



PATIENT PRESENTING CLINICAL SIGNS

LB Wilson History: Frequent vomiting, occasional hair and foreign material, concern for IBD or foreign body

SPECIES Labs: WBC 11.5 with eosinophilia, Chem Panel: Globulin 1.9, Sodium/Potassium ratio 31, precision PSL 17, LVLVFIV negative

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

BREED Domestic Shorthair The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted. Aortic trifurcation was normal.

SEX Neutered Male 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.6 cm. The right kidney measured 3.7 cm.

WEIGHT *Adrenal Glands*

9.9 Pounds The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width.

INTERPRETED BY The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

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

Spleen

IMAGING PERFORMED BY 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 0.84 cm width.

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME *Liver*

Conrad Weiser 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

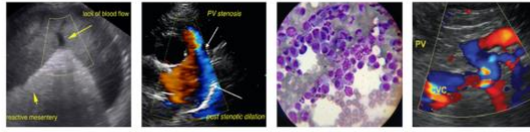
REFERRING VET *Gastrointestinal*

Dr. Comalli

INVOICE The gastric fundus and body exhibited sonographically unremarkable intact wall layering without evidence of mural hypertrophy. The gastric lumen was empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material. Moderate to marked mural hypertrophy exhibiting subtle heterogeneity and loss of distinct wall layering was present in the area of the pyloric outflow, gastroduodenal junction and potential upper duodenum. Wall width within the gastroduodenal junction measured up to 1.0 cm width. By comparison, normal appearing stomach

DATE

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PATIENT

measured 0.25 cm width. This mural hypertrophy did not appear to be overtly obstructive given the empty gastric lumen.

LB Wilson

SPECIES

The mid to distal duodenum, jejunum and ileum to the level of the ileocolic junction were sonographically unremarkable, exhibiting intact wall layering and maintained 1:3 muscularis to mucosa ratio without evidence of mechanical or metabolic ileus. The duodenum wall measured 0.22 cm. The jejunum wall measured 0.20 cm.

Feline

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

BREED

Pancreas

Domestic Shorthair

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.

SEX

Free Abdomen

Neutered Male

Enlarged, focal gastric lymph nodes were present, caudal to the area of the pylorus. 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. The gastric lymph nodes measured 1.6 cm x 1.6 cm. Subtle associated reactive peri-gastric and peri-lymphatic mesentery. No effusion noted.

AGE

3 years

WEIGHT

ULTRASONOGRAPHIC FINDINGS

9.9 Pounds

- Bilateral non-specific renal medullary rim sign
- Moderate to markedly thickened pyloric outflow/gastroduodenal junction and potential upper duodenum – inflammatory granulomatous neoplastic etiologies or other possible
- Associated focal gastric lymphadenopathy and peri-lymphatic/peri-gastric reactive mesentery-associated lymphoid hyperplasia, reactive lymphadenitis or neoplastic lymphadenopathy possible

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The cause of the patients' clinical signs associated with the thickened pyloric outflow, gastroduodenal junction and potential upper duodenum, endoscopic biopsies would be ideal for histopathology +/- tissue culture and sensitivity and further clarification. If accessible, ultrasound guided FNA of the thickened pyloric to gastroduodenal junction wall and/or enlarged gastric lymph node for screening cytology could also be considered. 3 view chest radiographs recommended. Empirically, as needed continued gastrointestinal support would be appropriate. Surgical consultation may be considered pending sampling.

HOSPITAL NAME

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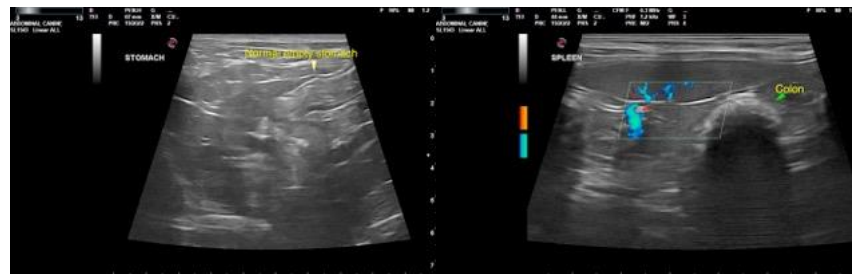
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SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

3 years

WEIGHT

9.9 Pounds



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(Canine and Feline)

IMAGING PERFORMED BY

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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