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**DATE**

11/8/22

**PATIENT**

Whiskers Lyle

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5/14/09

**WEIGHT**

8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Stephanie Warga  
RDCS, RVT

**HOSPITAL NAME**

Hickory Vet Hospital

**REFERRING VET**

Dr. Lyle

**INVOICE**

42647

**PRESENTING CLINICAL SIGNS**

Increased appetite and recurrent URI. URI responsive to abx, but returns upon finishing course. History of ISS summer 2019. No recurrence. Elevated WBC, hepto and splenomegaly on rads.

Current Medications: None.

Lab Results: WBC 27.7 K/uL, Lymphocytes 12742, Mono 1108. BUN 39, Urine SG 1.016.

Radiographs: hepto and splenomegaly.

Date of Previous IntraPet Ultrasound: 6/14/19. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.8 cm. The left kidney measured 3.5 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. The right adrenal gland measured 0.46 cm. The left adrenal gland measured 0.40 cm.

**Spleen**

The **spleen** presented irregular contour and subtle micronodular changes.

**Liver**

The **liver** was diffusely hyperechoic to falciform fat and mildly enlarged and swollen. The gallbladder was unremarkable. The common bile duct was normal at 3.0 mm.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. 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 out this possibility.

**Pancreas**

The **pancreas** was distinctly hypoechoic with minor undulating contour throughout the left and right limb. No evidence of active inflammation.

### **Free Abdomen**

Reactive mesenteric lymph nodes noted up to 1.0 cm. Reactive mesentery noted around the lymph nodes. A caudal abdominal lymph node measured 1.62 cm x 0.80 cm. An epigastric lymph node was noted at 1.03 cm, reactive.

Slight free fluid noted, likely owing to lymphatic congestion.

