



PATIENT

Smaug Hart

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

8 years

WEIGHT

9.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Branchville Country
Vet

REFERRING VET

Dr. Talbot-Valerio

INVOICE

14026

DATE

6/7/22

PRESENTING CLINICAL SIGNS

Weight loss, chronic vomiting on and off- liquidity and dark brown in color sometimes, sometimes hair or food. Ulcers? Mass? Neoplasia? Was on pred for a while, was doing slightly better but difficult to med. Current meds: Sucralfate (but o can not get into cat- spits it out)

Abnormal PE/Chem/CBC/UA Results: RBC 4.42, Hct 22%, Hgb 6.0, Retic 84.2, Glu 214, BUN 10, TP 5.7, Alb 2.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole.

Spleen

The was normal in size with potential for mild splenic volume contraction. The spleen maintained symmetrical capsule contour with intermittent nondisruptive subtle hyperechoic splenic nodules. An example of a splenic nodule measured 0.32 cm diameter. The splenic nodules did not distort the splenic capsule.

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.

Gastrointestinal

Regional moderate gastric wall thickening and loss of discernable gastric wall layering was present primarily in the gastric body extending into the antrum and potential pylorus. The thickened gastric walls exhibited decreased mural echogenicity and an asymmetrical luminal surface. Mild to moderate



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retained anechoic fluid was present in the gastric lumen without evidence of retained ingesta or overt foreign material. The ventral gastric body wall width measured up to 0.95 cm. The pylorus wall width measured 0.80 cm, respectively.

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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 width measured 0.22 cm. The jejunum wall width measured 0.20 cm.

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

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The left limb of the pancreas exhibited normal size with areas of minor capsule asymmetry. Mild heterogeneous to subtly hypoechoic parenchyma was noted compared to adjacent omentum.

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Free Abdomen

Multiple gastric to cranial abdominal lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). An example measured 1.3 cm x 1.0 cm. Regional perigastric hyperechoic mesentery was present along with small pockets of scant peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

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- Regionally thickened stomach exhibiting decreased mural echogenicity, loss of discernable wall layering, and secondary gastric stasis
- Associated regional perigastric reactive to possibly inflamed mesentery and hypoechoic to swollen gastric to cranial abdominal lymphadenopathy
- Potential low-grade concurrent pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the gastric presentation is strongly suggestive of infiltrative gastric neoplasia such as gastric lymphoma. Potential for severe inflammatory etiology i.e., severe gastritis is possible yet considered less likely given the loss of discernable gastric wall layering. The associated perigastric to cranial abdominal lymphadenopathy may indicate concurrent lymphadenitis with primary concern for metastatic lymphadenopathy.

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Assuming normal clotting status, ultrasound guided FNA of the gastric wall and accessible lymph node could be considered for screening cytology with potential for oncology consultation. Gastric mural and lymphatic biopsies may be required for a definitive diagnosis. Empirically, continued gastrointestinal supportive care and therapy for gastritis would be reasonable.

