



PATIENT PRESENTING CLINICAL SIGNS

Sampson Krikorian Recent history of decreased appetite. Full mouth extraction in 2019. CRF IRIS stage 2. Has had a history of pancreatitis (5/2020). On 1) Cerenia 16 mg, 1/2 q 24 hrs, 2) Mirtazapine q 24 hrs.

SPECIES Abnormal PE/Chem/CBC/UA Results: Creat 2.9, BUN 24, SDMA 13, PSL 46.

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

DLH 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

MN 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 4.3 cm in length.

AGE

8yr The area of the aortic trifurcation was free of pathology.

WEIGHT *Adrenal Glands*

13.7lb 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 0.41 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver/Gallbladder

HOSPITAL NAME

VCA Hanson

The liver presented mildly 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. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.25 cm diameter.

REFERRING VET

Dr. Jewett

Gastrointestinal

INVOICE

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The stomach presented intact wall layering with a normal wall layer ratio in the fundus and gastric body. Regional mild symmetrical to circumferential thickening of the antrum and pylorus extending into the pyloric duodenal junction was present. The thickened antrum and pylorus wall exhibited decreased mural echogenicity with loss of discernable wall layer detail. The pylorus wall measured up to 1.1 cm in width.

DATE

04/24/2023



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The small intestine presented intact wall layering with a 1:3 muscularis/mucosa ratio. Subjective mild segmental thickened yet intact jejunal wall layering was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.28 cm width. The ileocolic wall measured 0.38 cm width.

SPECIES

Feline

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

Pancreas

BREED

DLH

The pancreas was normal in size with minor capsule asymmetry and non-homogenous mildly hypoechoic left and right limb parenchyma. Subtle evidence of peripancreatic hyperechoic omentum was present.

Free Abdomen

SEX

MN

No peritoneal effusion was present. Subtle perigastric hyperechoic omentum was present around the thickened antrum and pylorus.

AGE

8yr

Intermittent mildly prominent to enlarged gastric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.5 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

13.7lb

- Regional primarily symmetrical to circumferentially thickened gastric antrum/pylorus.
- Intact minor segmental prominent small bowel walls.
- Concurrent mild pancreatitis.
- Intermittent non-specific mild gastric lymphadenopathy.

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DABVP (Canine and Feline)

Secondary

- Non-obstructive proximal common bile duct dilation-age related changes, possible concurrent low grade cholangitis.
- Bilateral mild age related renal changes.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened antrum and pylorus is sonographically suggestive of infiltrative criteria i.e., round cell neoplasia such as lymphoma. Non-neoplastic etiologies such as regional inflammatory disease is possible.

HOSPITAL NAME

VCA Hanson

Biopsies via endoscopy or laparotomy required for a definitive diagnosis. Concurrent small intestinal +/- pancreatic biopsies would be recommended if sampling, which is considered essential for definitive diagnosis and therapeutic planning, is elected.

