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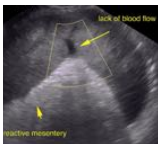

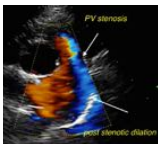

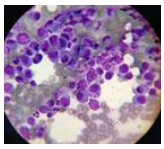
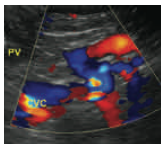

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1-800-838-4268 info@sonopath.com

PATIENT

Tinker Gesner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 ½ years

WEIGHT

3.02 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

92522

DATE

10/20/21

PRESENTING CLINICAL SIGNS

History: on going weight loss and decreased appetite, no vomiting eats Fibre Response
CBC/Chem - minor increase in Urea and GGT - otherwise NSF

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 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 3.52 cm. The left kidney measured 2.86 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 0.33 cm. The left adrenal gland measured 0.32 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. The spleen was folded upon itself cranially. 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.

Liver

The **liver** was slightly enlarged with slight, scalloping contour. The liver was hypoechoic to the surrounding fat. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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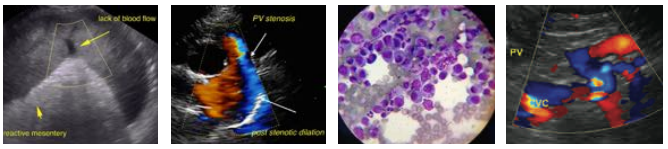

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Gastrointestinal

The **gastric** wall was particularly thickened in this patient and measured up to 0.62 cm. There were regional areas of loss of mural detail. The small intestines and colon were unremarkable. The epigastric lymph nodes were slightly enlarged.

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

Mild splenic and hepatic enlargement with irregular contour.

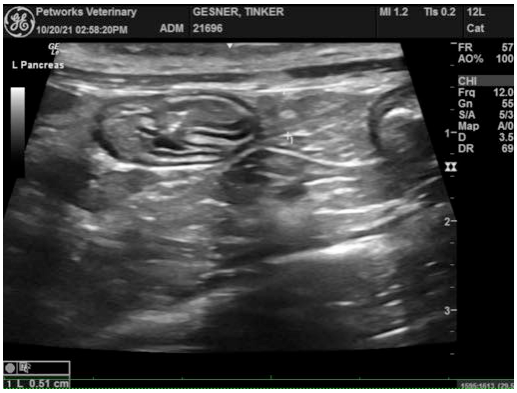
Minor gastric thickening.

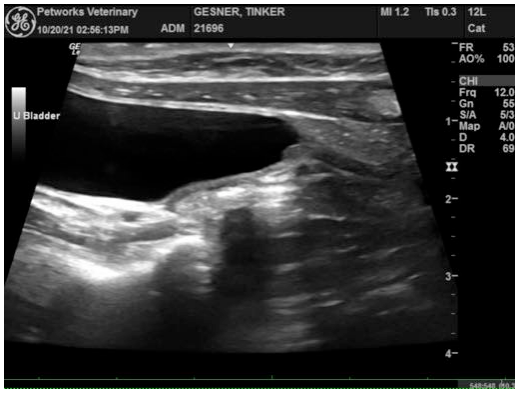
Diffuse intestinal thickening without loss of detail.

Epigastric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness gastric and lymph node biopsies would be ideal. Screening FNA of the spleen and liver is warranted as underlying round cell neoplasia may be found in these organs. Chronic inflammatory bowel, lymphadenitis, reactive spleen and liver versus emerging round cell neoplasia.





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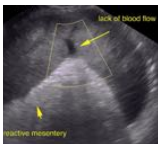
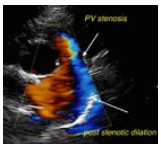
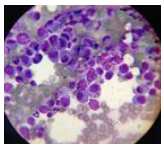
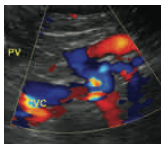

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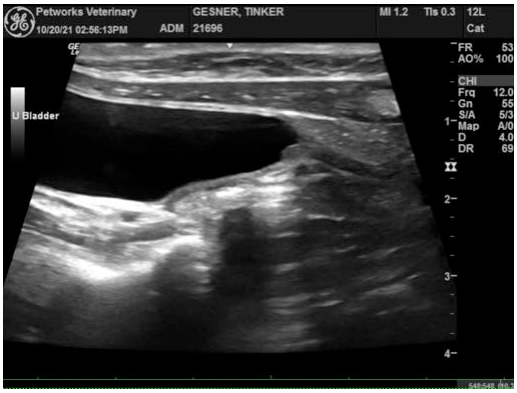