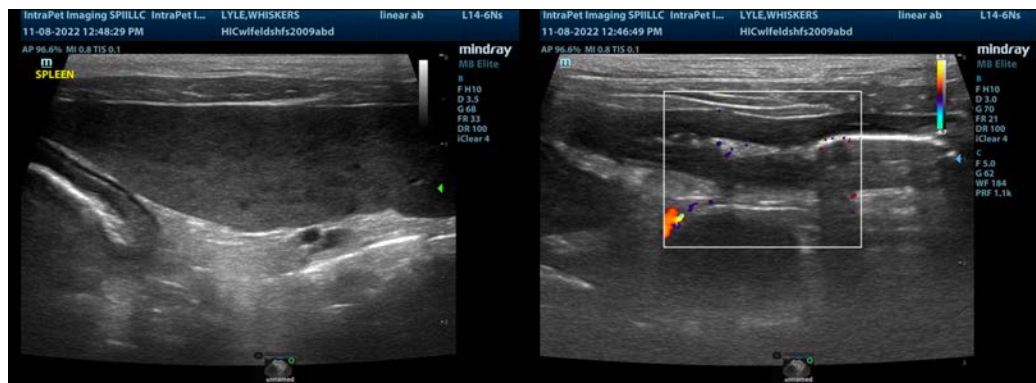
### **ULTRASONOGRAPHIC FINDINGS**

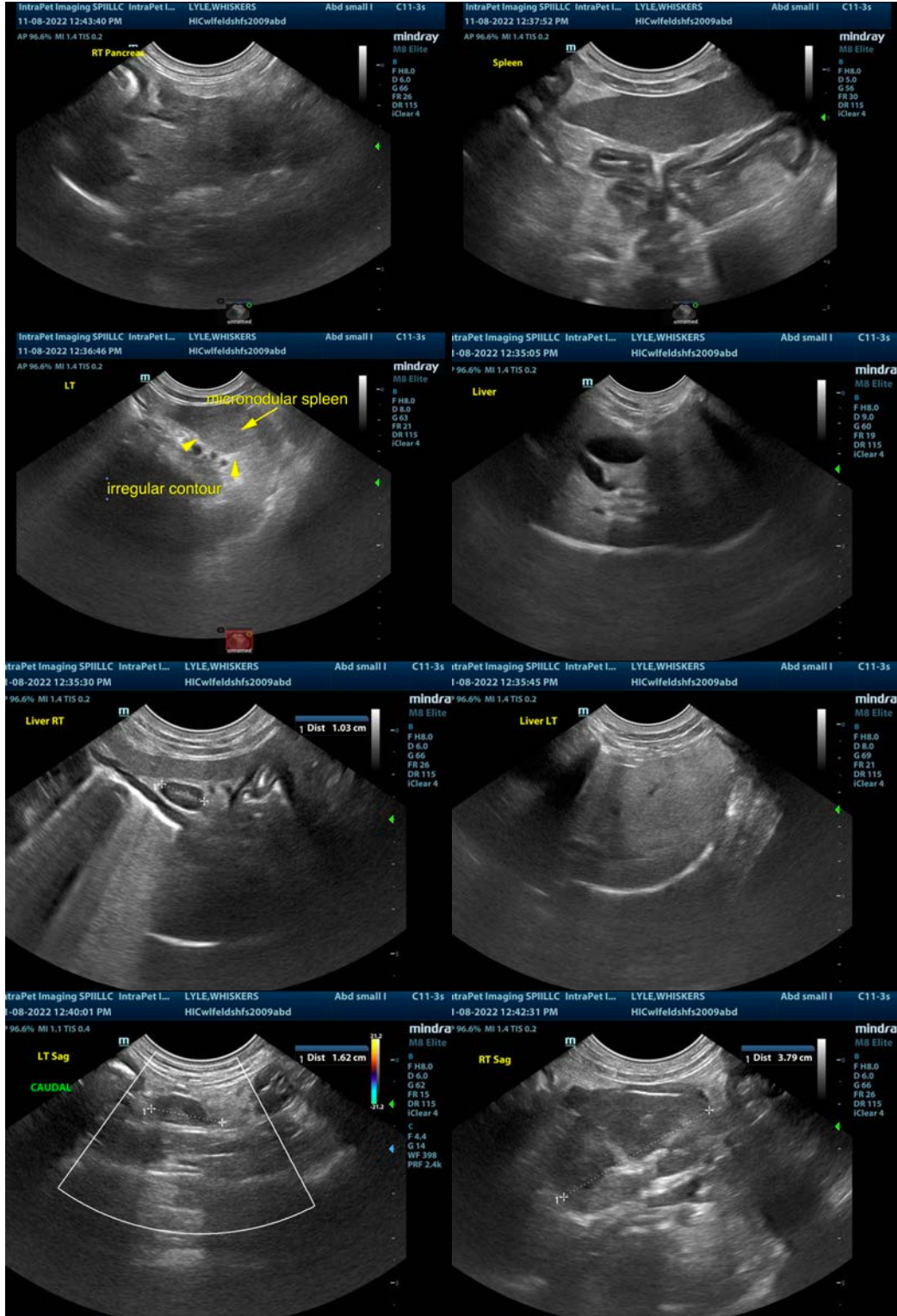
- Multicentric lymphoproliferative pattern
- Irregular, micronodular spleen
- Enlarged, swollen liver
- IBD GI pattern
- Hypoechoic pancreas
- Slight free fluid
- Reactive mesentery

