



PATIENT Maximillian Stwolinsky	PRESENTING CLINICAL SIGNS Proteinuria
SPECIES Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN Urinary System The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, 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.
BREED DSH	
SEX MN	The area of the aortic trifurcation was free of pathology.
AGE 9	Normal size and minor asymmetrical contour were present in the kidneys. Minor loss of corticomedullary border demarcation was present. No evidence of pyelectasia was noted. The left kidney measured 3.2 cm in length. The right kidney measured 3.5 cm in length.
WEIGHT 6.2	Adrenal Glands The left and right adrenal glands were not definitively visualized.
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. No evidence of neoplastic criteria was noted. The spleen was normal to mildly subnormal in size, potentially indicative to volume contraction, measuring 0.46 cm width at the level of the hilus.
IMAGING PERFORMED BY Dr. Bader Zraibi	Liver/ Gallbladder The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild nonuniform to remodeled parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The gallbladder was otherwise normal with the gallbladder debris likely secondary to inappetence / fasting. The cystic and common bile ducts were normal.
HOSPITAL NAME Pets R Family AH	
REFERRING VET Dr. Bader Zraibi	
INVOICE 14589	Gastrointestinal Regional to generalized moderate gastric wall thickening with loss of gastric wall layer detail and decreased mural echogenicity was present. An asymmetrical luminal surface was noted. The stomach was primarily empty with luminal gas. No overt evidence of significant retained ingesta or foreign material. The ventral gastric wall width measured 1.0 cm. Pylorus wall width measured 0.75 cm.
DATE 8/12/22	The visualized segments of small intestine were sonographically normal.



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

Pancreas

SPECIES

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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 were evident.

BREED

Free Abdomen

DSH

No overt evidence of intraabdominal lymphadenopathy or peritoneal free fluid was present.

SEX

ULTRASONOGRAPHIC FINDINGS

MN

Primary Findings

AGE

9

- Gastric mass
- Nonspecific mild chronic renal changes
- Urinary bladder sediment

WEIGHT

6.2

Secondary Findings

- Mild gallbladder debris

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the gastric presentation was consistent with Infiltrative neoplastic criteria with gastric lymphoma considered a primary differential diagnosis. Ultrasound-guided FNA of the thickened gastric wall for cytology and potential oncology consult could be considered.

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Subjectively, the extent of gastric mural disease likely precludes curative surgical options.

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Three-view chest radiographs are suggested if not done.

REFERRING VET

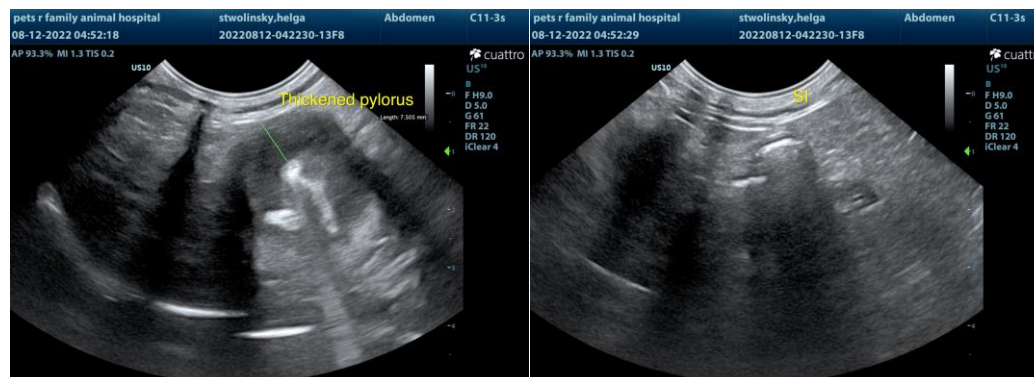
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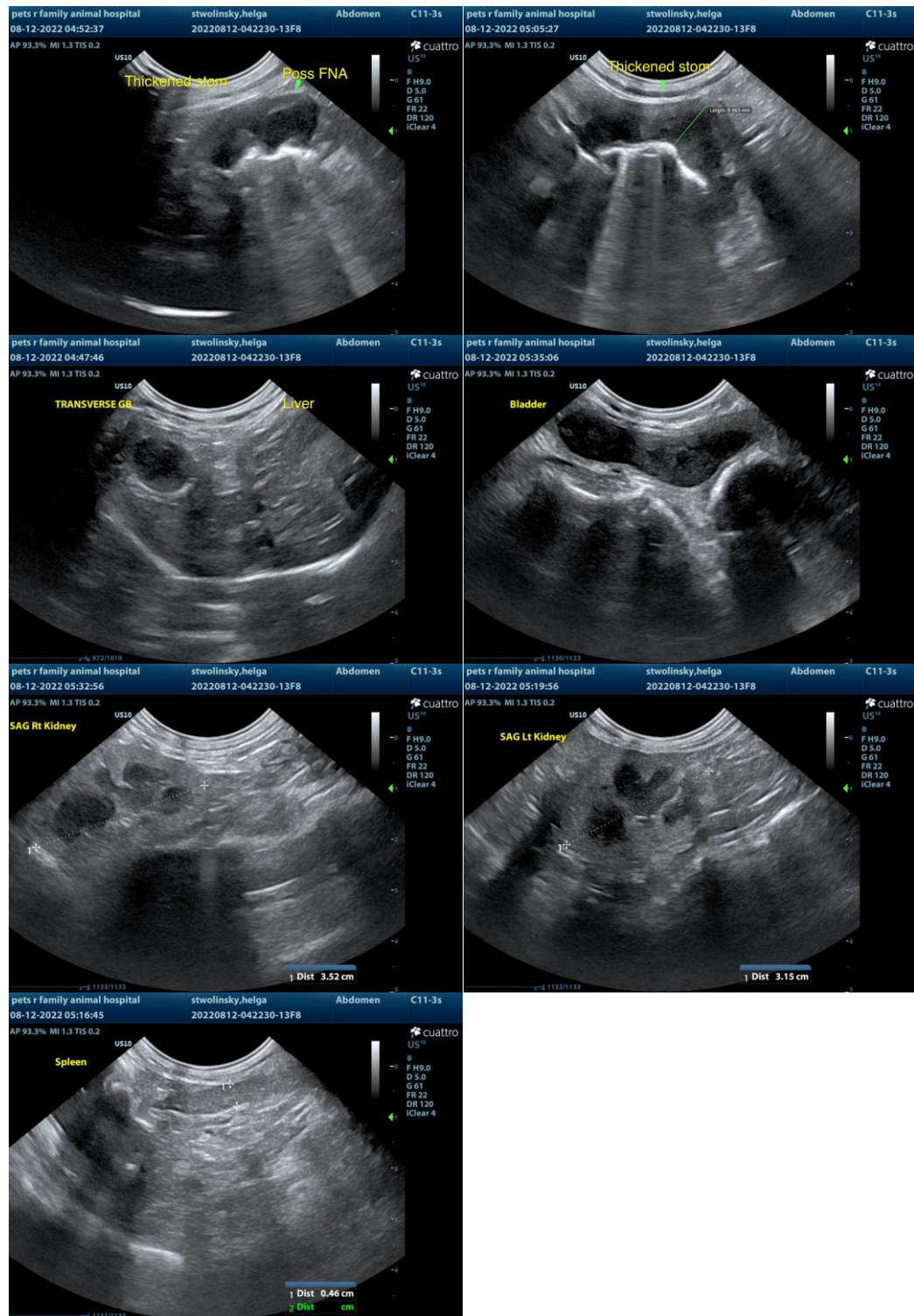
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

Feline

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