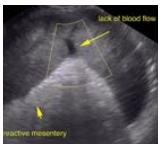
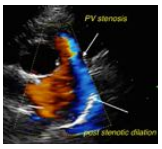
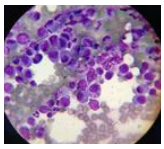
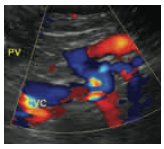

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1-800-838-4268 info@sonopath.com

PATIENT

Gribouille Norman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

2.81 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

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PRESENTING CLINICAL SIGNS

vomiting, weight loss; mid abdomen there is a cluster of firm nodules/intestine - possibly thickened SI or mesenteric LN
Abnormal PE/Chem/CBC/UA Results: CBC - mild non-reg anemia Chem mild decrease in Phos otherwise WNL TT4 - WNL

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 and no evidence of pelvic dilation was present. The left kidney measured 3.08 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 0.28 cm.

Spleen

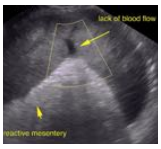
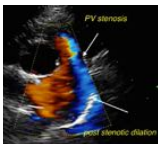
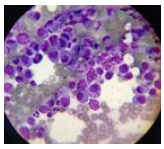
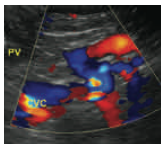
The **spleen** was enlarged and measured 1.2 cm with subtle micronodular changes and undulating contour.

Liver

The **liver** revealed slight coarse architecture with mildly increased gallbladder echogenicity and thickness.

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 majority of the gastrointestinal tract did not reveal any overt loss of mural detail; however, some areas of did note slight loss of detail of the submucosal layer. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness

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measured up to 0.21 cm. The mesenteric lymph nodes are enlarged. There are some areas with loss of detail noted in the lymph nodes. The largest lymph node measured 1.5 x 1.0 cm.

Pancreas

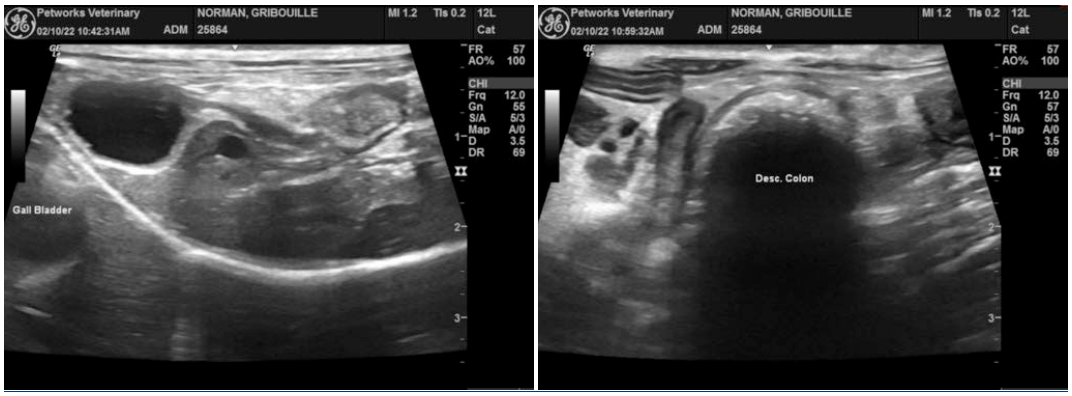
The **pancreas** was hypoechoic and irregular with minor duct dilation. The pancreatic duct was tortuous.