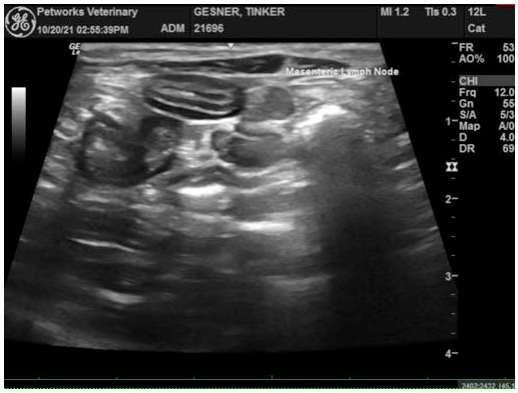

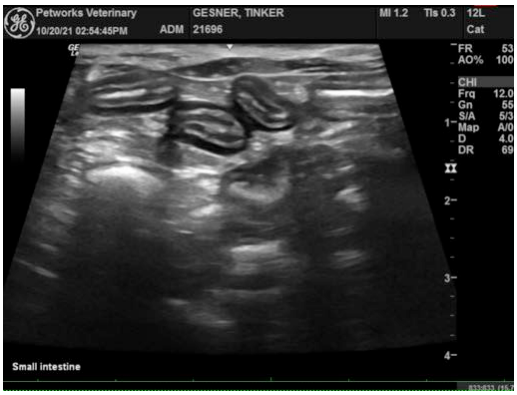

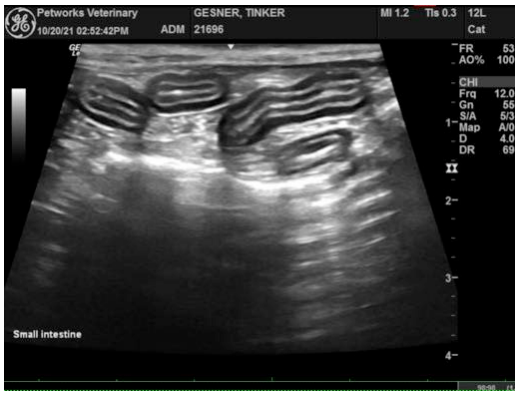

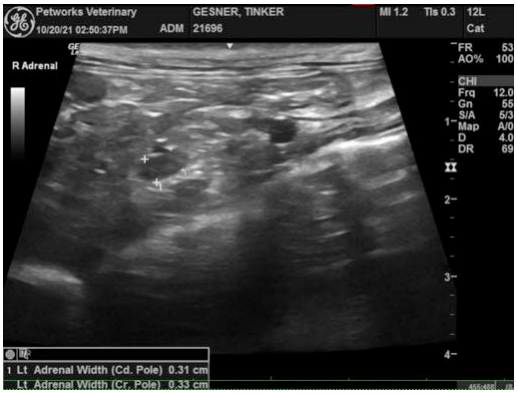

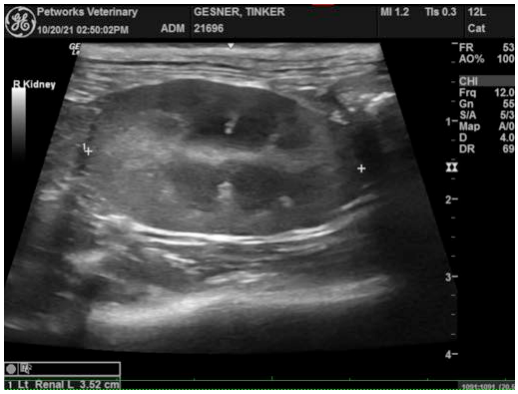

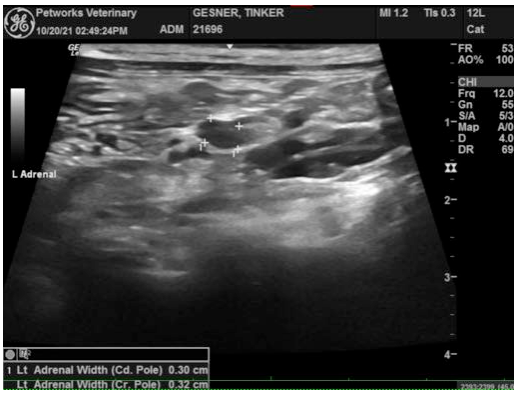

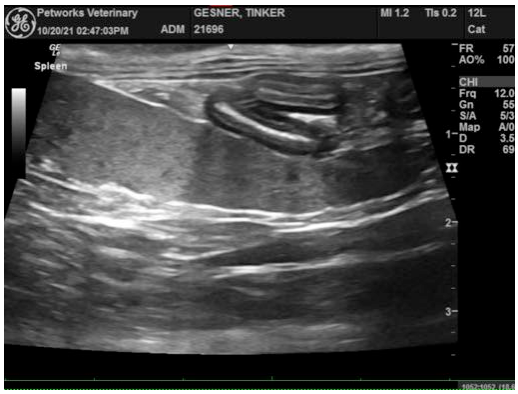

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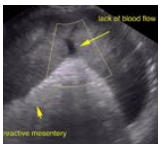
