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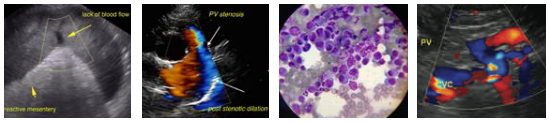

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Cheburashka Paulicelli

SPECIES

Feline

BREED

Oriental Shorthair

SEX

Neutered Male

AGE

6 Months

WEIGHT

4.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

95365

DATE

01/18/22

PRESENTING CLINICAL SIGNS

History: Increased lymphocytes > 36,000

Neurologic dx – possible Vestibular

FeLV/FIV – Neg

Toxo – pending

Sl Low globulins

Evaluate for lymphoma, inflammatory, FIP

Labs, Radiograph attached

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 3.6 cm. The left kidney measured 3.3 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 0.43 cm. The left adrenal gland measured 0.34 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. The spleen measured 0.83 cm.

Liver

The **liver** was uniformly enlarged. The gallbladder and common bile duct were unremarkable. The common bile duct measured 0.16 cm. The cystic duct was mildly tortuous. This is a normal variant.

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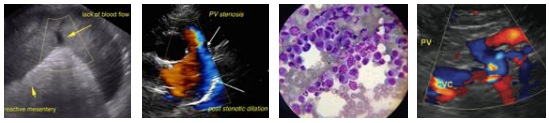

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** revealed undulating contour with hypoechoic parenchyma and dilated duct measuring 0.18 cm. The left pancreatic limb measured 0.76 cm. Pancreatic lymph node was enlarged and measured 0.57 cm.

ULTRASONOGRAPHIC FINDINGS

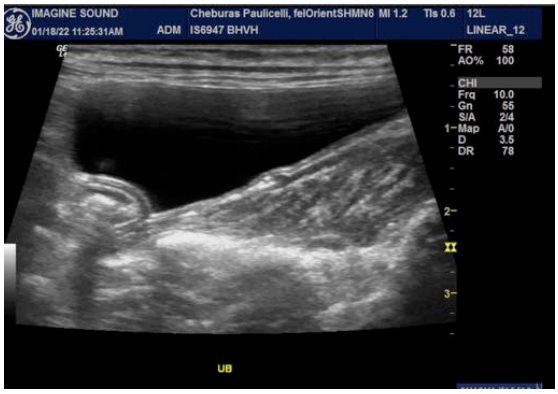
Minor, irregular spleen. Likely reactive state, possible emerging round cell neoplasia.

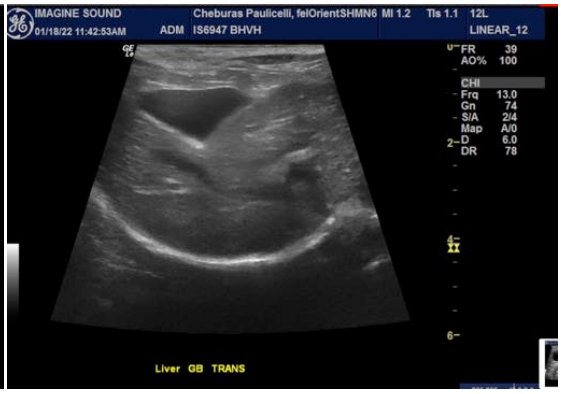
Prominent, irregular pancreas.

Undefined hepatomegaly. Possible emerging round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history emerging round cell neoplasia in the spleen cannot be completely ruled out. History of pancreatitis +/- low-grade inflammation is suspected. Left and right subxiphoid palpation is recommended to assess for discomfort. Screening FNA of the spleen and liver would be ideal. CBC path review +/- PCR for lymphoma would be indicated. Bone marrow aspirate/biopsy would be ideal.





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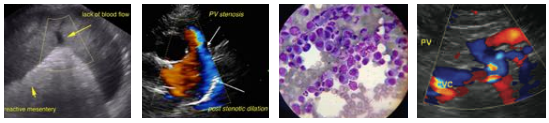

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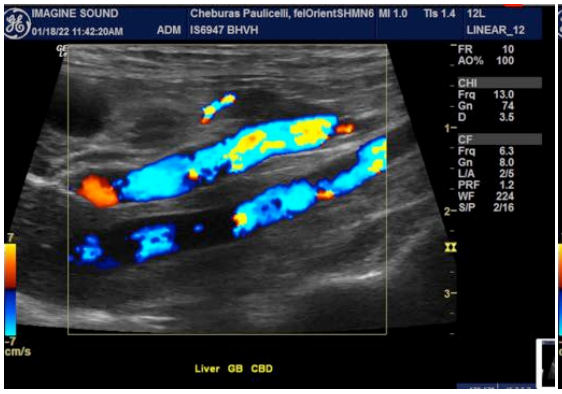

