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Clinical Sonography & Telecytology
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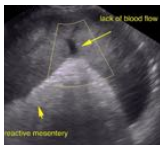

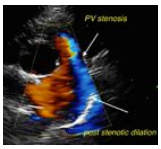

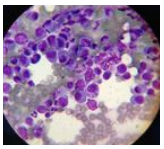
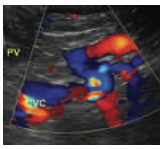

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ouija Romano

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

Approx 5 years

WEIGHT

5.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

New Bridge VH

REFERRING VET

Dr. Glennon

INVOICE

95135

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1/11/22

PRESENTING CLINICAL SIGNS

Age approximated, possibly older cat presented for thin body condition, gaunt, anorexic, concern for Lymphoma, FIP, etc. Doughy abdomen. No current meds.
Abnormal PE/Chem/CBC/UA Results: Decreased total protein, low albumin, SDMA 20.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.13 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.17 cm.

Spleen

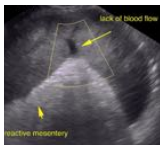
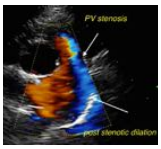
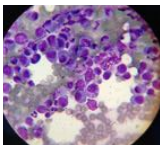
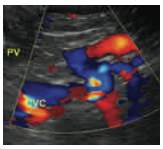
The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** revealed slightly increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). Transit of chyme in the small intestine appeared normal. The intestinal submucosa was slightly

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irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD. The mesenteric lymph nodes were enlarged. The length to width ratio was maintained; however, some disrupted architecture was present. The largest node measured 2.45 x 0.88 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct was dilated and measured 0.39 cm with coarse architecture.

ULTRASONOGRAPHIC FINDINGS

Diffuse muscularis hypertrophy with mesenteric lymphadenopathy.
Hair type density noted in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hairball accumulation is likely secondary to diffuse GI disease. FNA +/- PCR or PARR of the accessible lymph node is recommended. Otherwise, full thickness GI biopsies are warranted. Diffuse inflammatory bowel with idiopathic muscularis hypertrophy and lymphadenitis/reactive lymph node versus emerging round cell neoplasia/lymphoma, mast cell disease and dry form FIP is a mild potential.

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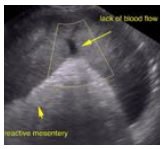
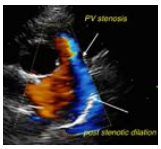
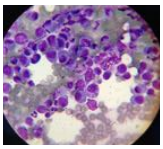
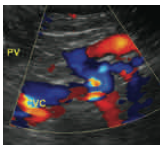

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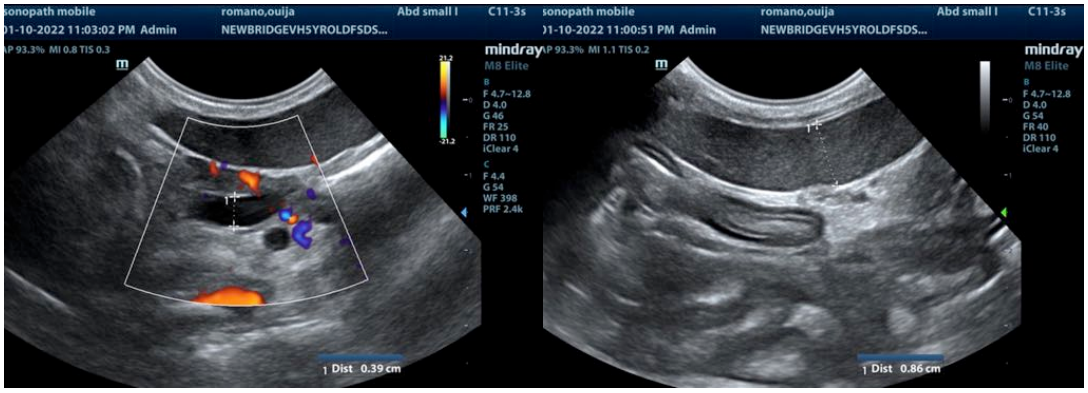

