



**PATIENT**

Maggie Molnar

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

4.03 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Singh

**HOSPITAL NAME**

Balmy Beach PH

**REFERRING VET**

Dr. Singh

**INVOICE**

35151

**DATE**

1/27/22

**PRESENTING CLINICAL SIGNS**

had ultrasound done last week, and had severe gastric thickening, we were worried about neoplasia. We conducted a comparative study one week later and the gastric inflammation seems to have subsided. However the small intestinal thickening still persists. I was hoping to get direction in how to work this patient up diagnostically. She's doing better now, however does still have episodes of waxing and waning appetite. I am wondering if GI biopsies are still the next best step? Please compare findings to her previous ultrasound reports.

Abnormal PE/Chem/CBC/UA Results: Her anemia has improved, Hct has gone from 19% last week to 28% today. Chronic renal disease

**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 were noted. Ureteral papillae were normal.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.0 cm. The left kidney measured 3.0 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed empty lumen. Largely normal curvilinear detail noted in the stomach. However, some residual gastric thickening was present in the cranial aspect of the pyloric antrum. No evidence of foreign bodies. The area of the gastric fundus was also persistently thickened at 6.0 mm. Some reactive mesentery was noted around the stomach. Variable small intestinal thickening noted with areas of hypertrophied muscularis. The ileocecal junction was unremarkable.



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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Variable gastrointestinal thickening with some reactive mesentery

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is still concern for emerging round cell neoplasia. Full thickness gastrointestinal biopsies would be ideal in this patient. Compared to the prior sonogram on 1/19, variable gastric thickening is persistent on both image sets. The gastric presentation appears to have somewhat subsided. However, I'm concerned for underlying neoplasia with an inflammatory event, especially if any cortisones have been utilized in the treatment of the patient, it may be partially suppressed.

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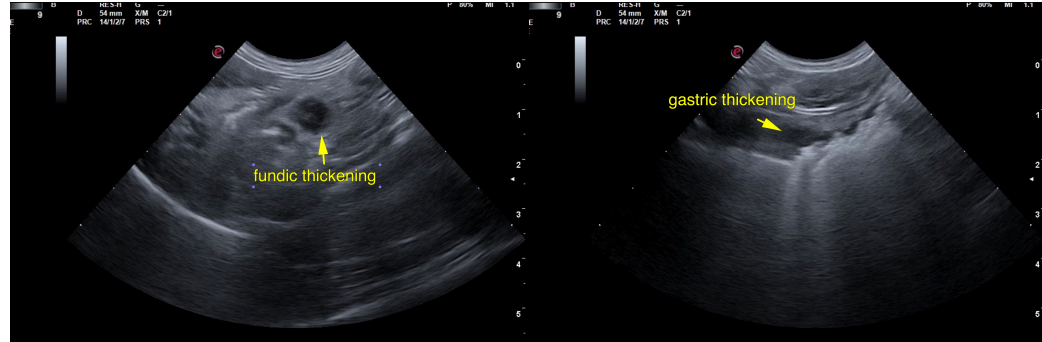
Still recommend full thickness gastric biopsies, ideally guided by intraoperative ultrasound. Given the anemia, bone marrow aspirate may also be appropriate. Otherwise, endoscopy could be considered with appropriate biopsies. However, the small intestinal presentation has appeared to improve compared to the prior sonogram. The anemia is concerning, may be owing to GI blood loss or bone marrow disease.

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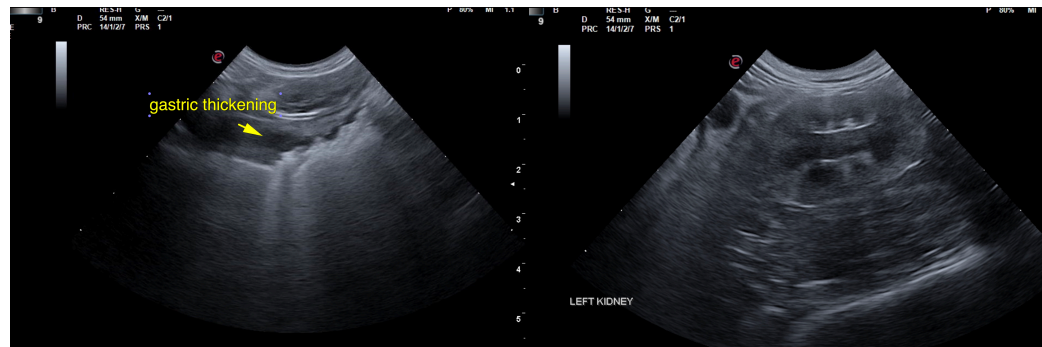
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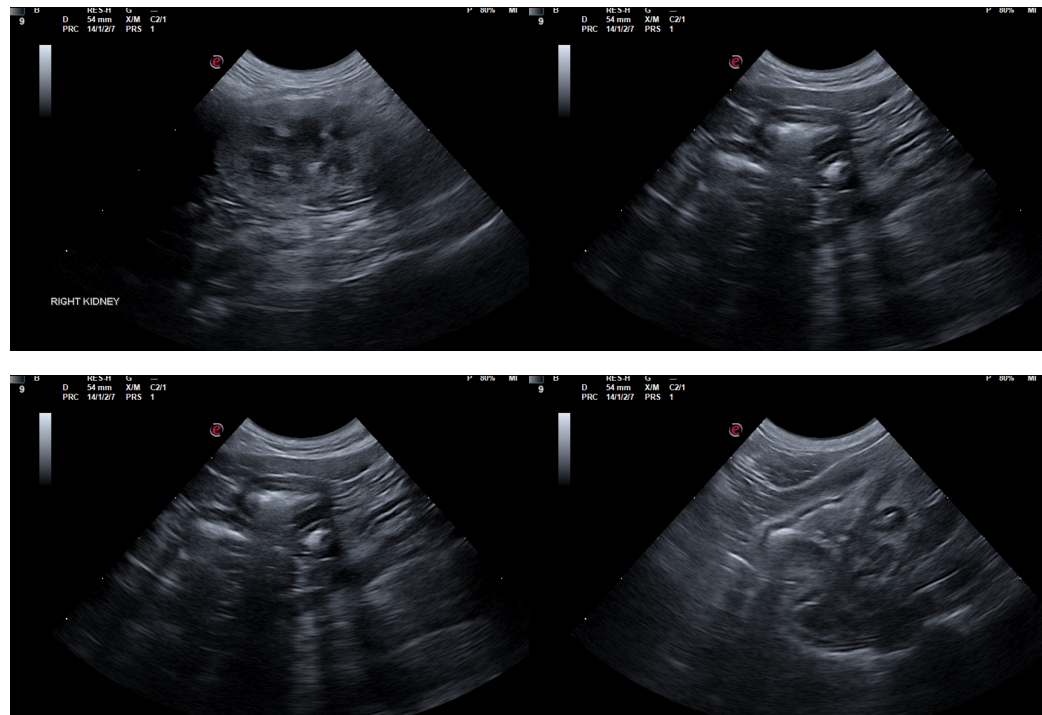
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**

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