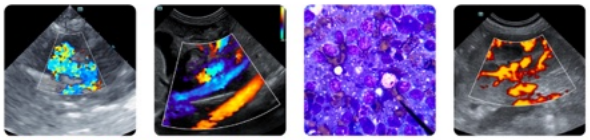




**PATIENT**

Roxy Conway

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

7 years

**WEIGHT**

11.69 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Laura Klaassen

**HOSPITAL NAME**

Animal Care Group of Lake Oswego

**REFERRING VET**

Dr. Klaasen

**INVOICE**

72068

**DATE**

2/27/26

## PRESENTING CLINICAL SIGNS

- Vomiting acutely, almost daily.
- Mild amount of weight loss.
- Heart murmur no work up
- CBC – WNL. Chem - ALT 386, ALP 119, AST 107, total bilirubin 1 T4 2.6 UA - spec grav 1.047, 1+ protein

## 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 and right kidney measured 3.6 cm.

### *Adrenal Glands*

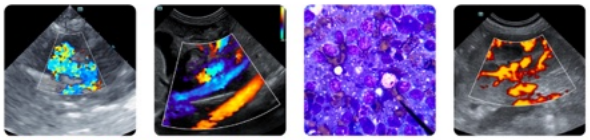
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

### *Spleen*

The **spleen** was 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*

Lobar biliary duct dilation was noted throughout the **liver**. This is indicative of post hepatic obstruction. The cystic duct was tortuous with mild over distension of the gallbladder. The common bile duct was also tortuous with dilation. The common bile duct measured 0.97 cm in width.





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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. There was loss of mural detail in the small intestine and measured up to 0.5 cm in wall thickness. 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*

Variable, mixed hypoechoic, irregular parenchyma was noted in the **pancreas**, primarily in the right limb. 25-gauge FNA is indicated. There was a significant amount of inflammation noted in the portal hilus around the right pancreatic limb and upper gastrointestinal tract. An extensive, hypoechoic pancreatic parenchyma was noted. The pancreas measured up to 1.6 cm.

## ULTRASONOGRAPHIC FINDINGS

Variable thickening of the small intestines with loss of mural detail.

Extensive pancreatic pathology, potential pancreatic lymphoma.

Post hepatic obstruction.

Splenic enlargement. Reactive versus round cell neoplasia.

Steatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytology and culture are recommended. I strongly recommend ultrasound-guided FNA of the pancreas and spleen to assess for neoplasia. Management for pancreatitis and inflammatory bowel is indicated. However, surgical intervention with bile duct deviation procedure may be necessary. However, underlying neoplastic process is a strong potential. The post hepatic obstruction is likely due to extensive pancreatitis and/or pancreatic lymphoma/carcinoma with inflammatory bowel or round cell neoplasia.

