



PATIENT PRESENTING CLINICAL SIGNS

Francine Foster Weight loss, dysrexia, hiding, lethargy for several weeks Mirtazapine transdermal

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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 was noted.

DSH

SEX The area of the aortic trifurcation was free of pathology.

FS The bilateral kidneys were mildly enlarged in size with mild asymmetrical renal margination. A maintained 1:3 cortex/medulla ratio with mild uniform increased cortex echogenicity and mildly enhanced corticomedullary border demarcation were present. Mild pyelectasia was present In both kidneys along with intermittent small cortical cysts. Subtle evidence of subcapsular to retroperitoneal free fluid was noted around both kidneys. The left kidney measured 5.3 cm in length. The right kidney measured 4.6 cm in length.

AGE

2009

WEIGHT **Adrenal Glands**

6.7 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Spleen

The spleen exhibited potential for mild volume contraction. 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 0.5 cm width at the level of the hilus. No evidence of splenic neoplastic criteria was noted.

IMAGING PERFORMED BY

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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 mildly distended in size containing primarily anechoic content with mild congealed yet nonorganized mildly hyperechoic luminal debris. The common bile duct was normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted.

REFERRING VET

Dr. Borrelli

INVOICE

14311

Gastrointestinal

The stomach exhibited regional to generalized moderate yet variable wall thickening exhibiting decreased mural echogenicity and loss of discernable wall layering. The ventral gastric body wall width measured 0.66 cm.

DATE

7/19/22



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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 jejunum wall width measured 0.20 cm.

SPECIES

Feline

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

Pancreas

The pancreas exhibited subjective mild prominent size with areas of capsule asymmetry and mildly nonhomogeneous to hypoechoic parenchyma.

BREED

DSH

Free Abdomen

Mild regional perigastric reactive mesentery was present. Intermittent gastric and pancreaticoduodenal lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example measured 0.92 cm in diameter. A small pocket of scant free fluid was noted in the cranial abdomen between the stomach and caudal liver.

SEX

FS

AGE

2009

ULTRASONOGRAPHIC FINDINGS

- Thickened stomach exhibiting decreased mural echogenicity and loss of discernable wall layering
- Potential mild concurrent pancreatitis
- Associated hypoechoic to swollen gastric and pancreaticoduodenal lymphadenopathy
- Bilateral borderline to mild renomegaly exhibiting uniform cortical hyperechogenicity, mild pyelectasia, and subtle hypoechoic halo sign

WEIGHT

6.7

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the appearance of the stomach and bilateral kidneys is primarily suggestive of multicentric neoplasia involving the stomach and bilateral kidneys, specifically multicentric lymphoma as the primary differential diagnosis.

Assuming normal clotting status, ultrasound-guided FNA of thickened gastric wall and/or left or right renal cortex for screening cytology and potential for oncology consult is recommended.

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Potential for non-neoplastic etiology, i.e., significant gastritis or nonspecific bilateral nephritis is considered a less likely differential diagnosis. Three view chest radiographs are suggested if not done. A very guarded prognosis is warranted.

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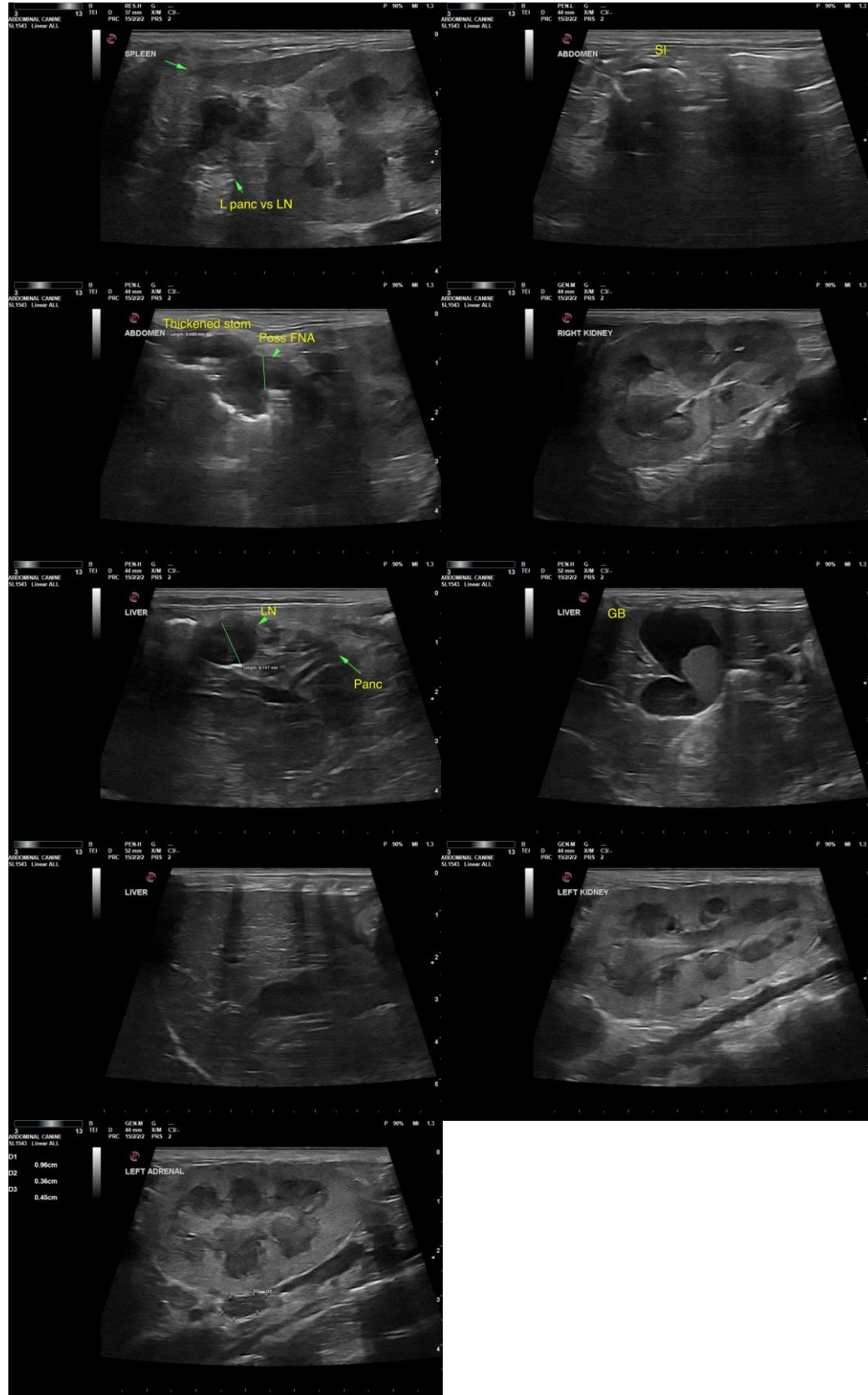
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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