

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

2/10/23

PATIENT

Ollie Charlick

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2/9/13

WEIGHT

6.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

45067

PRESENTING CLINICAL SIGNS

Has been getting more excited or persistent with people food - has continued to eat, fed c/d Appears to have lost weight Has been playing normal and seems like her normal self. Presented to rdvm 2/6: - Bw: Glob 5.5 (2.3-5.3), Alt 264 (10-100), Alp 224 (6-102), Tbil 6.1 (0.1-0.4), Plt 64 (200-500), platelet clumping - Ua: Usg 1.036

Current Medications: Vitamin B, Cerenia, Gabapentin.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.36 cm. The right kidney measured 3.92 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 0.40 cm.

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.

Liver

The **liver** was swollen and mildly irregular in contour with coarse architecture and increased portal markings. The gallbladder and cystic duct were overdistended with echogenic debris or possible tissue in the cystic duct. The common bile duct appeared unremarkable at 2.0 mm. Generalized hepatic enlargement present.

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 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

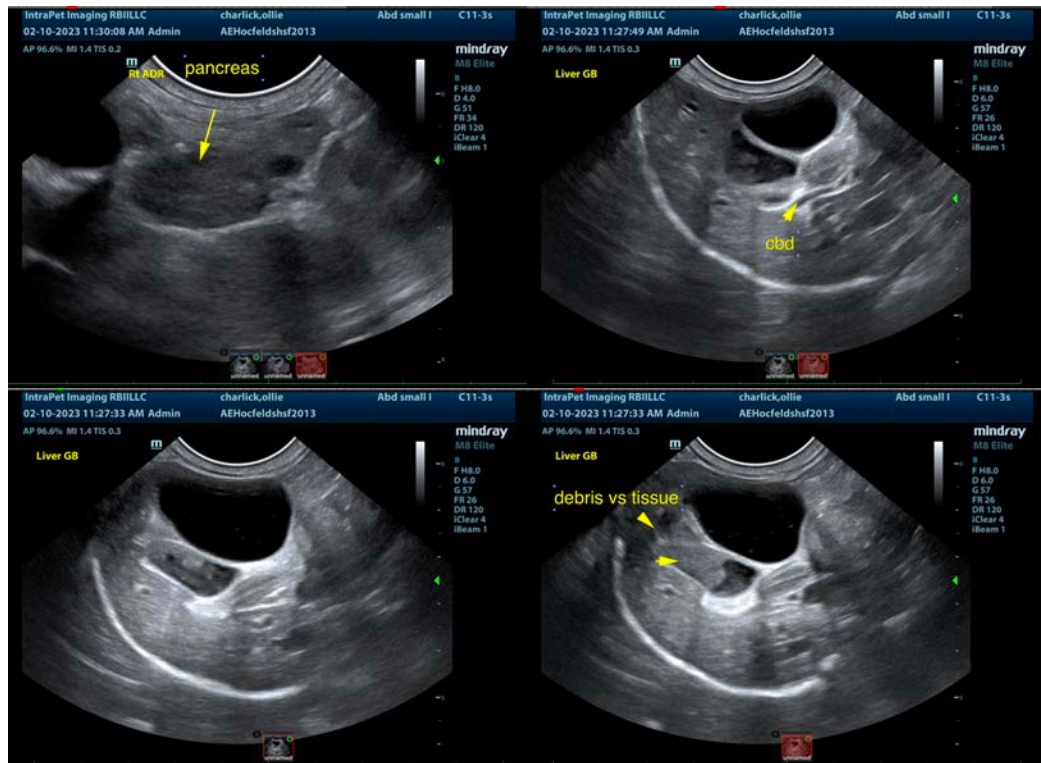
The left limb of the **pancreas** was enlarged and irregular with undulating contour. Left limb measured 1.17 cm.