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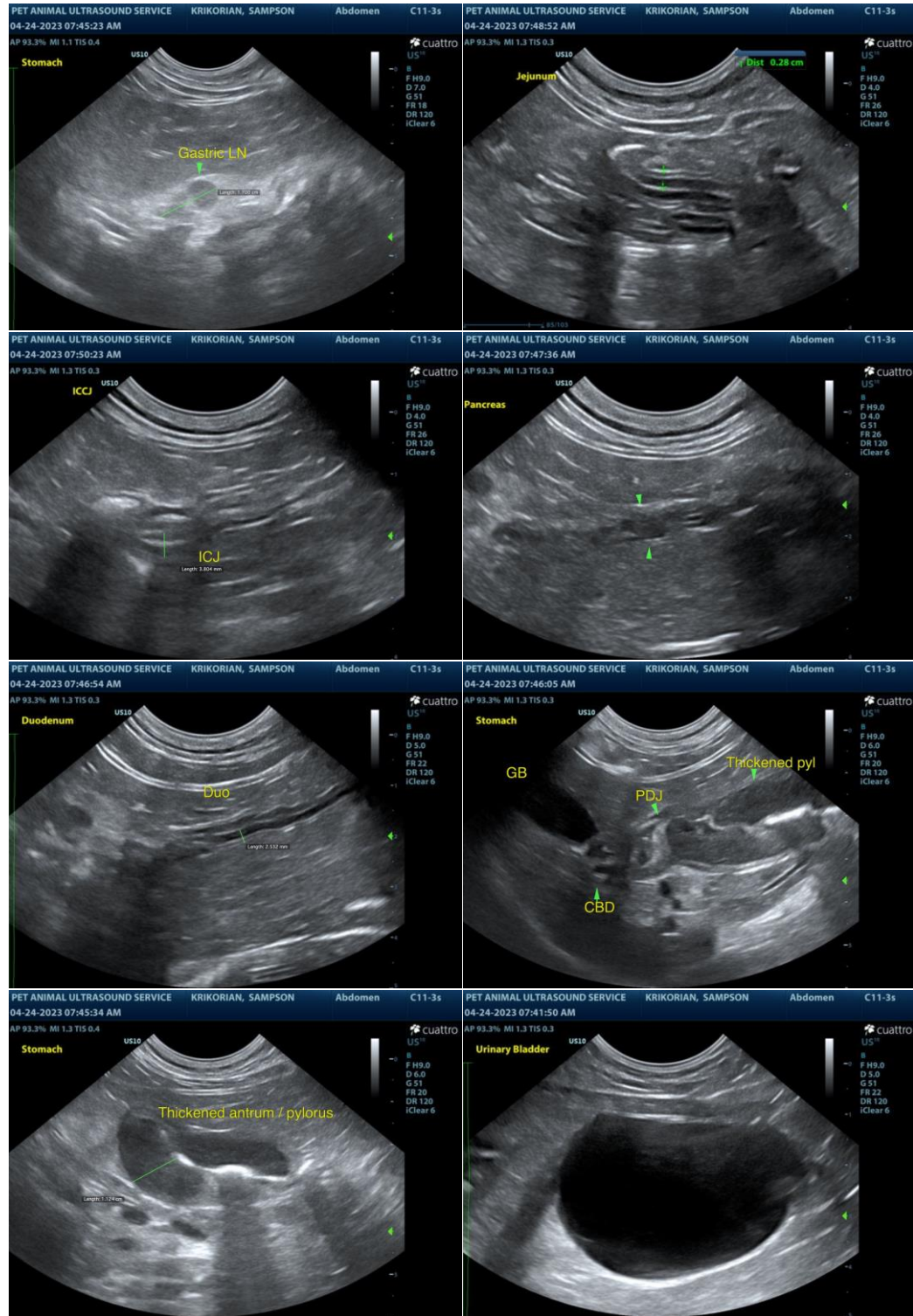
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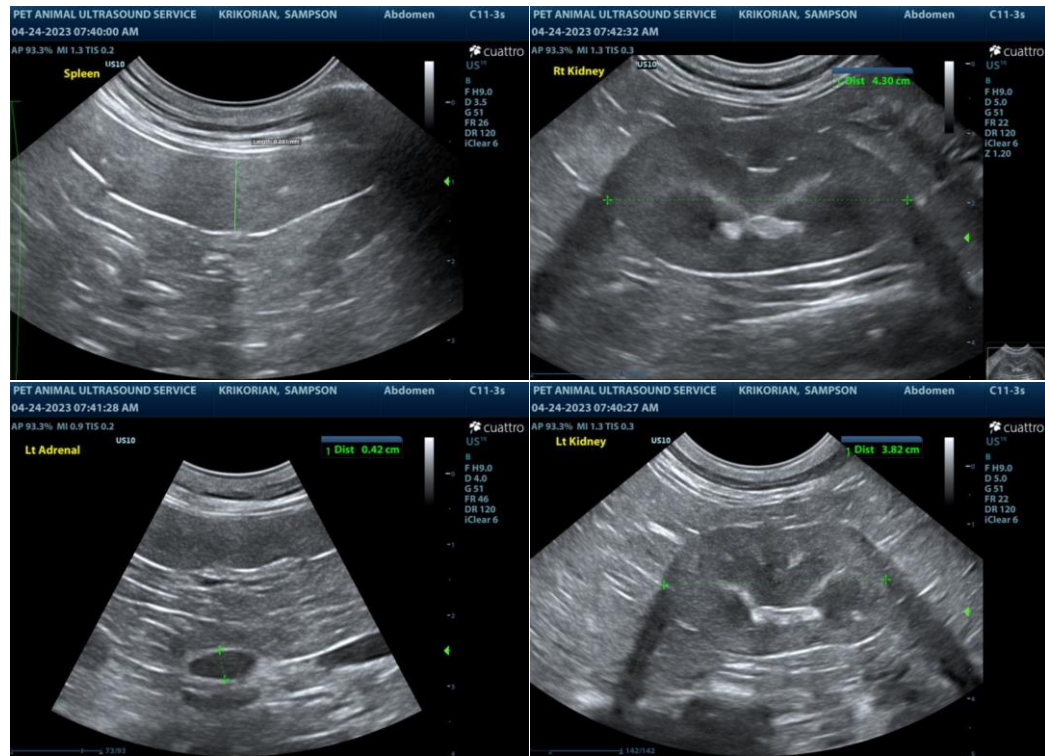
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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