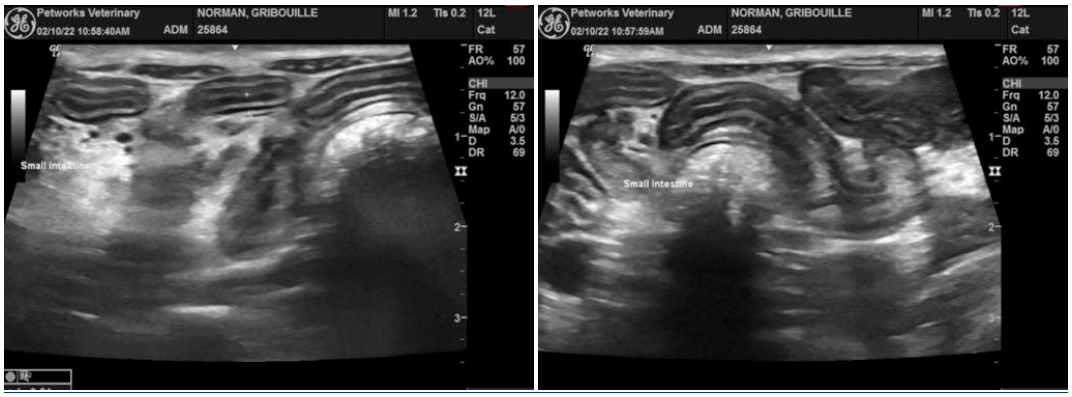
ULTRASONOGRAPHIC FINDINGS

Chronic triad disease with potential emerging round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for emerging gastrointestinal lymphoma in this patient as well as possible splenic lymphoma versus splenitis. I recommend FNA of the mesenteric lymph nodes and FNA of spleen +/- culture is also recommended for splenitis. CBC path review +/- bone marrow aspirate is warranted given the patient's history of anemia. Guarded prognosis.





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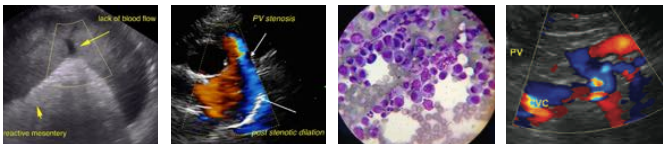

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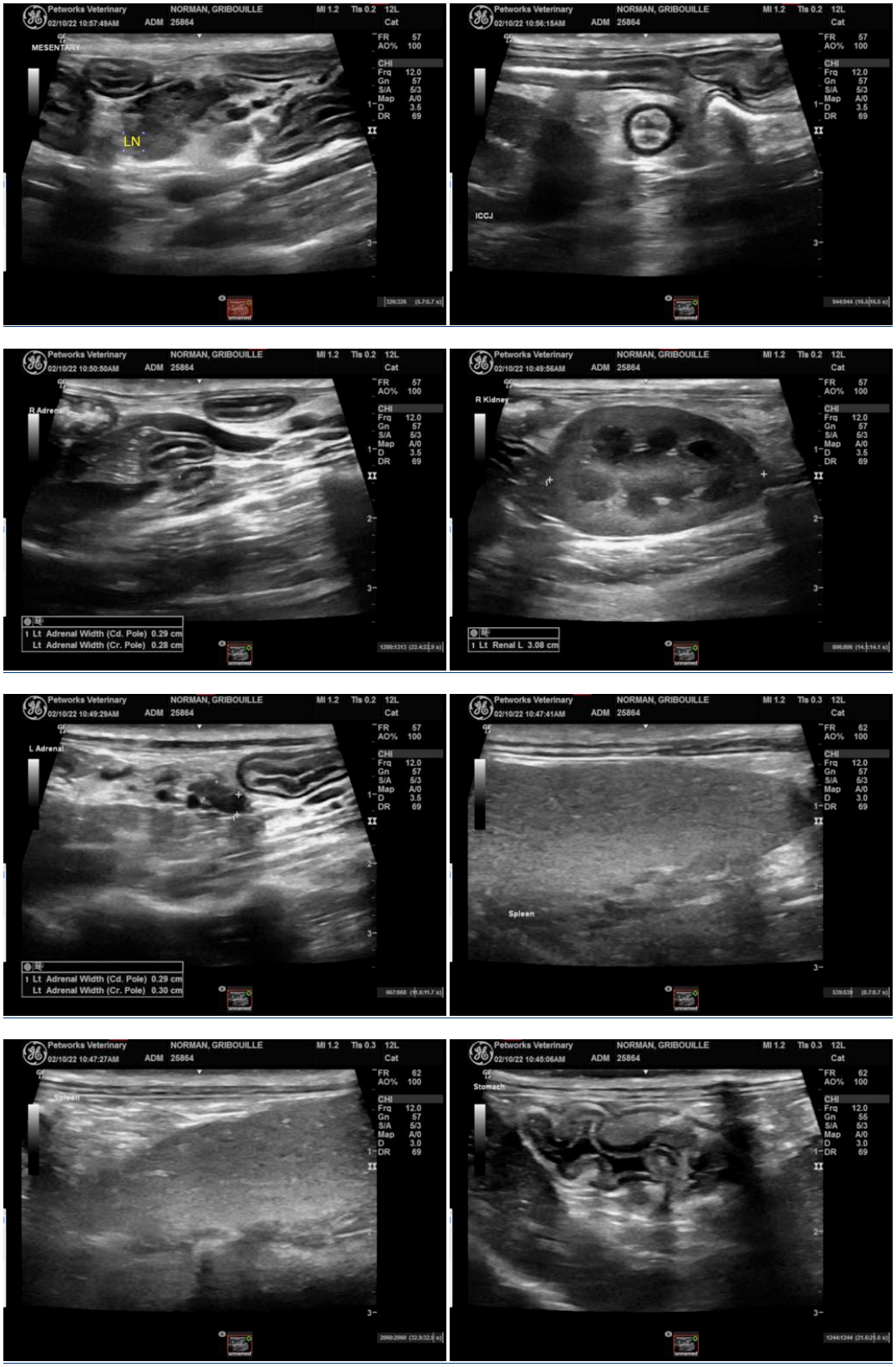

