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Clinical Sonography & Telecytology
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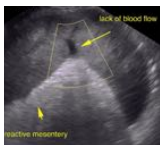
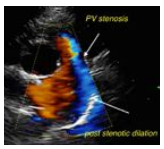
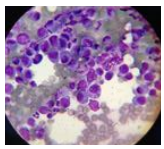
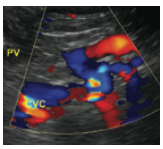

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1-800-838-4268 info@sonopath.com

PATIENT
Daisy Grandonico

SPECIES
Feline

BREED
Domestic Longhair

SEX
Spayed female

AGE
15 years

WEIGHT
7.25 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Karen Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Goodman

INVOICE
42845

DATE
2/15/23

PRESENTING CLINICAL SIGNS

History: Weight loss, not eating and vomiting, most recently blood in vomit.
Abnormal PE/Chem/CBC/UA Results: PE: thin with muscle wasting. Low TP and Globulins.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.7 cm and the left kidney measured 3.33 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.

Spleen

The **spleen** was at the upper limits of normal and measured 1.01 cm with uniform parenchyma.

Liver

The **liver** revealed a hypoechoic nodule in the left medial liver measuring 0.93 x 0.74 cm. . The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

The **stomach** revealed soft shadowing material. This is consistent with hairball density and measured approximately 1.5-2.0 cm. The gastric wall was structurally unremarkable. There are 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.

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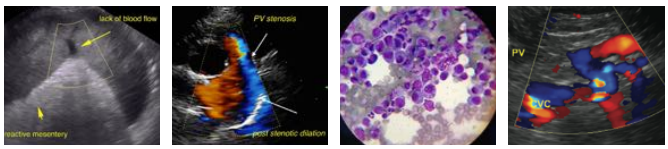

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

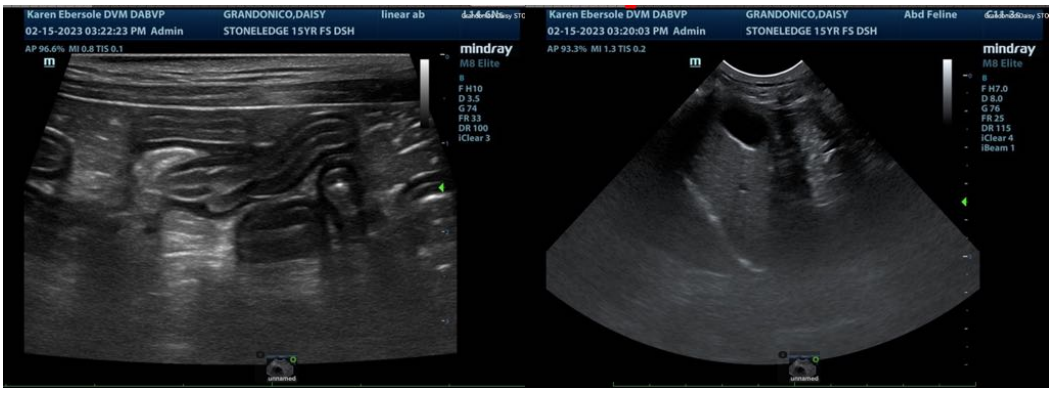
Hepatic nodule.

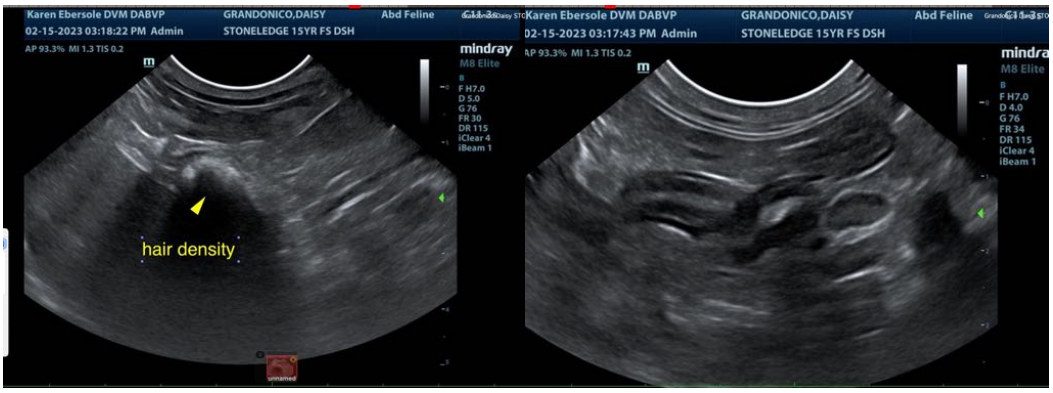
Hairball density in the stomach. IBD pattern

