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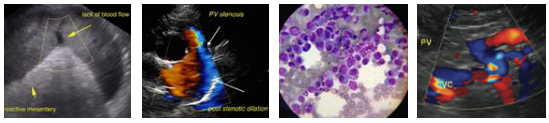

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IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Clint Mishak

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2005

WEIGHT

14.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

94814

DATE

12/21/21

PRESENTING CLINICAL SIGNS

History: Weight loss, decreased appetite

Current Meds: Gabapentin –pain/behavior, Lactulose –PRN for constipation, Chlorphenamine for allergy.

Evaluate for IBD, pancreatitis, lymphoma

Labs and previous AUS attached

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 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. The left kidney revealed slight pyelectasia that measured 0.13 cm. The left kidney measured 4.46 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 0.4 cm. The left adrenal gland measured 0.43 cm.

Spleen

The **spleen** was enlarged with micronodular changes and measured 1.17 cm with scalloping contour.

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. The common bile duct measured 0.23 cm. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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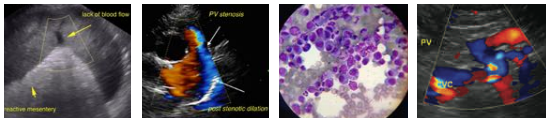

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Gastrointestinal

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. Intestinal wall thickness measured up to 0.33 cm. No concerning lymphadenopathy was visible. 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** revealed a dilated duct with coarse architecture and undulating contour. Micronodular changes were noted.

ULTRASONOGRAPHIC FINDINGS

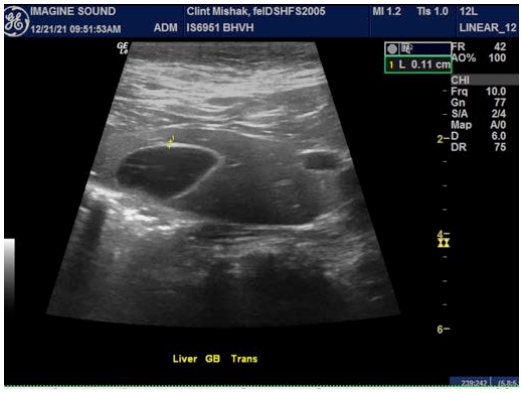
Micronodular spleen with splenomegaly. Round cell neoplasia versus splenitis or reactive spleen.

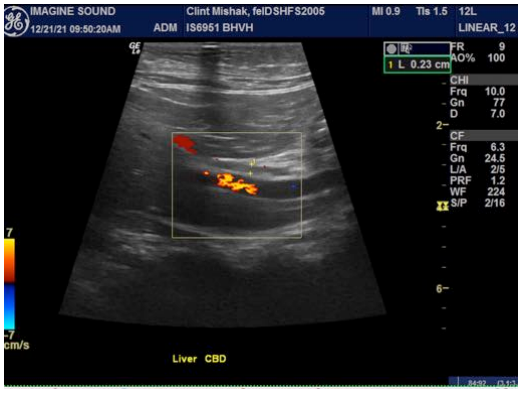
Prominent intestinal thickening with hypertrophied muscularis. Neoplastic criteria is not met in the intestine.

Chronic pancreatic changes with remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is strongly encouraged. I am strongly concerned for emerging round cell neoplasia primarily in the spleen. FNA is strongly encouraged. The GI and pancreatic changes are likely owing to prior episodes of inflammatory bowel and pancreatitis. Chest radiographs are warranted to assess for concurrent thoracic disease. Cytology +/- culture of the splenic aspirate is indicated in case splenitis is an issue.





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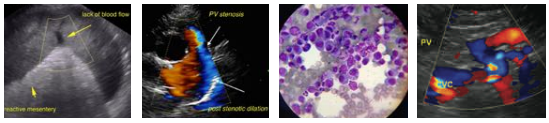

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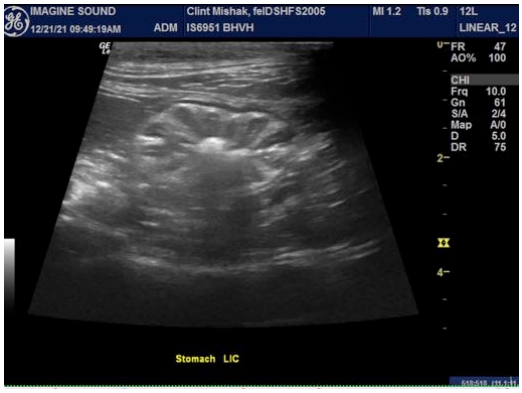

