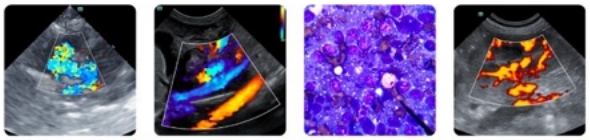

PATIENT

Mika Lunkenheimer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed fmeale

AGE

13 years

WEIGHT

6.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kari Cameron

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Eure

INVOICE

70923

DATE

1/26/26

PRESENTING CLINICAL SIGNS

- EENT to ER on 1/8/26 for vomiting daily x 1 year, improved short term w/ sqf, cerenia, dex sp. Bloodwork done at ER
- came to us on 1/20/26 w/ recurrence of intermittent vomiting & lethargy
- Labs done at ER on 1/8/26, attached. PE = NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.8 cm. The imaged in the position of the left kidney would suggest left kidney of 3.0 cm; however, I cannot rule out the potential of the right kidney being imaged twice from the left and right side.

Adrenal Glands

The **left adrenal gland** was not overtly visualized. However, the region of the left adrenal gland appeared unremarkable. The right adrenal gland was uniform and measured 0.4 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 1.5 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **pylorus** was mildly thickened with slight muscularis hypertrophy. No neoplastic criteria was noted and there was no evidence of foreign bodies. Variable small intestinal thickening was noted with other smaller mesenteric lymph nodes. The colon was unremarkable with normal curvilinear mural patterns and content. The mesenteric lymph nodes were enlarged and rounded measuring 1.6 cm with hyperechoic surrounding fat.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

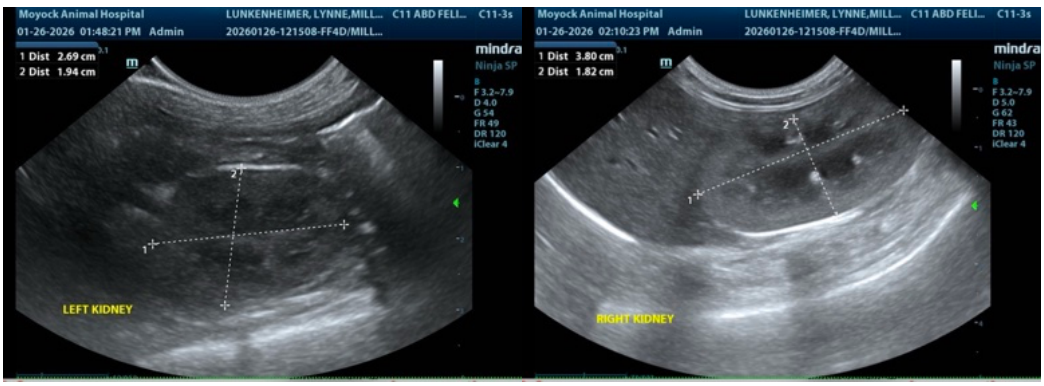
Splenomegaly with mesenteric lymphadenopathy.

Intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for emerging round cell neoplasia. 25-gauge ultrasound-guided FNA of the spleen and mesenteric lymph nodes are indicated.

*Reassessment of the left kidney is recommended as the region of the left kidney was imaged, yet the kidney imaged may have been the right kidney visualized form the left and right side.



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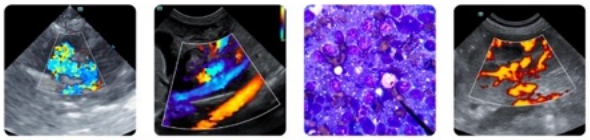

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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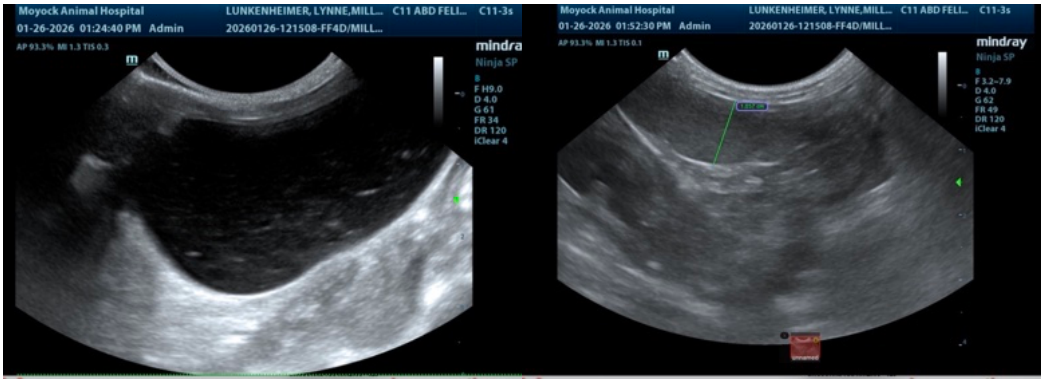