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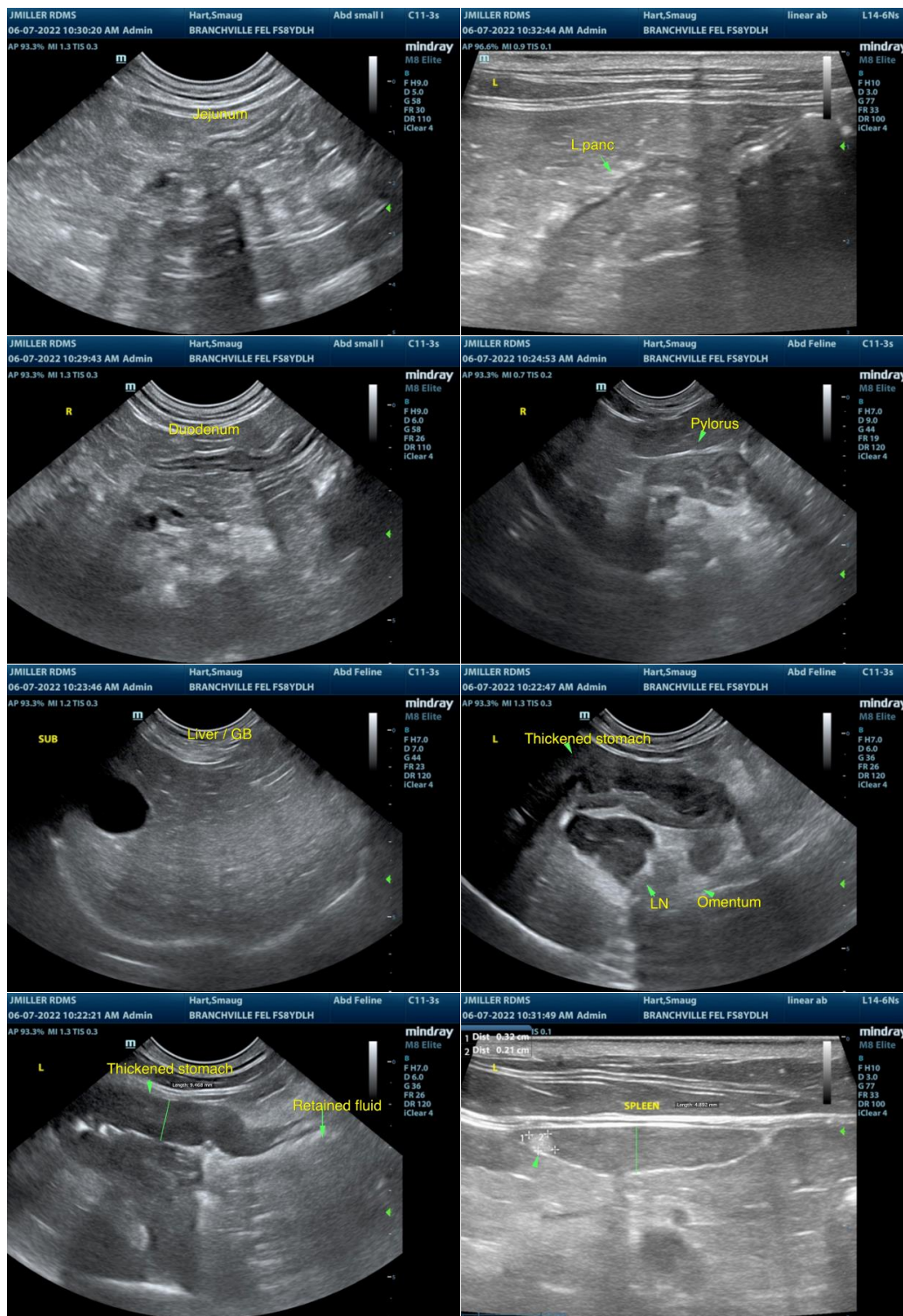
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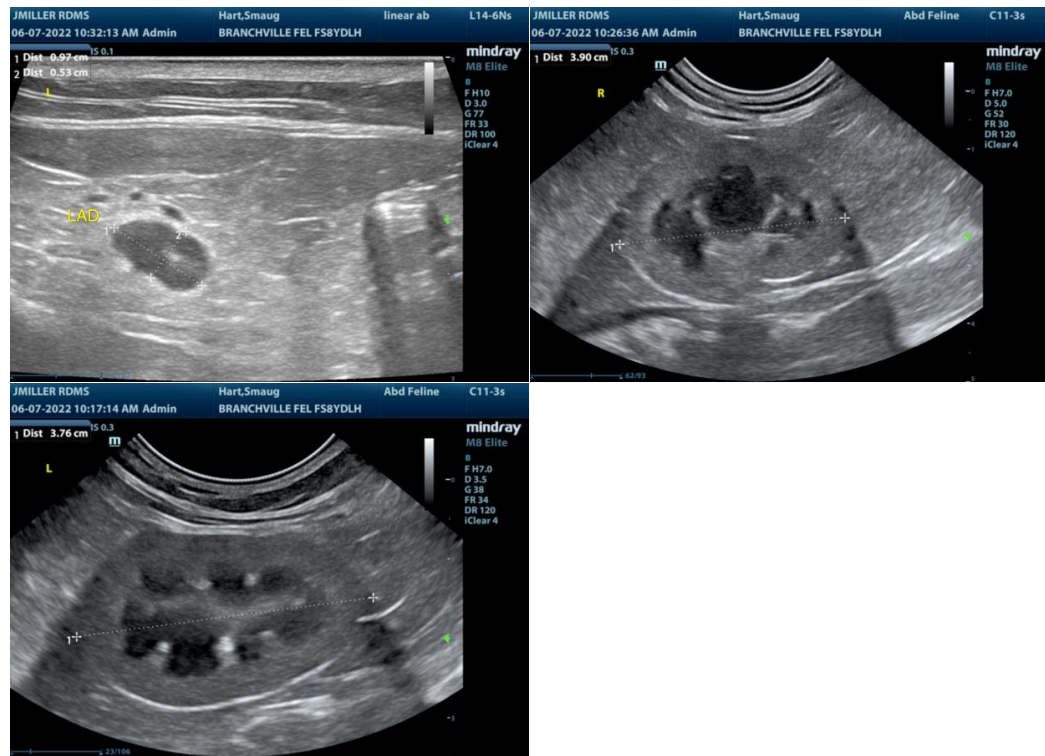
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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