



PATIENT

Heidi Gilchrist

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

13 Years 9 Months

WEIGHT

6.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gillian Striano-Kaplan

HOSPITAL NAME

Ramsey Vet Hospital

REFERRING VET

Dr. Gillian Striano-Kaplan

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DATE

6/16/22

PRESENTING CLINICAL SIGNS

weight loss, chronic V/D, good appetite, hx of feline asthma
Abnormal PE/Chem/CBC/UA Results: Sodium: 146L, Chloride: 113L, TCO2: 23H, Total Protein: 9.8H, Albumin: 2.3L, Globulin: 7.5H, ALB/GLOB: 0.3L, ALT: 25L, Cholesterol: 80L, RBC: 6.33L, HGB: 10.2L, Monocyte: 581H Urine PRO/CREA Ratio: 0.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The kidneys are normal in size, but bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 3.4 cm. The right kidney measured 3.6 cm. A hyperechoic band parallel to the corticomedullary border is present in both kidneys.

Adrenal Glands

The right adrenal gland is normal in size (0.48 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is large in size with a swollen capsular bulge caused by an isoechoic, homogeneous nodule. Parenchyma is diffusely normal and homogeneous in echogenicity and echotexture, and vasculature appears normal.

Liver

The liver is subjectively enlarged. Margins are smooth, but round. It has a normal homogeneous echotexture. Parenchyma is diffusely hypoechoic, characterized by more prominent than normal portal vein walls. No nodules or masses are evident. Visible vasculature appears normal.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of peritoneal effusion. Mild medial iliac lymphadenopathy is noted, as is mesenteric lymphadenopathy. Mesenteric lymph nodes are hypoechoic and more round in shape, measuring 0.73 cm thick.

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ULTRASONOGRAPHIC FINDINGS

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- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Hypoechoic hepatomegaly – These changes are consistent with acute hepatitis/cholangiohepatitis or infiltrative neoplasia such as round cell neoplasia.
- Splenomegaly with a capsular bulge – concerning for infiltrative round cell neoplasia. Benign extramedullary hematopoiesis, lymphoid hyperplasia, etc. cannot be ruled out.
- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Medullary Rim Sign - of unknown clinical significance and can be a normal variant. Medullary rim sign(s) should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc.
- Lymphadenopathy – concerning for infiltrative neoplasia. However, reactive nodes cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the combination of bowel, liver, and splenic changes combined with hypoglobulinemia, infiltrative neoplasia such as lymphoma is a top differential for these findings. Recommendations include a fine needle aspirate of the spleen and liver, if patient's coagulation status is appropriate, as well as potentially the enlarged mesenteric lymph node, if possible.

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If a diagnosis of round cell neoplasia is not diagnosed cytologically, ideally biopsies of the bowel, being sure to include ileum, if possible, would be obtained for definitive diagnosis of the infiltrative bowel process.

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In the meantime, a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended, as well as a T4 and free T4, if not recently evaluated.

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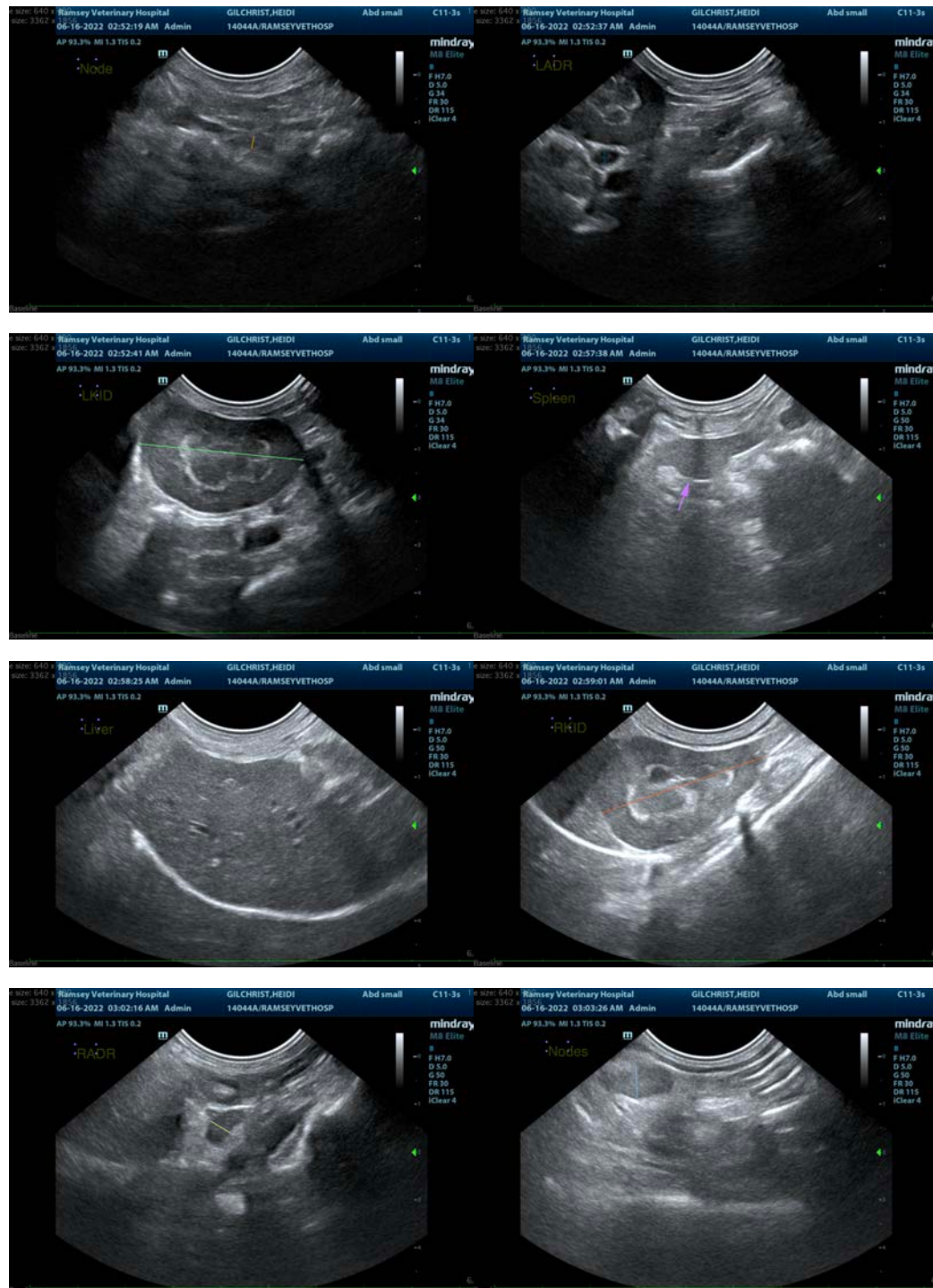
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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