



PATIENT	PRESENTING CLINICAL SIGNS
Hedley Fernandes	Presented for vomiting on and off. Pet has been less and less interested in food and has been losing weight. PE - BAR HR200 RR 25 heart and lungs sound normal, no obvious pain or organomegaly on palpation. Does seem more painful in the cranio-ventral area of the abdomen. Has been on Mirtazapine, Metronidazole, Gabapentin and Fortiflora.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. CBC neuts 26.83, Mono 0.83, Plateletcrit 0.98, Chem - ALT less than 10. Rads suggestive of soft tissue opacity. Concerns for mass, radio-opaque FB, bones, litter etc in stomach vs gall bladder stones etc..
BREED	
DSH	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
MN	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
AGE	
11 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	
4.71 kg	Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.7 cm in length. The right kidney measured 4.5 cm in length.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	Adrenal Glands
	The left and right adrenal glands were not definitively visualized.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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 0.61 cm width at the level of the mid spleen
HOSPITAL NAME	
Governors Road Animal Hospital	Liver/ Gallbladder
REFERRING VET	
Dr. Farooq	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 subnormal in size with no overt pathology. The cystic and common bile ducts were normal.
INVOICE	Gastrointestinal
17201	The stomach exhibited regional thickened wall exhibiting decreased mural echogenicity and loss of discernable wall layering. The thickened gastric wall measured up to 1.6 cm width. The stomach was empty with mild lumen gas.
DATE	
6/29/23	



PATIENT
Hedley Fernandes

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 small intestinal wall width measured 0.22 cm.

SPECIES
Feline

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Free Abdomen

Moderate volume echogenic peritoneal effusion was present. Generalized nonuniform omentum was noted. No overtly visualized significant omental lymphadenopathy or definitive omental mass was noted.

DSH

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

11 years

WEIGHT

4.71 kg

- Urinary bladder sediment
- Chronic renal changes
- Regionally thickened stomach, sonographically unremarkable small bowel
- Sonographically unremarkable liver with contracted gallbladder
- Heterogeneous pancreas
- Moderate volume echogenic peritoneal effusion and generalized nonuniform omentum

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although effusion analysis and gastric sampling are required for further clarification, a primary concern for infiltrative gastric neoplasia with carcinomatosis, lymphomatosis, or similar is indicated. Non-neoplastic gastric thickening, i.e., inflammation and nonneoplastic effusion, and technically FIP, although considered less likely given the age of the patient, is possible yet thought less likely. Effusion analysis, cytology, +/- C/S, if clinically indicated, as well as, assuming normal clotting status, FNA cytology of a thickened stomach wall, are recommended for further assessment. An extremely guarded to unfavorable prognosis is suspected.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

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Dr. Farooq

INVOICE

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Hedley Fernandes

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**IMAGING
PERFORMED BY**

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REFERRING VET

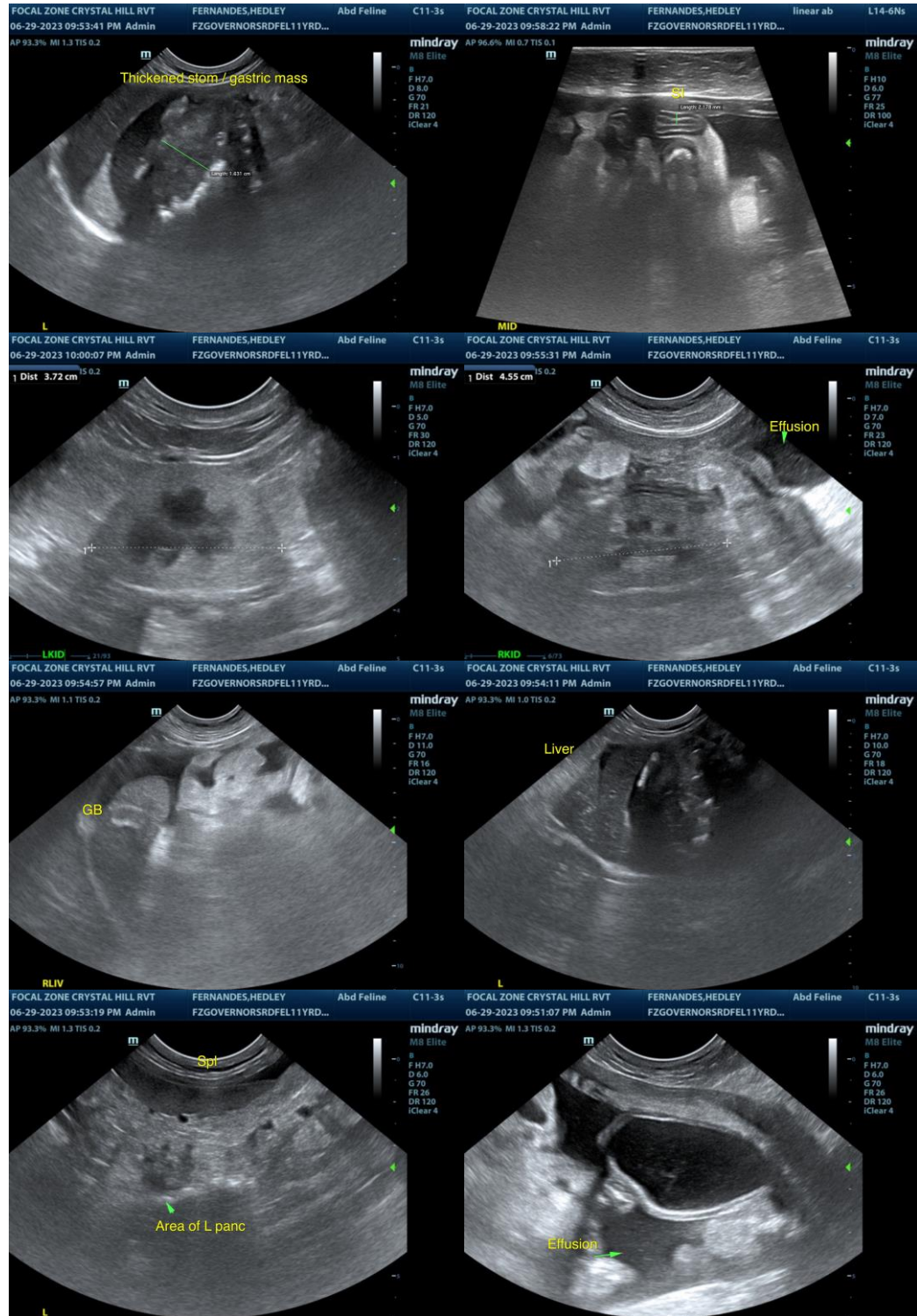
Dr. Farooq

INVOICE

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PATIENT

Hedley Fernandes

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.

SPECIES

Feline

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.

BREED

DSH

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

MN

AGE

11 years

WEIGHT

4.71 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

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