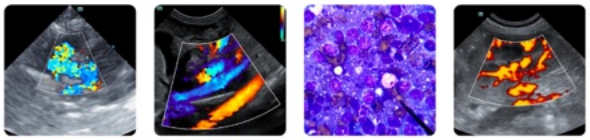

PATIENT

Brookly Zapata

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Intact male

AGE

11 years

WEIGHT

9.82 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Courtney

INVOICE

69851

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Last couple weeks p has been losing weight. Wants to be left alone. Sits and stares at wall. Lethargic. vomited yesterday. Vomits food occasionally 2 times a week.
Abnormal PE/Chem/CBC/UA Results: Abd/GI: Palpates mildly tense and with mild splinting but no overt pain, and with no organomegaly or masses noted. Chem 18/Lytes/CBC/TT4/fPL/Feline Triple snap. CBC: RDW mildly elevated. WBC 32.5 (2.87-17/02), Neut 30.20 (2.30-10.29), Mono 0.75 (0.05-0.67). Chem: ALT 314 (12-130), NOSF. TT4 1.6 (0.8-4.7, and 2.3-4.7 is the grey zone). Feline triple snap: Neg x3. Urinalysis/Fecal: Cysto for UA: USG >1.050, pH 6.5, Prot 30mg/dL, NOSF. Intact, senior, male cat. Mild tense abd: Liver vs spleen vs kidneys vs GIT vs UB vs pancreas vs peritoneal source: infectious vs inflammatory vs neoplasia vs open cause.

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 were both swollen with loss of corticomedullary definition. 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 left kidney measured 4.5 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.

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 1.2 cm.

Liver

The **liver** was mildly hypoechoic to the falciform fat. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted. The mesenteric root revealed multiple lymph nodes that coalesced into a mass. The mass measured 6.0 cm. Reactive surrounding mesentery was noted.

Pancreas

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.

Free Abdomen

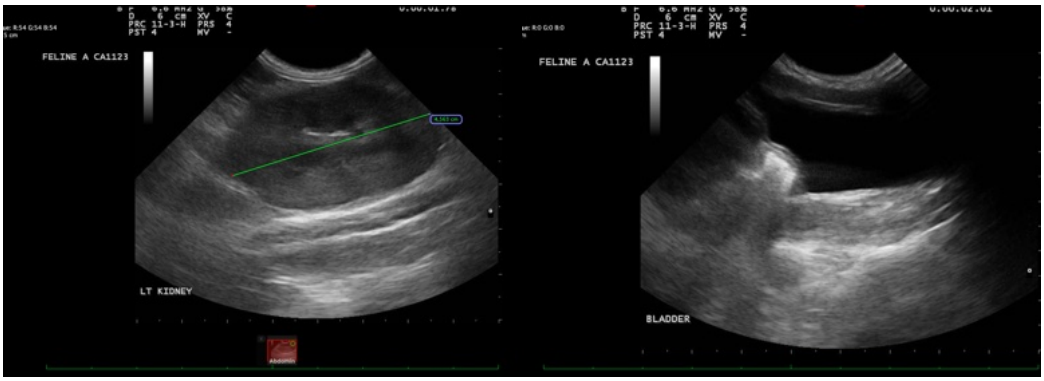
Multiple, cranial abdominal lymph nodes were enlarged and rounded.

ULTRASONOGRAPHIC FINDINGS

Multi-centric round cell neoplastic pattern involving the lymph nodes, spleen, possibly liver and possibly kidneys and intestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA with immediate chemotherapeutic intervention is recommended. Chest radiographs are recommended to assess for metastatic disease.



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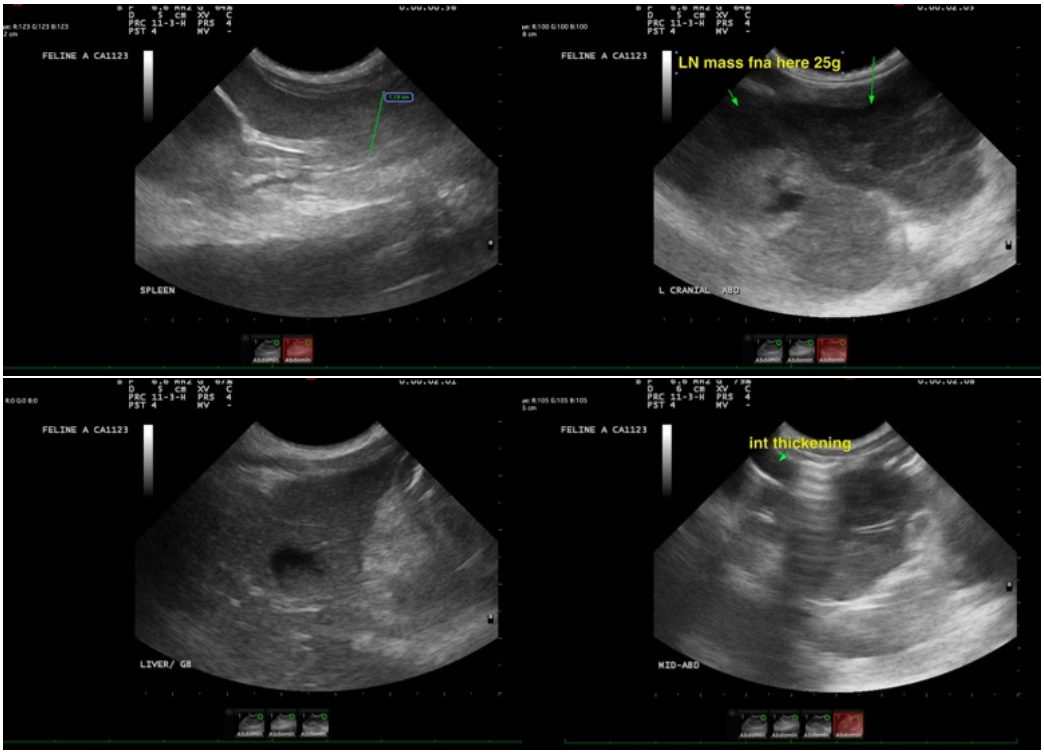

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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