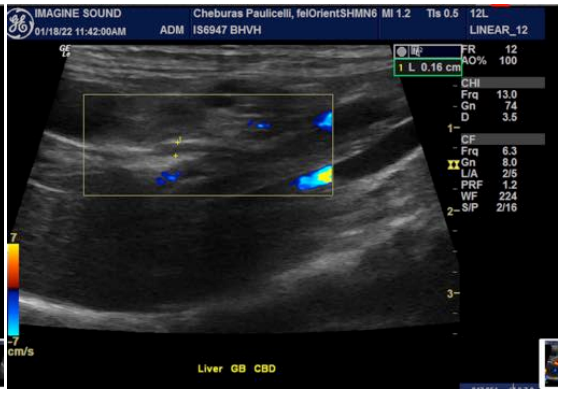

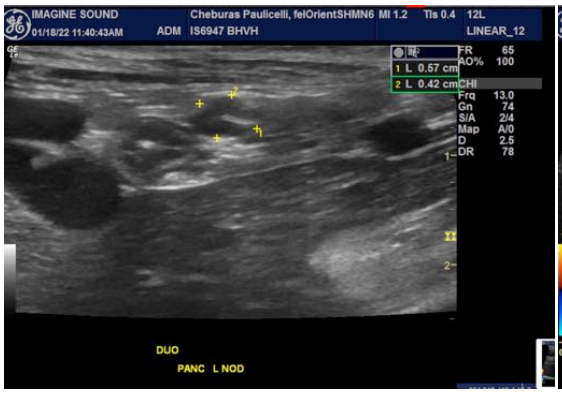

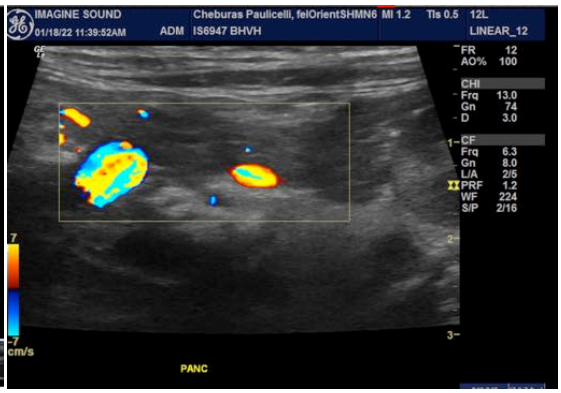

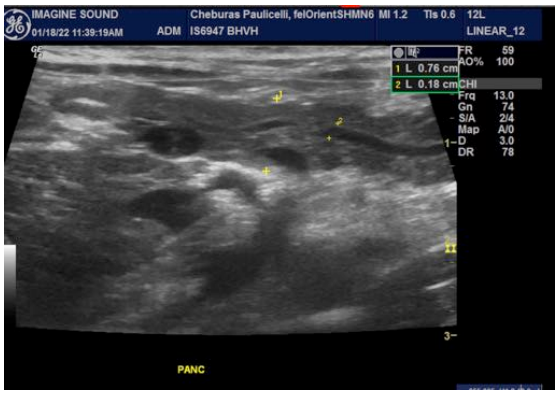

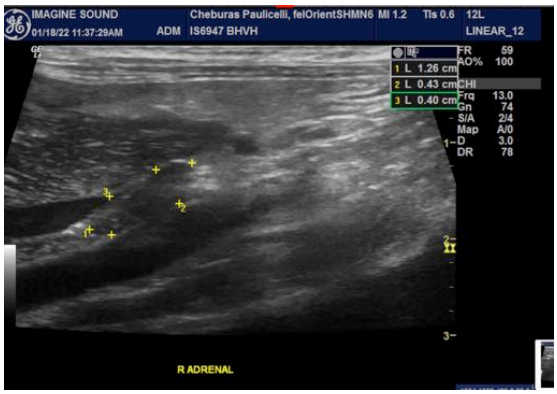

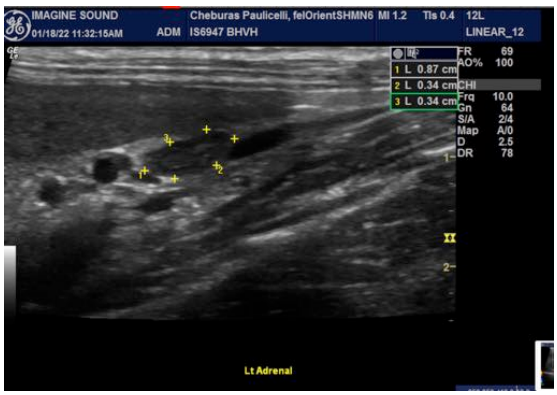

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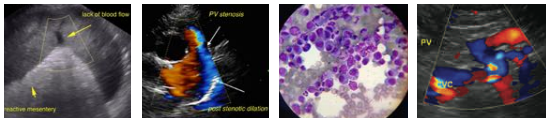

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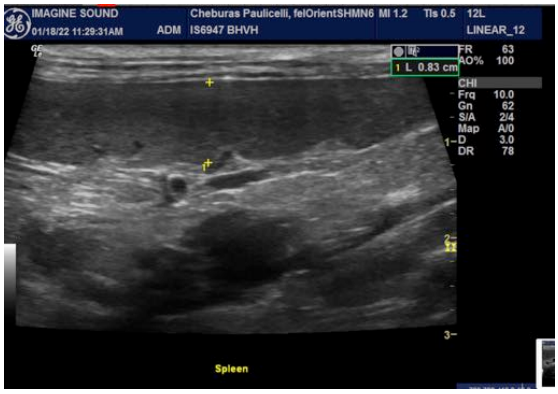

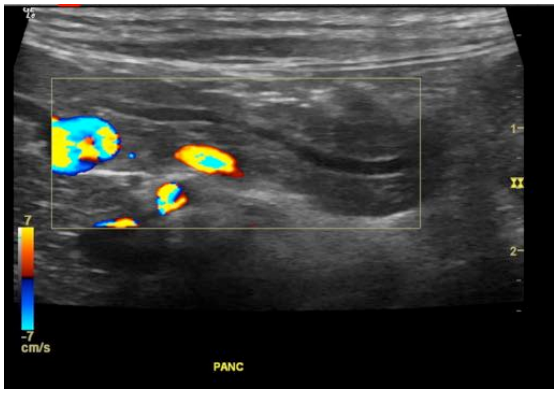

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com