



PATIENT PRESENTING CLINICAL SIGNS

Clara Lovelace ~3 month duration occasional vomiting, no change in appetite, weight loss.
 Medication: Cerenia

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. Primarily anechoic urine was present in the lumen. Mild, non-dependent 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.

DSH

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

AGE 2011 Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

8.9

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

INTERPRETED BY Spleen

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

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 0.82 cm width.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Easton AH

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 containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Nankman

Gastrointestinal

INVOICE

14852

The stomach exhibited regional thickened wall subjectively within the mid gastric body and antrum with loss of gastric wall layer detail measuring up to 1.0 cm wall width. Intact, overtly normal wall layering present in the area of the fundus measured 0.28 cm width. The stomach was empty with mild luminal gas.

DATE

8/17/23



PATIENT

Clara Lovelace

The small intestine presented generalized intact segmentally thickened wall layering. The duodenum wall measured 0.22 cm width. Segmentally thickened jejunum was noted measuring up to 0.32 cm. There was no evidence of loss of intestinal wall layering or obstructive pattern.

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

DSH

Free Abdomen

Intermittent, mildly prominent peri gastric omental lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.65 cm diameter. There was no evidence of peritoneal effusion. A solitary, visualized, mildly irregular hypoechoic to mildly mixed echogenic subcutaneous nodule was noted in the ventral abdomen measuring 1.8 cm in diameter.

SEX

FS

AGE

2011

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8.9

- Regionally thickened stomach with loss of gastric wall layer detail
- Mild peri gastric omental lymphadenopathy
- Segmentally thickened yet intact small bowel wall
- Urinary bladder sediment
- Mild chronic renal changes
- Nonspecific subcutaneous nodule

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the regionally thickened stomach and segmentally thickened small bowel may include inflammatory neoplastic or granulomatous (dry FIP) etiologies. The thickened stomach wall with loss of wall layer detail is strongly concerning for emerging infiltrative neoplastic process. Definitive diagnosis would require gastric and intestinal biopsies for histopathology.

HOSPITAL NAME

Easton AH

FNA cytology of the nonspecific subcutaneous nodule could also be considered for further clarification.

REFERRING VET

Dr. Nankman

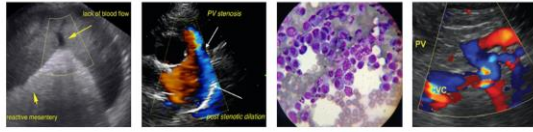
A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs to rule out occult disease as a contributing factor is suggested. Empirically, as-needed gastrointestinal support +/- IBD protocol with sonographic monitoring of the stomach, small bowel, and subcutaneous nodule would be a more conservative approach.

INVOICE

14852

DATE

8/17/23



PATIENT

Clara Lovelace

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2011

WEIGHT

8.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

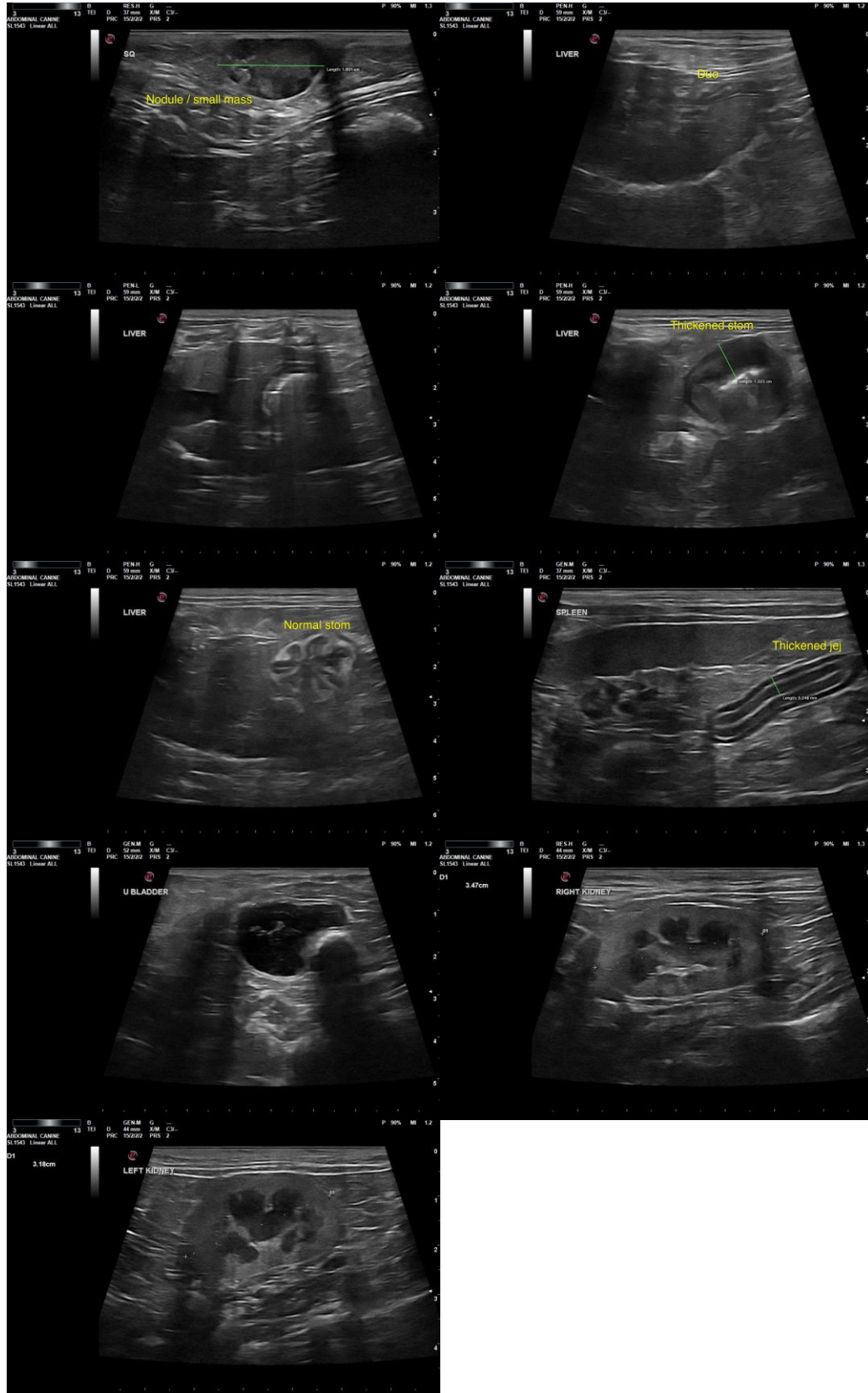
Dr. Nankman

INVOICE

14852

DATE

8/17/23





PATIENT

Clara Lovelace

SPECIES

Feline

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.

BREED

DSH

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.

SEX

FS

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

AGE

2011

WEIGHT

8.9

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

INVOICE

14852

DATE

8/17/23