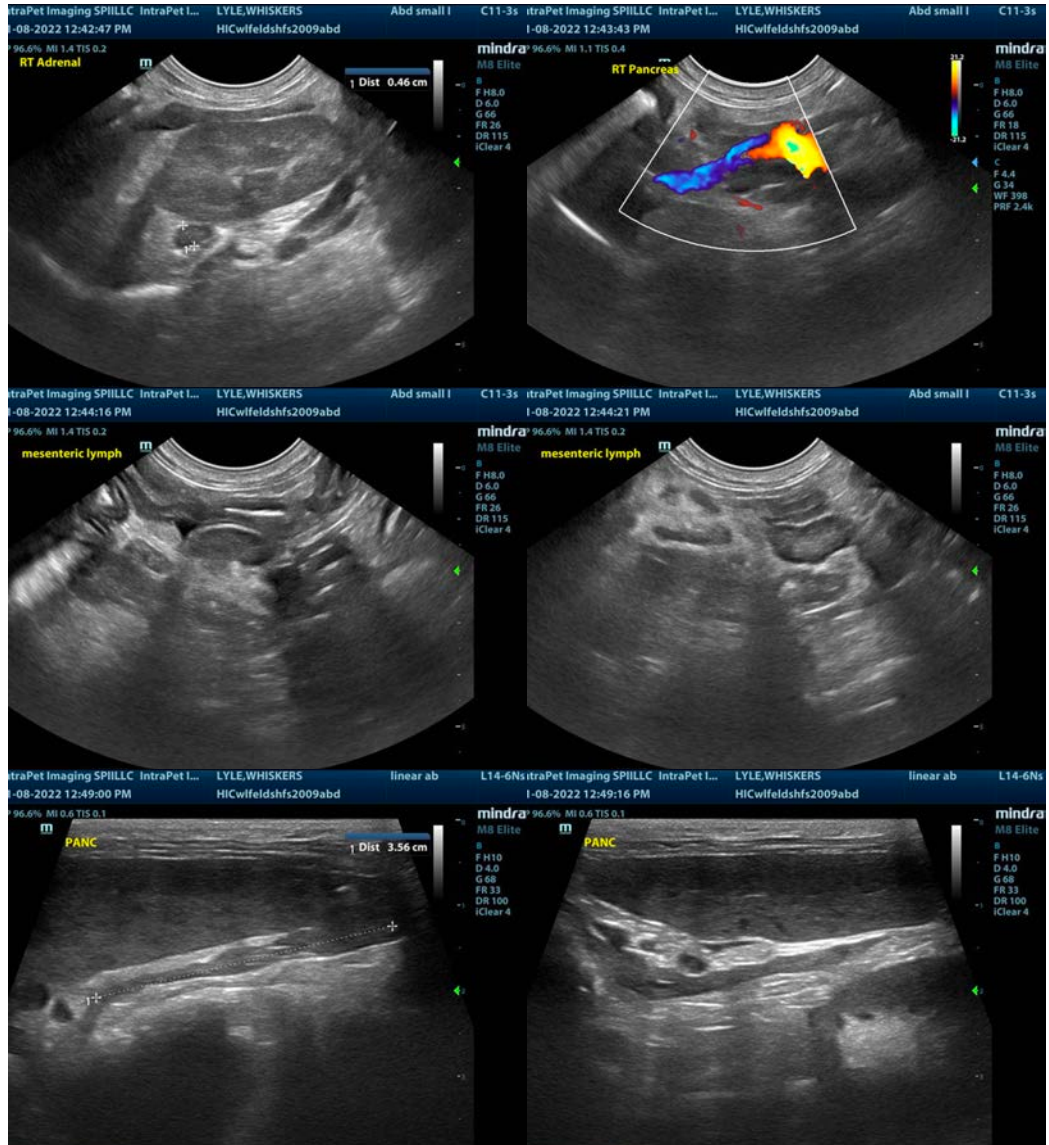
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt intestinal neoplastic patterns noted. However, the multiple lymph nodes and spleen may represent an early round cell neoplasia. FNA, cytology, and culture of the spleen, accessible lymph nodes, and liver warranted. Even though liver values are not reported to be elevated, there is some evident swelling. If the patient has been exposed to bartonella or toxoplasmosis, these titers should be run with empirical treatment. Guarded prognosis depending upon cytology results.

Pain management and broad-spectrum antibiotics such as Enrofloxacin/Clindamycin combination should be considered until cytology results can be obtained. One portion of jejunum appeared to have slight loss of mural detail. Emerging round cell neoplasia is possible yet would necessitate full thickness biopsies for diagnosis. Therefore, non-invasive FNA of spleen, lymph nodes, and liver warranted in the meantime, which may arrive at definitive diagnosis via cytology.







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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