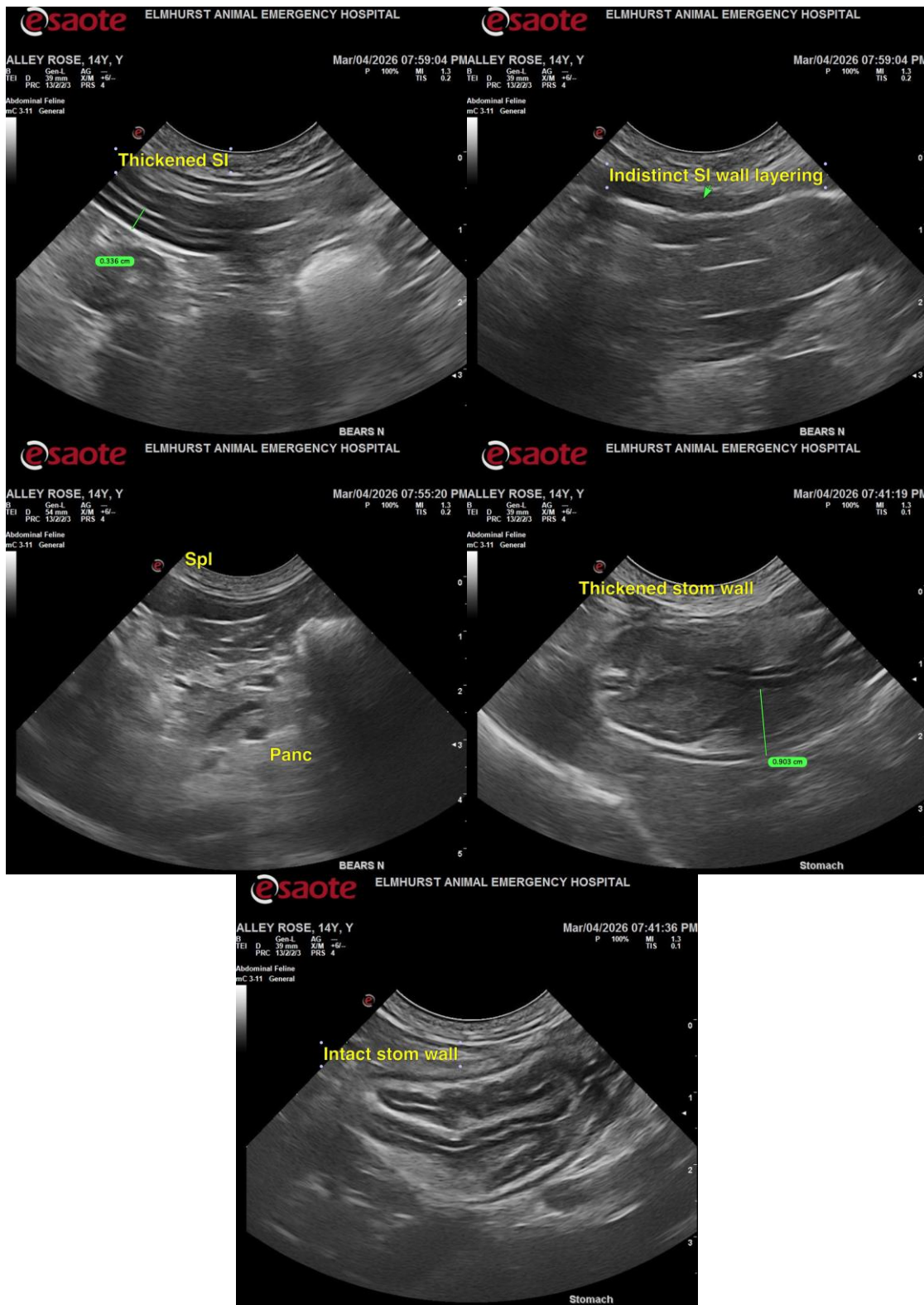
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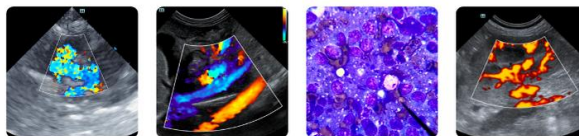
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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