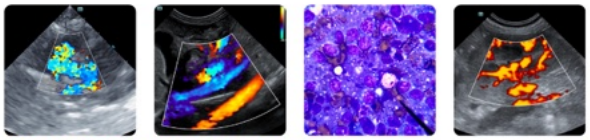


PATIENT

Maya Grant

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

3.99 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tiffany Moore

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Moore

INVOICE

71802

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- History of triaditis, t cell lymphoma, toxoplasmosis. Getting more jaundice. Currently on chlorambucil EOD, prednisolone EOD, Denamarin, ursodiol, monthly vit b12 injections, SQF. presented yesterday with brown pigmented lesion on right iris
- Elevated AST 200 (newly elevated), elevated ALP 800 (increased), elevated ALT 664, t bili 4.7 (improved) - blood drawn 2/16. previous BW was last month.

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. Slight pinpoint mineralization was noted in both kidneys, yet non-obstructive. The left kidney measured 3.9 cm. The right kidney measured 4.0 cm.

Adrenal Glands

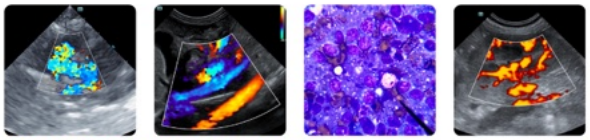
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was enlarged and measured 1.1 cm with scalloping contour with uniform parenchymal.

Liver

The **liver** was mildly enlarged and heterogenous with slightly increased portal markings. The gallbladder and common bile duct were unremarkable and slightly tortuous. The cystic duct was dilated, likely an age related change or secondary to chronic disease, yet not clinical. However, the common bile duct was normal in size. There was no overt post hepatic obstruction was noted.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

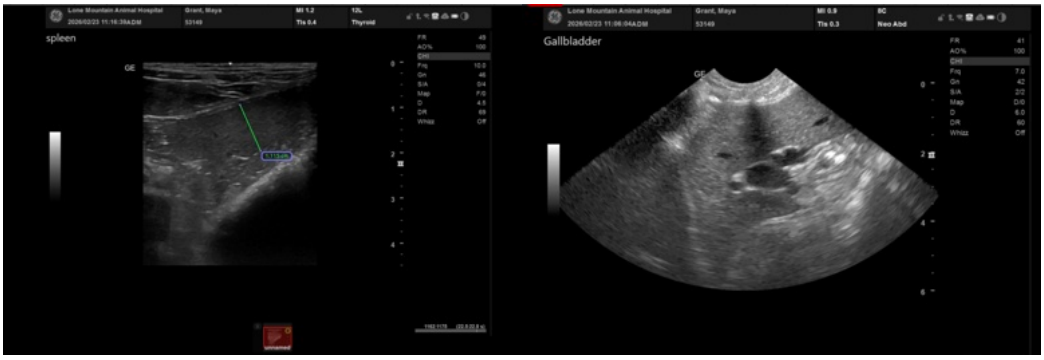
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Non-specific, mild splenohepatic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prednisone is likely suppressing a more significant presentation. Reassessment of the liver parenchyma with ultrasound guided FNA is indicated to assess if lymphoma type component is playing a role versus a concurrent inflammatory component. There was no evidence of post hepatic obstruction and if there is no evidence of anemia then the jaundice is parenchymal in origin. This is either recurrent of lymphoma or concurrent hepatitis. Sampling of the spleen and liver are essential +/- cultures.



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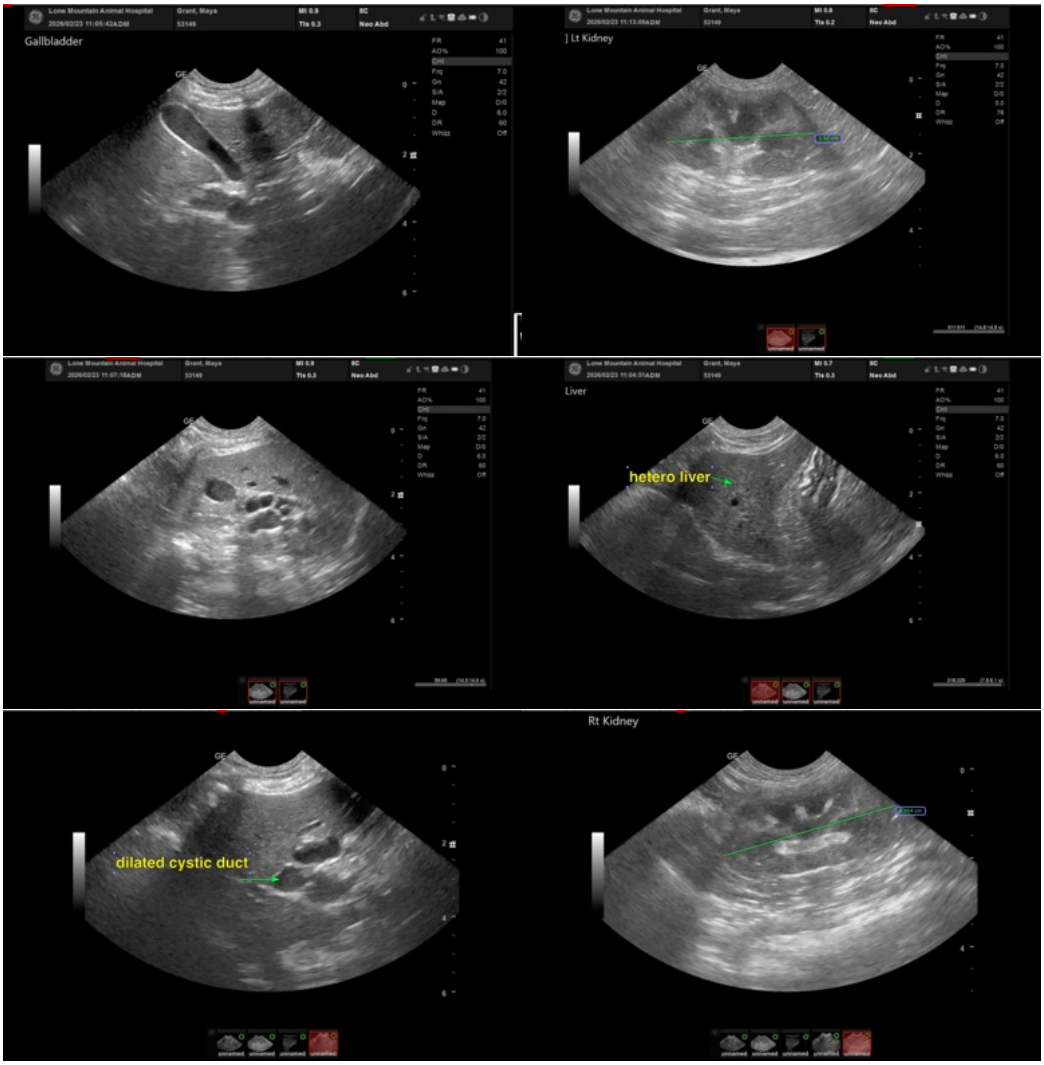

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com