



PATIENT

Hope Gittleston

PRESENTING CLINICAL SIGNS

History: Anorexia, vomited once yesterday, wt. loss. No current meds.
Abnormal PE/Chem/CBC/UA Results: Glucose 173, USG 1.055

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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.

SEX

Spayed Female

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 left kidney measured 3.07 cm. The right kidney measured 3.28 cm.

AGE

10 years

WEIGHT

9.25 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.78 cm.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

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.

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DATE

10/26/21



PATIENT

Gastrointestinal

Hope Gittleleson

The **stomach** was empty in this patient. The upper small intestine was unremarkable. However, the distal small intestine revealed a concentric mass with regional lymphadenopathy. The mass appeared to be jejunal in location. The ileocecal junction was also thickened and irregular. The mesenteric lymph nodes were enlarged. The lymph nodes measured up to 1.26 cm. Ill-defined omental changes were noted.

SPECIES

Feline

BREED

Pancreas

Domestic Shorthair

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.

SEX

Spayed Female

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Multi-centric GI and lymph node based lymphoma is suspected.

WEIGHT

9.25 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the lymph nodes and accessible portions of the intestinal pathology is recommended. Masses were noted in the ileocecal region as well as caudal abdomen just cranial to the urinary bladder.

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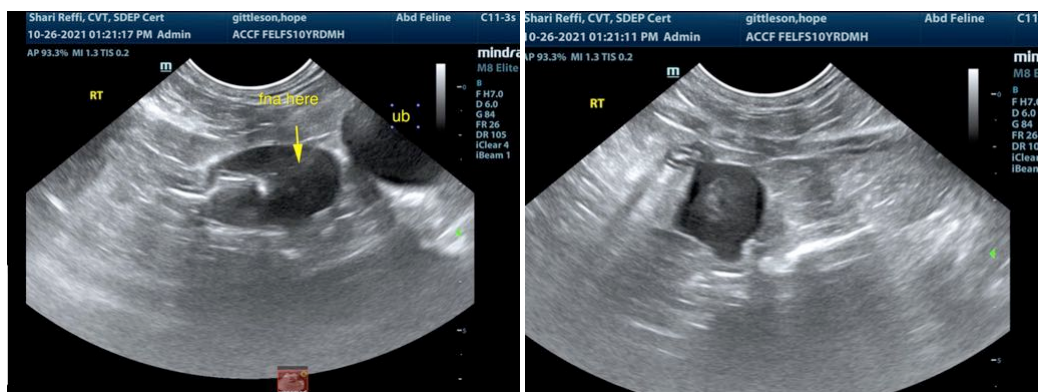
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Domestic Shorthair

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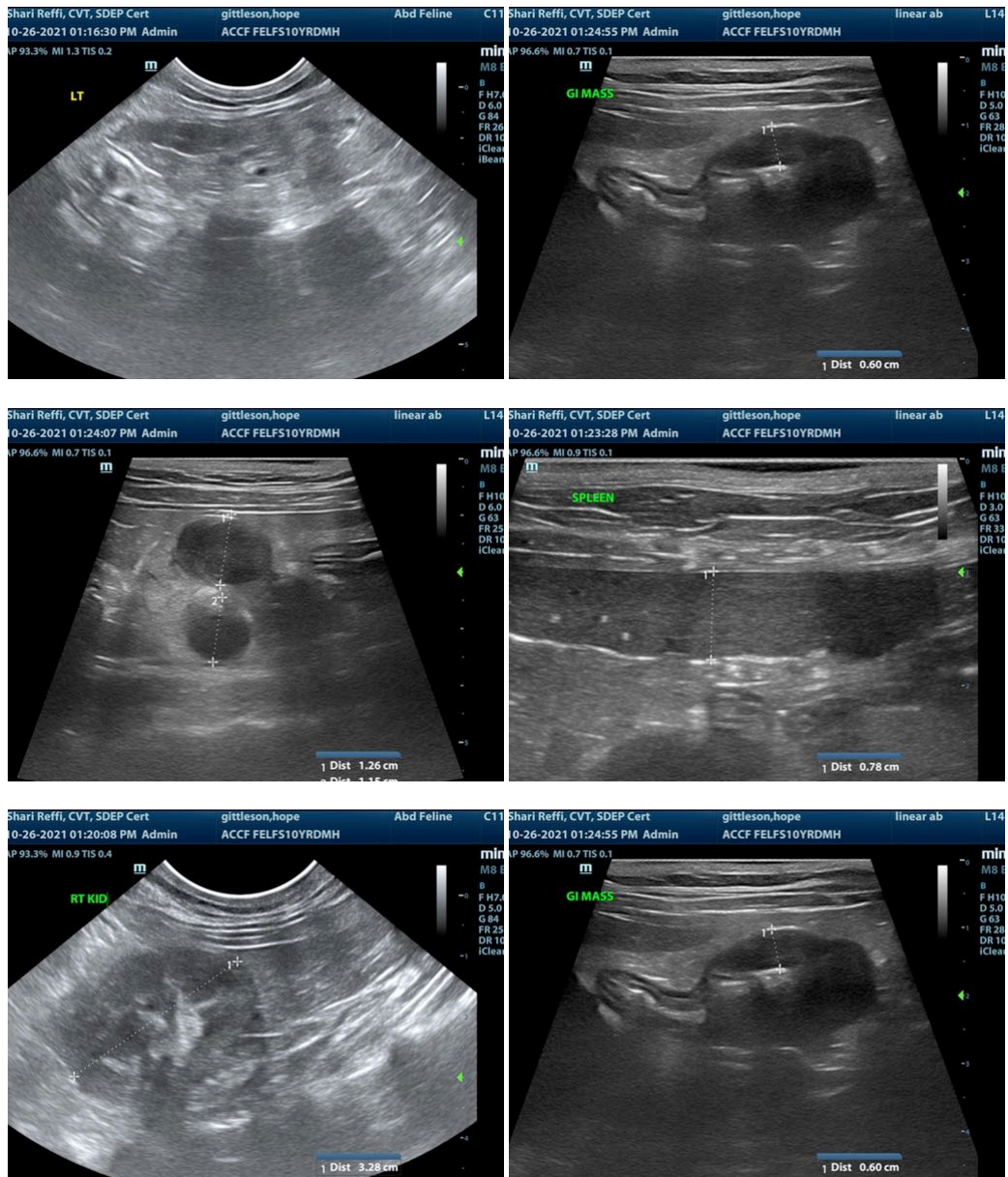
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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