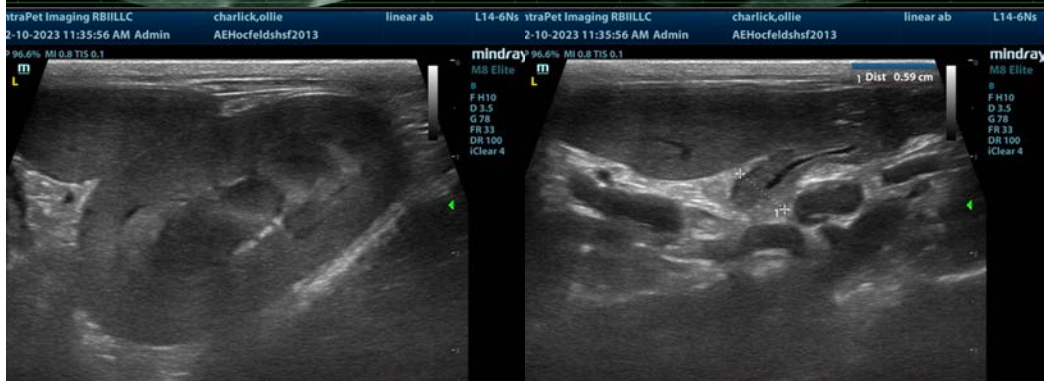
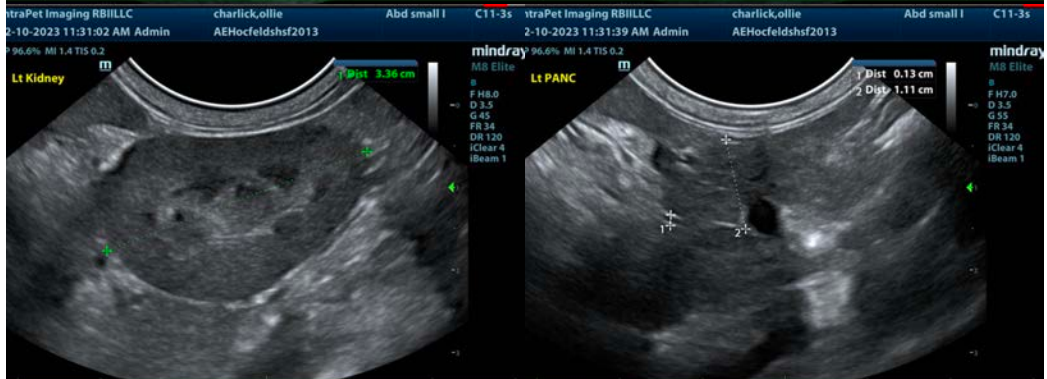
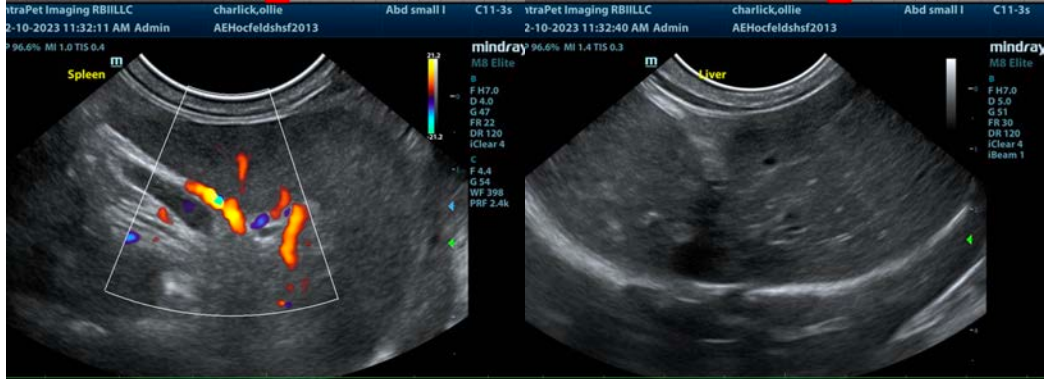
ULTRASONOGRAPHIC FINDINGS

- Swollen spleen and liver with cystic duct occupation of debris or possible tissue proliferation
- Prominent, irregular pancreas
- IBD GI pattern
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA screen and liver recommended in this patient to assess any evidence of parenchymal neoplasia versus splenitis/cholangitis. Power doppler assessment of the echogenic material within the cystic duct indicated to assess for tissue proliferation versus excessive sludge/debris. FNA of the pancreas ideal as well to rule out neoplasia versus pancreatitis. Prognosis is guarded depending upon cytology results.





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.

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