



PATIENT PRESENTING CLINICAL SIGNS

Loki Marcon

History: Inappetance and weight loss. ADR.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Rads sent for radiologist comments said: Concerns for thickening of the gastric wall due to gastritis, ulceration, neoplasia. Possible thickening of fundus and the stomach contained mild gas and fluid. Mild gas and fecal material in colon.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 1.0 cm.

SEX

Neutered Male

The right kidney is of normal size and shape and exhibits appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The right kidney is 3.9 cm in length.

AGE

7 Years

There is a 0.7 cm x 1.1 cm hypoechoic nodule arising from the caudal aspect of the renal cortex. The kidney otherwise of normal size and shape with appropriate corticomedullary differentiation and a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal urethra is not visible (normal). The left kidney measures 4.1 cm in length.

WEIGHT

5.4 kg

Adrenal Glands

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.9 mm at the cranial pole and 3.9 mm at the caudal pole. The right adrenal gland height is 3.6 mm at the cranial pole and 3.6 mm at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 5.0 mm.

HOSPITAL NAME

Parkside AH

Liver

REFERRING VET

Dr. Zak

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

INVOICE

17233

The gallbladder is minimally distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

DATE

9/10/22

Gastrointestinal

There is regional thickening of the gastric wall, up to 1.5 cm, the wall is hypoechoic with complete loss of normal wall layering. The stomach has a small amount of fluid present. The pylorus is of normal appearance.



PATIENT

Loki Marcon

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.3 mm. The jejunal wall measures up to 1.8 mm. Intestinal motility appears normal.

SPECIES

Feline

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

BREED

DSH

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SEX

Neutered Male

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intrabdominal fat are of appropriate echogenicity. The gastric lymph nodes are moderately enlarged and hypoechoic with a rounded shape, measuring up to 1.5 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

AGE

7 Years

ULTRASONOGRAPHIC FINDINGS

- Markedly thickened gastric wall with loss of wall layering
- An enlarged, rounded gastric lymph node
- A left renal nodule

WEIGHT

5.4 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the stomach wall are very concerning for gastric neoplasia, most likely lymphoma. Fine needle aspiration of the gastric wall and the associated enlarged lymph node are recommended for a definitive diagnosis. The renal nodule be benign, but may also represent a neoplastic process, including lymphoma. Fine needle aspiration of this nodule could also be attempted. If sampling is performed, then samples for flow cytometry or PARR may be obtained and submitted to Colorado State University. More information can be obtained at their website. If the decision is made not to pursue a definitive diagnosis, then palliative treatment with a corticosteroid and an antiemetic, such as Maropitant could be considered.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Parkside AH

REFERRING VET

Dr. Zak

INVOICE

17233

DATE

9/10/22





PATIENT

Loki Marcon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

5.4 kg

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Parkside AH

REFERRING VET

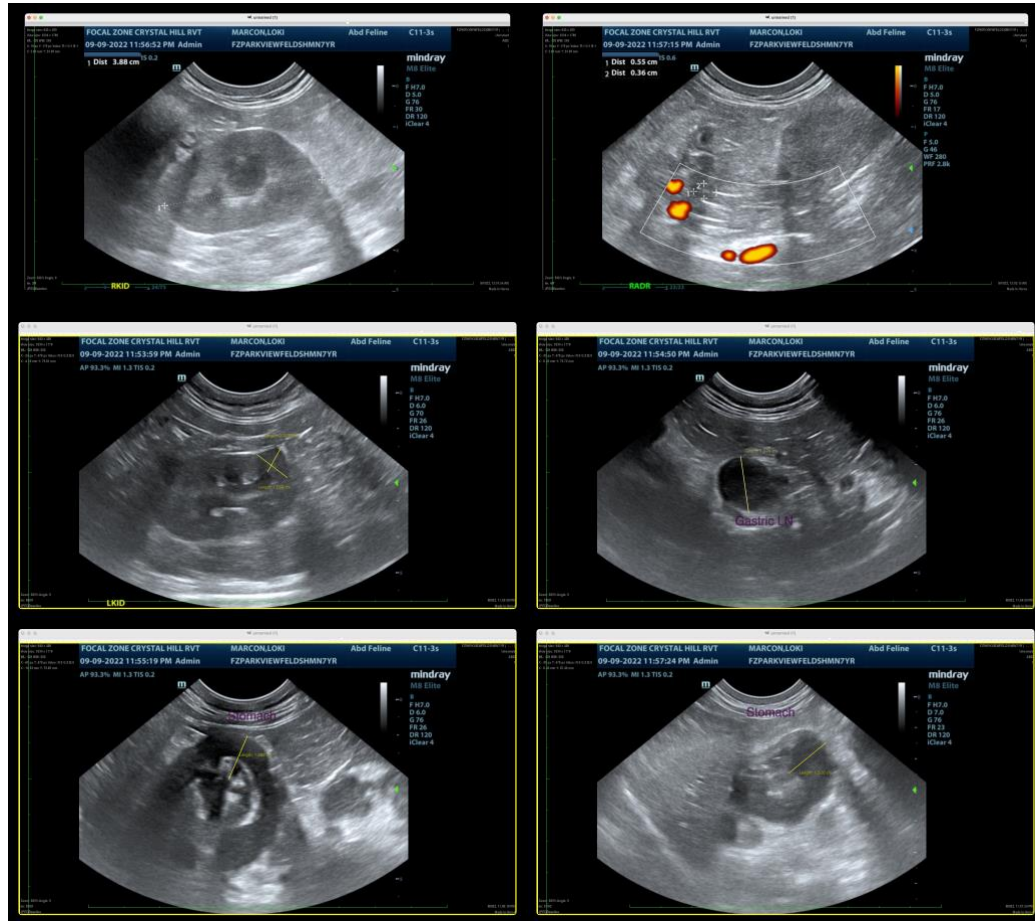
Dr. Zak

INVOICE

17233

DATE

9/10/22



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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com