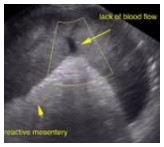
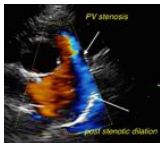
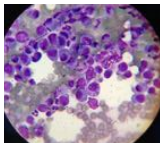
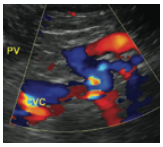
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Daphne Alden

SPECIES
Feline

BREED
Domestic Longhair

SEX
Spayed female

AGE
15 years

WEIGHT
8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Casita

HOSPITAL NAME
Companion AC

REFERRING VET
Dr. Casita

INVOICE
40109

DATE
10/17/22

PRESENTING CLINICAL SIGNS

History: vomiting shortly after eating off and on since December 2021, weight loss of 1.5lb in that time, appetite good, painful cranial abdomen minimal improvement after starting felimazole
Abnormal PE/Chem/CBC/UA Results: 12/2021 T4 3.3, BUN 39, glob 6.1, CBC: HCT 51%, RBC 11.7
5/16.2022: T4 3.1, BUN 33, CBC: HCT 53%, RBC 11.3 lymphopenia 1175 Free T4 ED: 70

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 moderate degenerative changes with corticomedullary calculi and infarcts. The calculi were non-obstructive at the time of the sonogram. The left kidney measured 3.1 cm. The right kidney had mild degenerative changes with increased cortical echogenicity and remodeling. The right 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.

Spleen

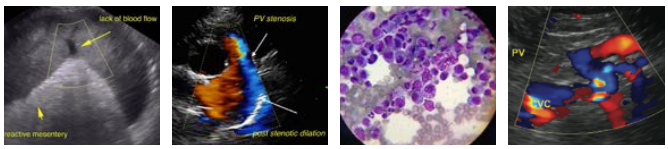
The **spleen** revealed hyperechoic lipogranulomatous changes noted on the spleen, yet not pathological.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low



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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.

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.

ULTRASONOGRAPHIC FINDINGS

Lipogranulomatous splenic nodules.

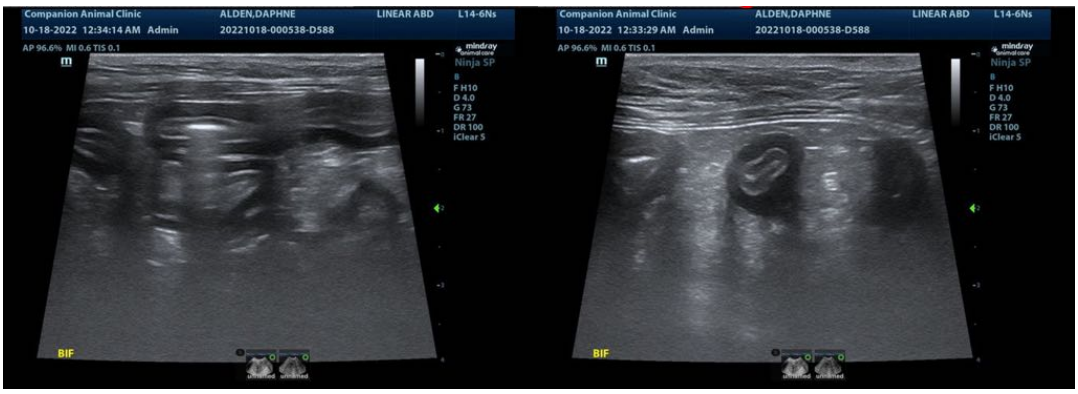
Moderate, degenerative left renal changes with dystrophic changes. Mineralization and infarcts.

IBD GI.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There were some areas of inversion of the muscularis to mucosa ratio was noted. There is a potential for emerging intestinal lymphoma, yet neoplastic criteria was not evident. Full thickness intestinal biopsies would be ideal in this patient.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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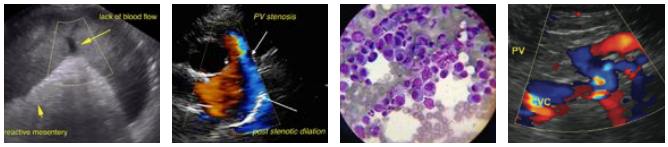

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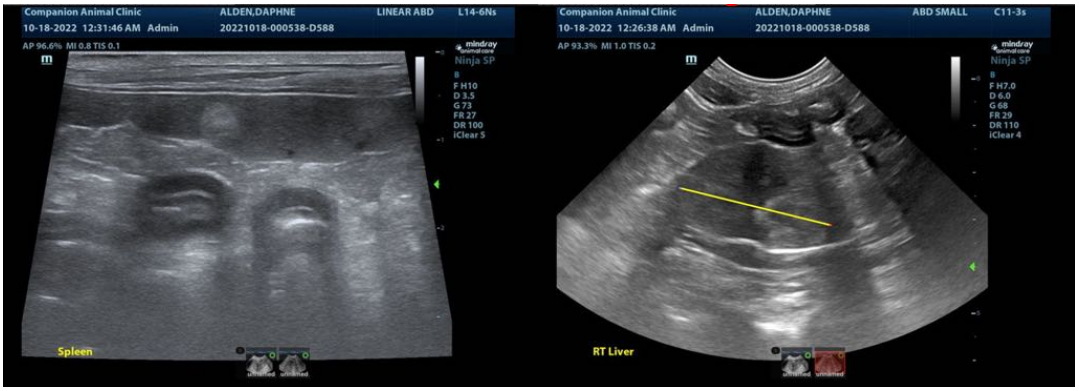

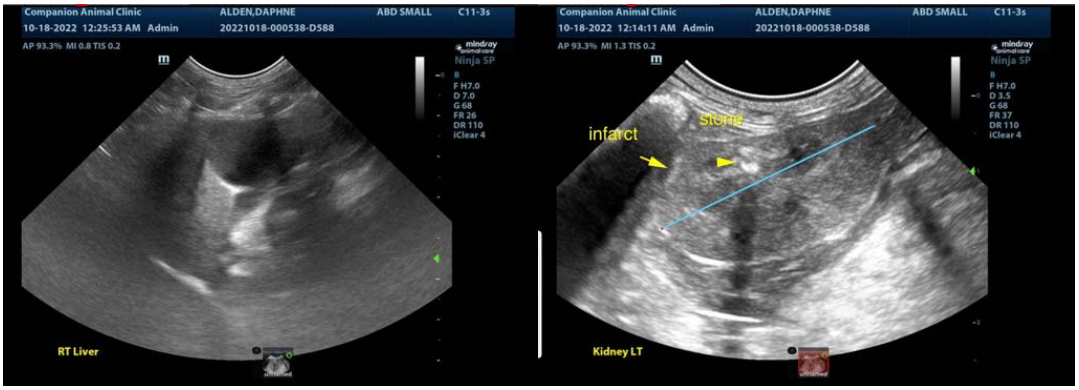

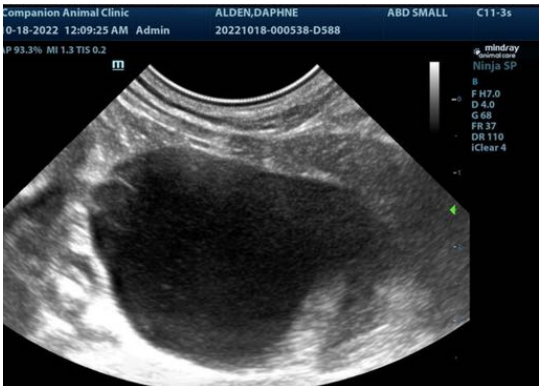

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com