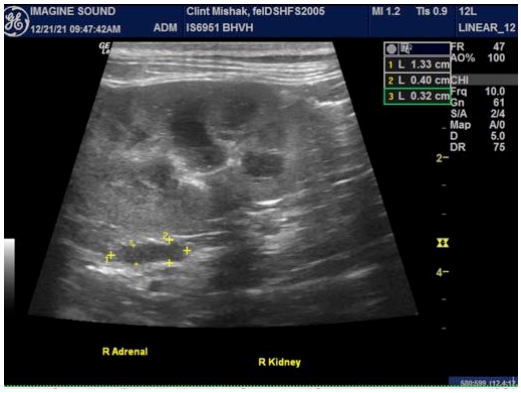

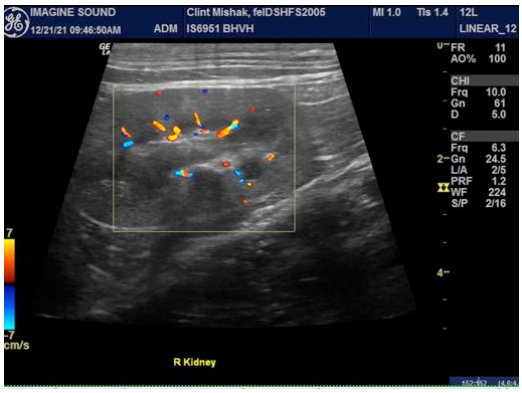

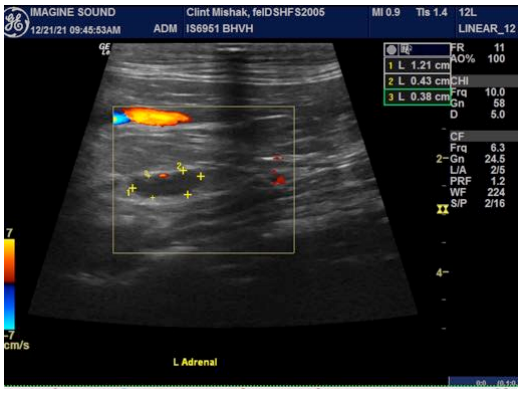

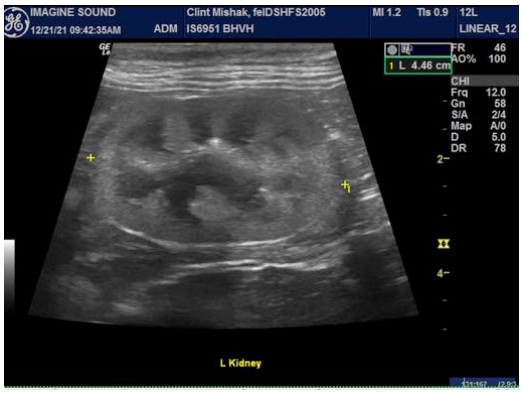

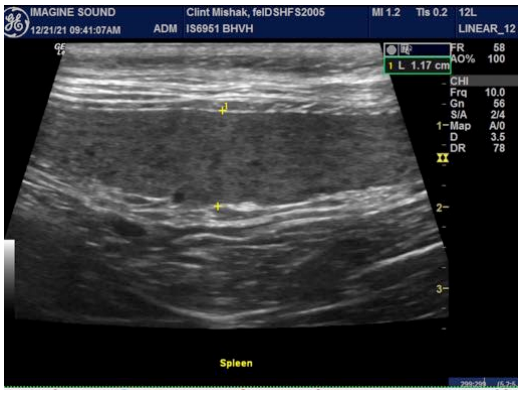

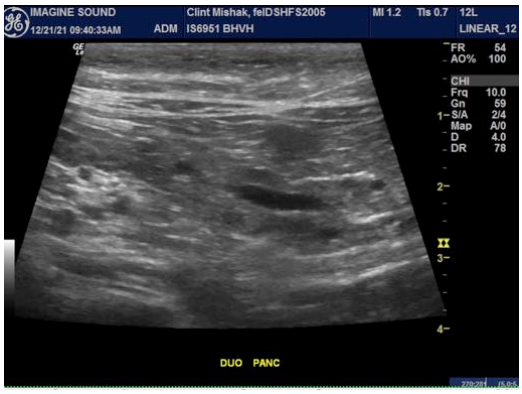

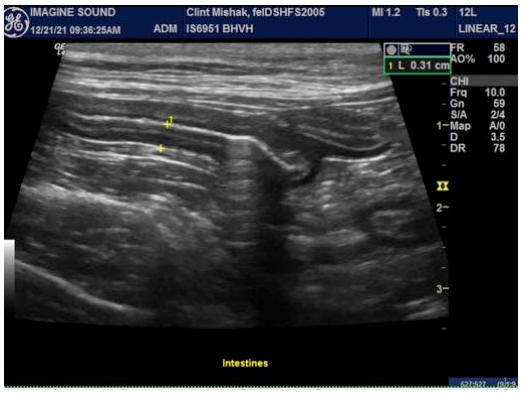

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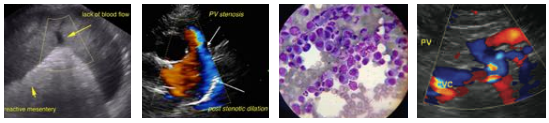

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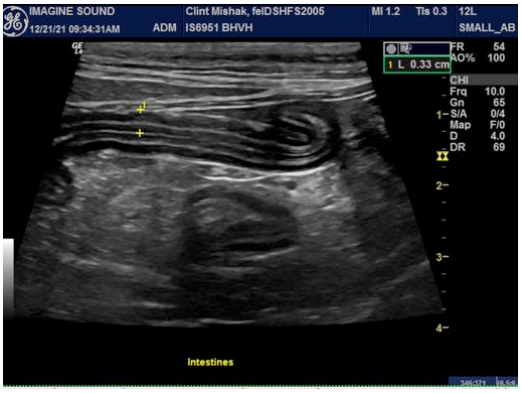

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com