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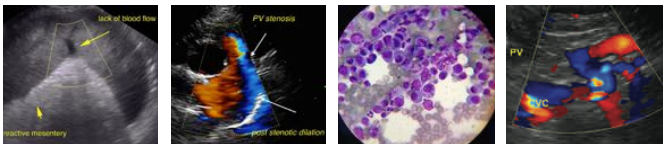

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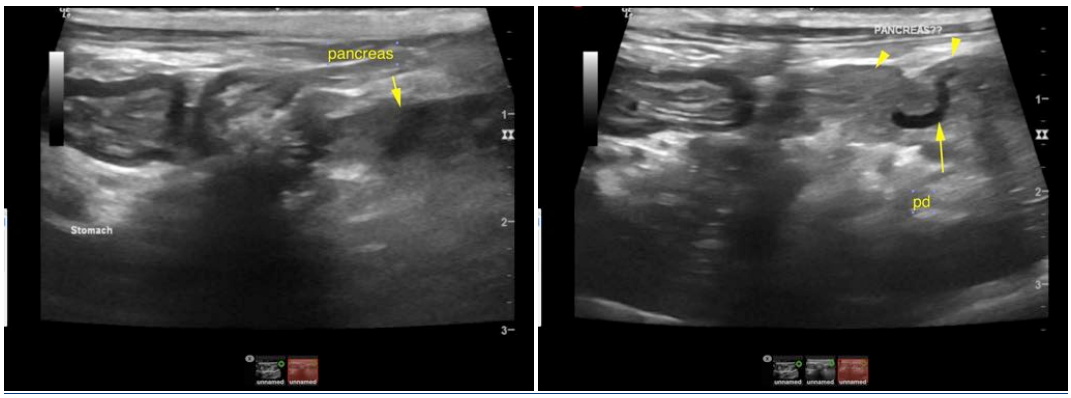

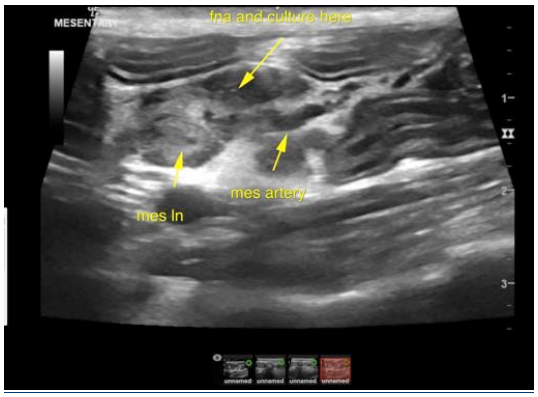

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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