



**PATIENT**

Cheddar Fisher

**PRESENTING CLINICAL SIGNS**

History: Chronic vomiting. Constipation.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**BREED**

DSH

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 3.5 cm in length. The right kidney measured 3.5 cm in length.

**SEX**

MN

**AGE**

1 year

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. No overt pathology in the area of the right adrenal gland.

**WEIGHT**

5.35kg

**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 0.76 cm in width at the level of the hilus.

**INTERPRETED BY**

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

**Liver**

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.

**IMAGING PERFORMED BY**

Dave Stasiuk

**Gastrointestinal**

The gastric fundus and body exhibited sonographically unremarkable wall layering. The ventral gastric body wall measured 0.36 cm in width. Variable yet moderate mural hypertrophy exhibiting variable mural echogenicity was present in the area of the pylorus/gastroduodenal junction extending into the upper duodenum. The area of thickening appeared to taper to involve the ventral upper duodenal muscularis layer. The distal duodenum exhibited normal wall layering caudally to the level of the jejunum.

**HOSPITAL NAME**

Resolution Veterinary  
Ultrasound

**REFERRING VET**

Dr. Karagic

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 jejunum wall measured 0.24 cm in width. The ileocolic wall measured 0.30 cm in width.

**INVOICE**

11132ag

Normal visible colon wall layers were present with apparent formed feces in lumen. The descending colon wall measured 0.11 cm in width.

**DATE**

07/12/2022

**Pancreas**



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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 was evident.

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### Free Abdomen

A solitary enlarged; hypoechoic gastric lymph node was present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph node was bordered by perilymphatic to peripyloric reactive mesentery. The lymph node measured 1.4 cm x 0.8 cm.

## BREED

DSH

### ULTRASONOGRAPHIC FINDINGS

- Variable moderately thickened pylorus, gastroduodenal junction and upper duodenal wall with loss of wall layer detail
- Associated prominent gastric lymph node with reactive mesentery

## SEX

MN

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## AGE

1 year

The cause of the patient's vomiting appears to be associated with the nonspecific variable thickening involving the pylorus and duodenum, this may suggest chronic inflammatory, infectious, granulomatous (dry FIP) or potential neoplastic etiology. Sampling is required for further assessment. An ultrasound guided screening FNA of the thickened pylorus wall could be considered. Endoscopic of surgical biopsy likely required for definitive diagnosis via histopathology.

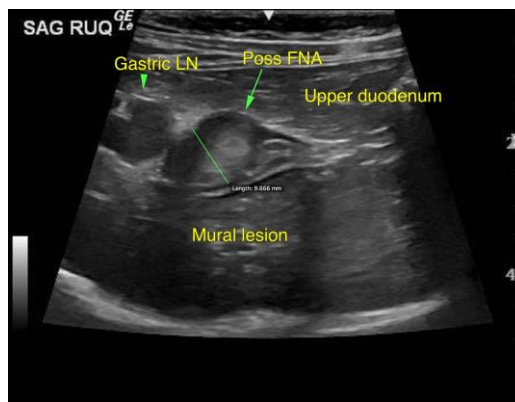
## WEIGHT

5.35kg

Surgical consult could be considered and is likely ideal. Empirically canned hydrolyzed diet with potential slurry feeding with gastric protectant protocol with as needed supportive care would be reasonable.

## INTERPRETED BY

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(Canine and Feline)



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Ultrasound



## REFERRING VET

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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



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can be of any further assistance please contact me.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

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