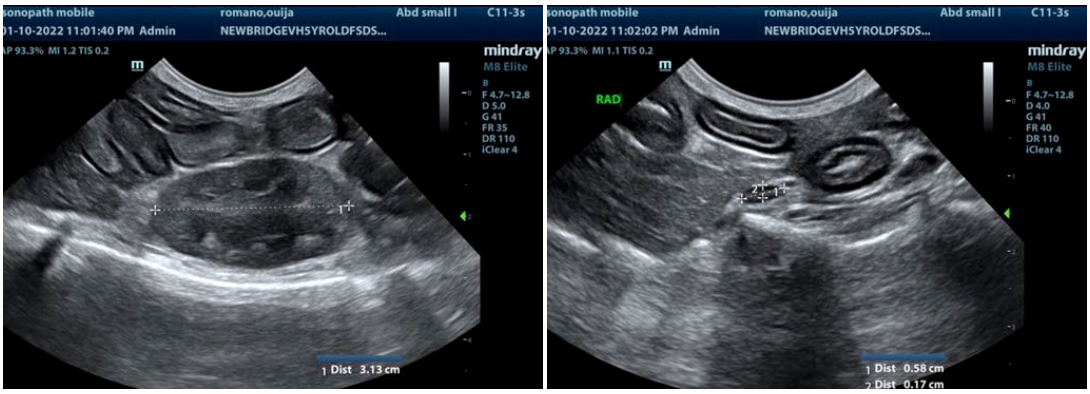

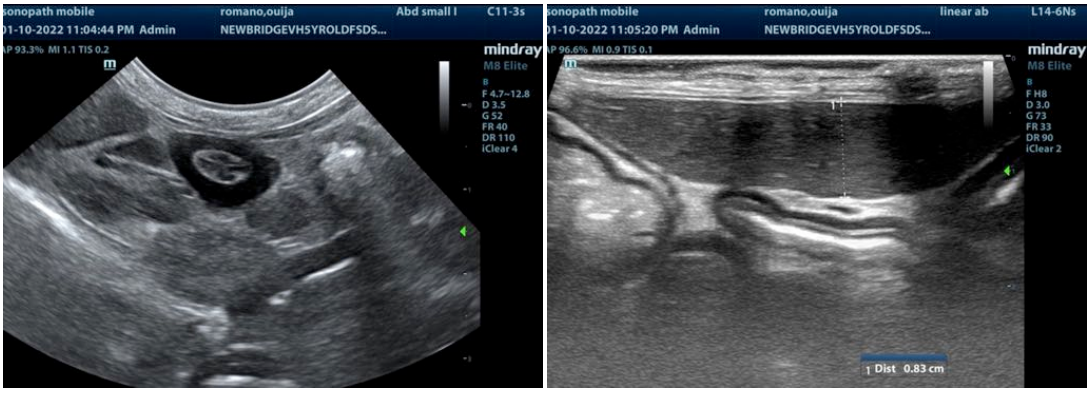

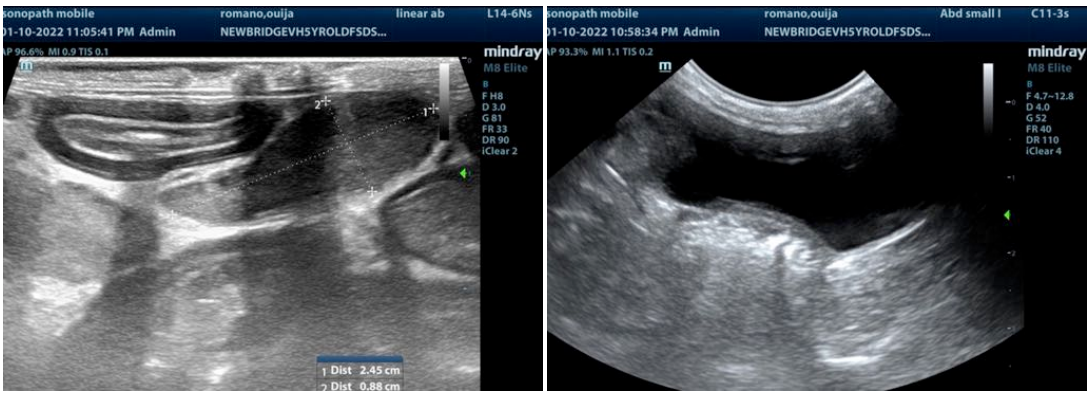

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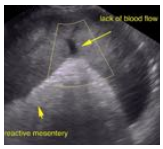

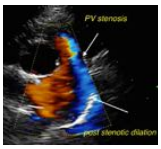

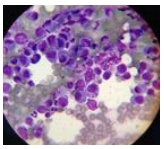
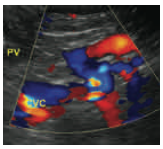

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com