Minor splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodule is ideal. Hyperplasia versus emerging round cell neoplasia, carcinoma or abscessation is less likely. Reactive spleen is likely. Round cell neoplasia is possible. FNA is recommended. Hairball therapy is warranted. Given the intestinal thickening underlying inflammatory bowel should be. Considered. Guarded prognosis depending on cytology results of the spleen and hepatic nodules.





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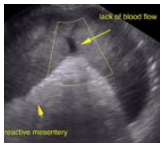
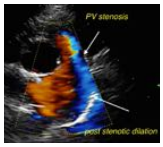
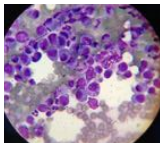
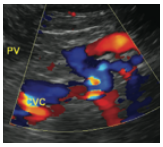

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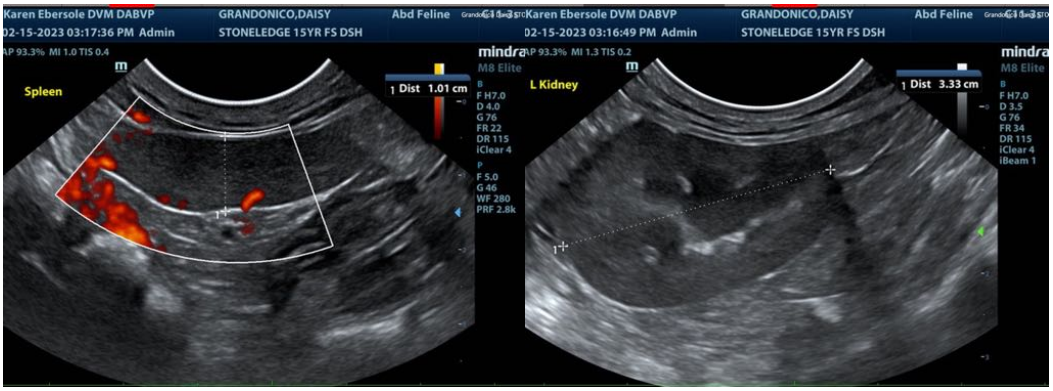

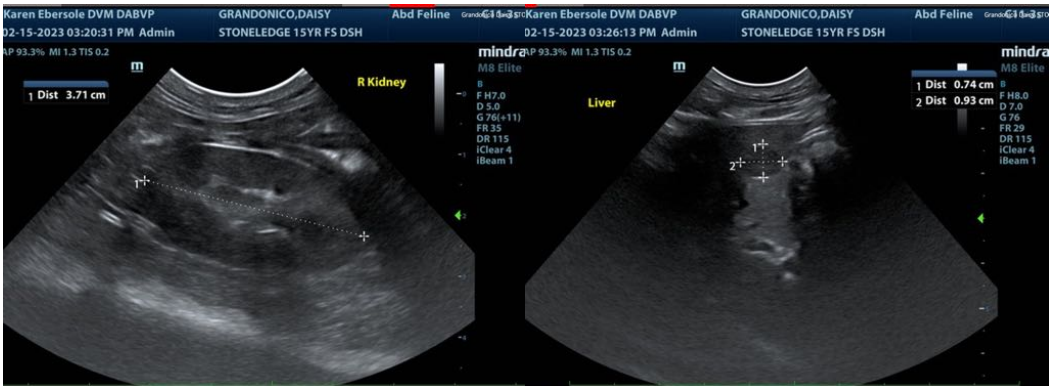

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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