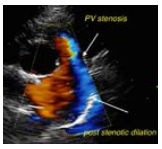
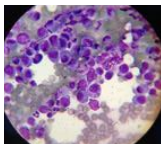
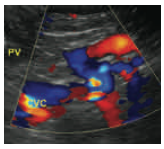

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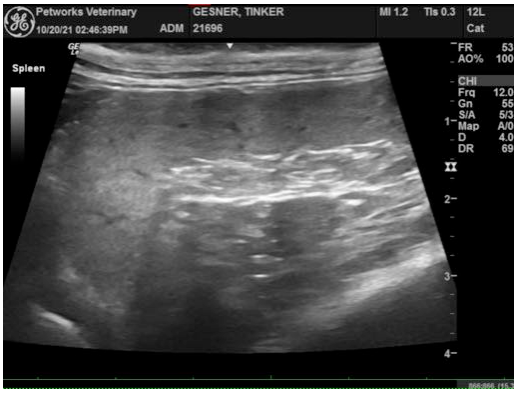

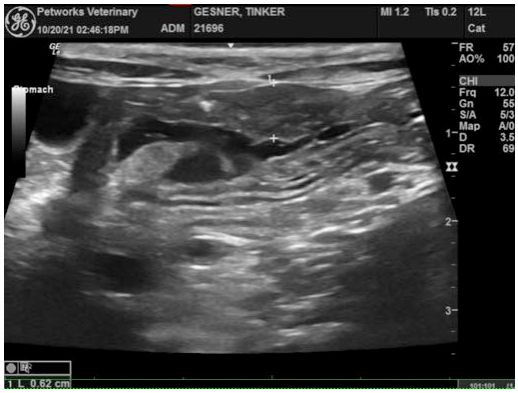

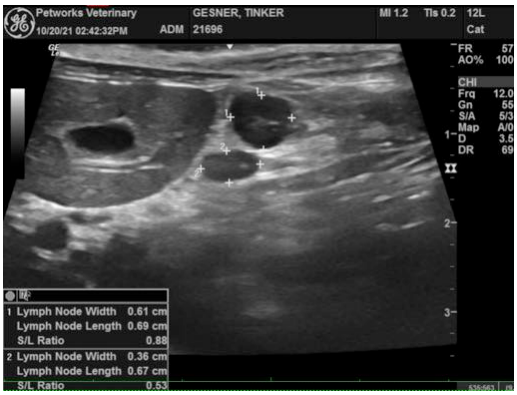

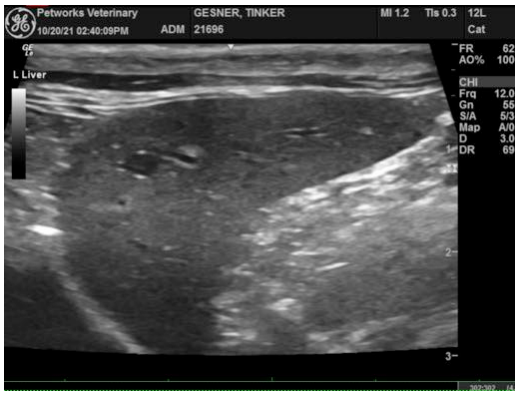

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com