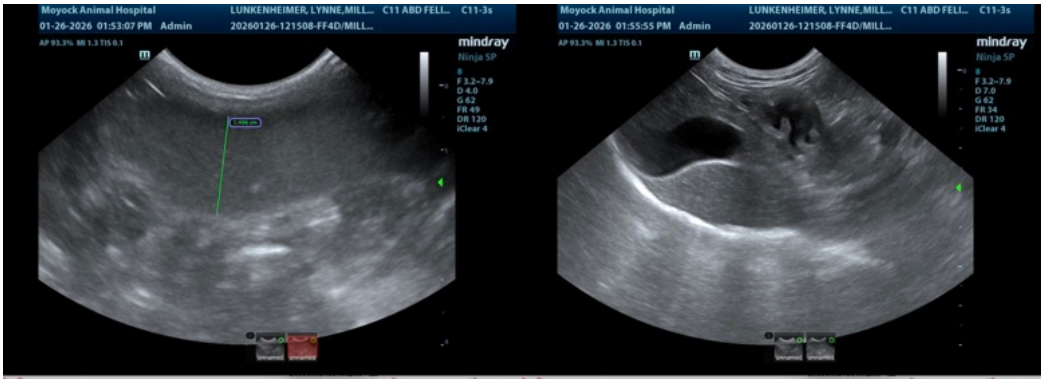

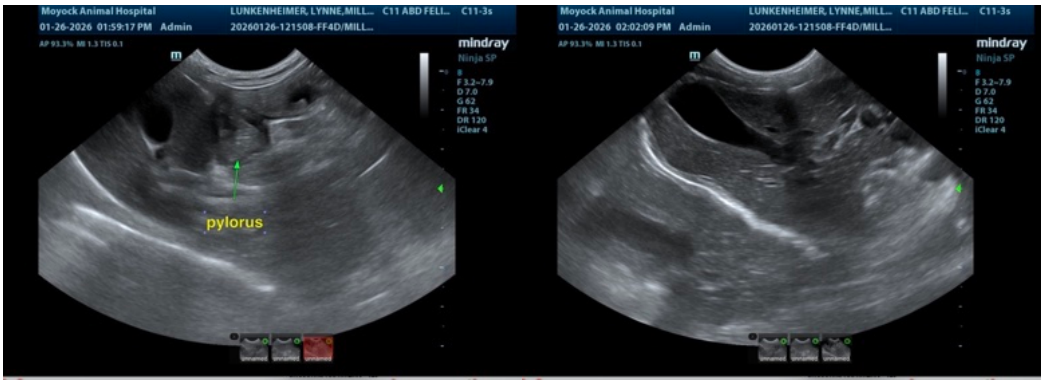

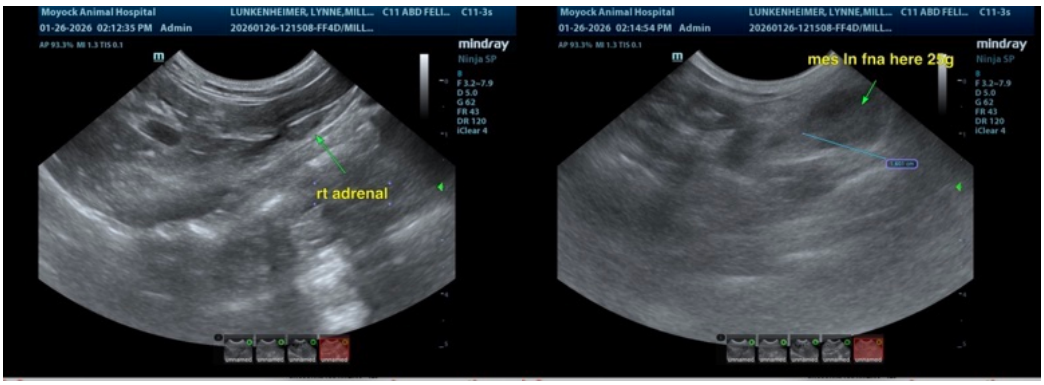

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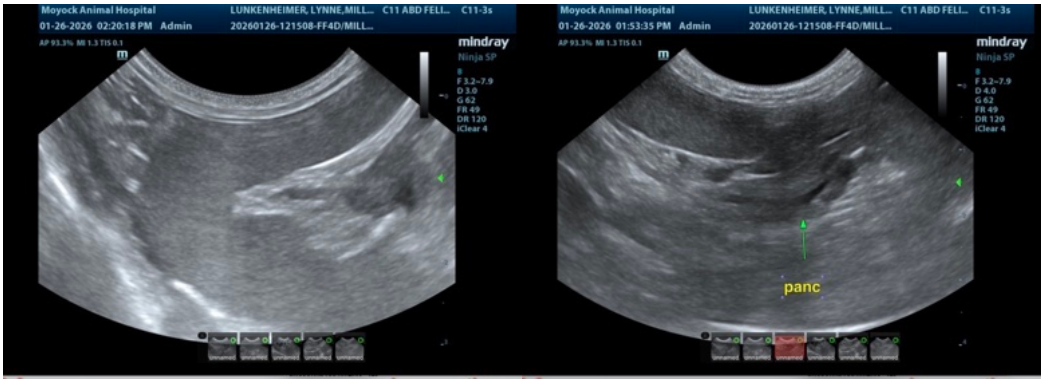

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com