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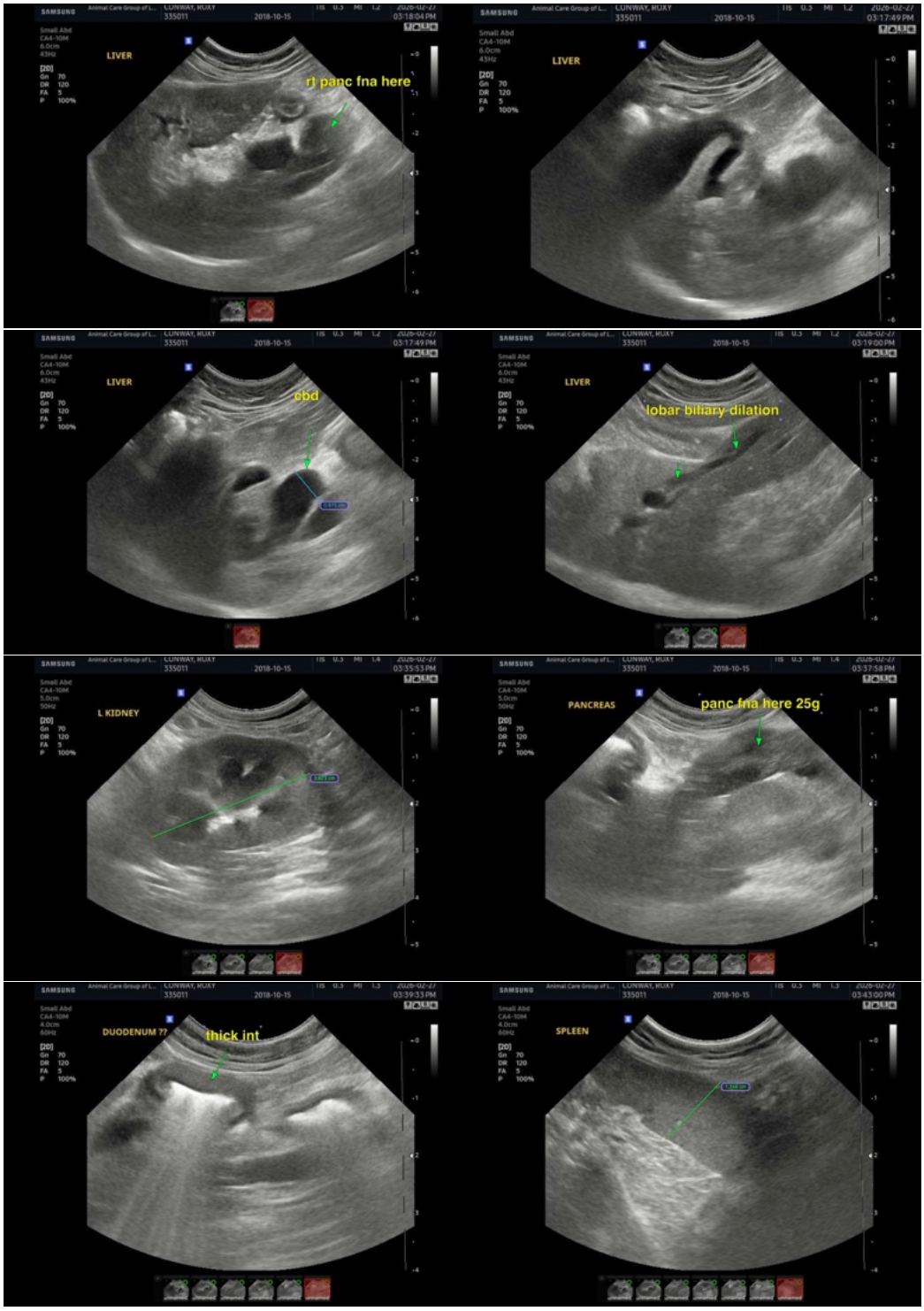

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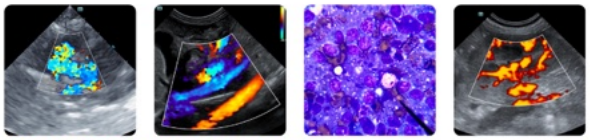

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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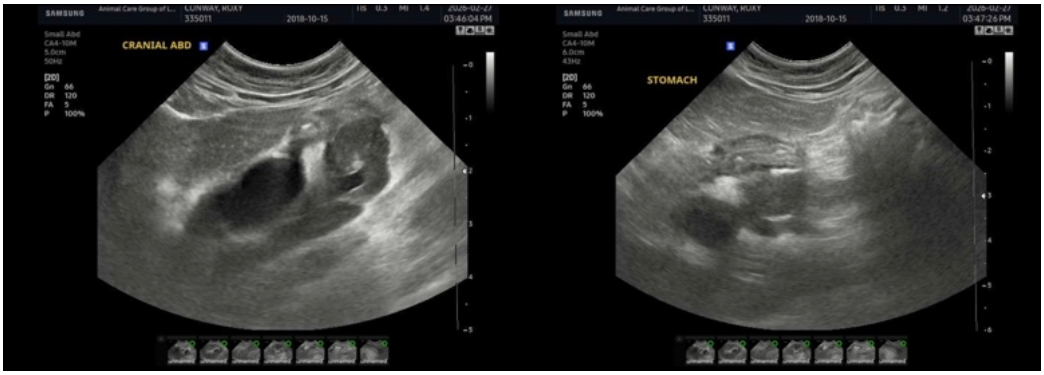


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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