



**PATIENT**

Kyo Ringert

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1.3 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tessa Maggiulli, DVM

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Tessa Maggiulli, DVM

**INVOICE**

21015

**DATE**

2/6/23

**PRESENTING CLINICAL SIGNS**

History: p seen 2/2/23 for suspect FIC, had been nibbling on lucky bamboo for last few weeks p was given mirtazapine, vomited after eating, bamboo leaves present, ASPCA recommended evaluation

Abnormal PE/Chem/CBC/UA Results: CBC- Hct 36.4% (30.3-52.3), MONO 0.71 (0.05-0.67) CHEM 10-NSF ALB 3.5 EPOC- hypocalcemia (1.18), LAC (3.89) H RAD REPORT CONCLUSIONS: Moderate splenomegaly. Given the young age of this patient the primary differential is an infectious/inflammatory process such as mycoplasma. Juvenile lymphoma or another round cell neoplasm could have a similar appearance though is less likely given the young age of this patient. An anatomic variation is unlikely though also cannot entirely be excluded. In the absence of other findings this is likely associated with the reported gastric intestinal clinical signs though primary gastroenteritis or pancreatitis or a partial obstruction by occult foreign material cannot entirely be excluded.

**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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.0 cm. The right kidney measured 4.5 cm

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is a mild change, 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**



**PATIENT**

Kyo Ringert

The **stomach** was empty yet the pylorus presented concentric thickening. Wall thickness measured up to 1.0 cm. A minor amount of luminal fluid was present. The duodenum was empty. Reactive mesentery was noted around the pyloric outflow.

**SPECIES**

Feline

**Pancreas**

The **pancreas** was hypoechoic and irregular in contour with enhanced surrounding mesentery, suggestive for inflammation.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Gastritis/pyloric hypertrophy/low grade pancreatitis pattern- no evidence of foreign body
- Scalloping contour to the spleen

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastroscopy with mucosal biopsies would be ideal. No neoplastic criteria is present, however, I do encourage gastric biopsies in this patient, either through full thickness surgical biopsies and palpation of the pyloric outflow or gastroscopy guided biopsies. I recommend a fresh fecal smear and fecal floatation analysis. The following protocol could be considered empirically. Empirical management for gastritis, covering for infectious agents (such as bartonella) is recommended. Zithromax, metronidazole and GI protectants are indicated. Canned BID feeding after 24-hour NPO, as well as pain management if any subxiphoid palpation reveals discomfort is warranted.

**AGE**

1.3 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tessa Maggiulli, DVM

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

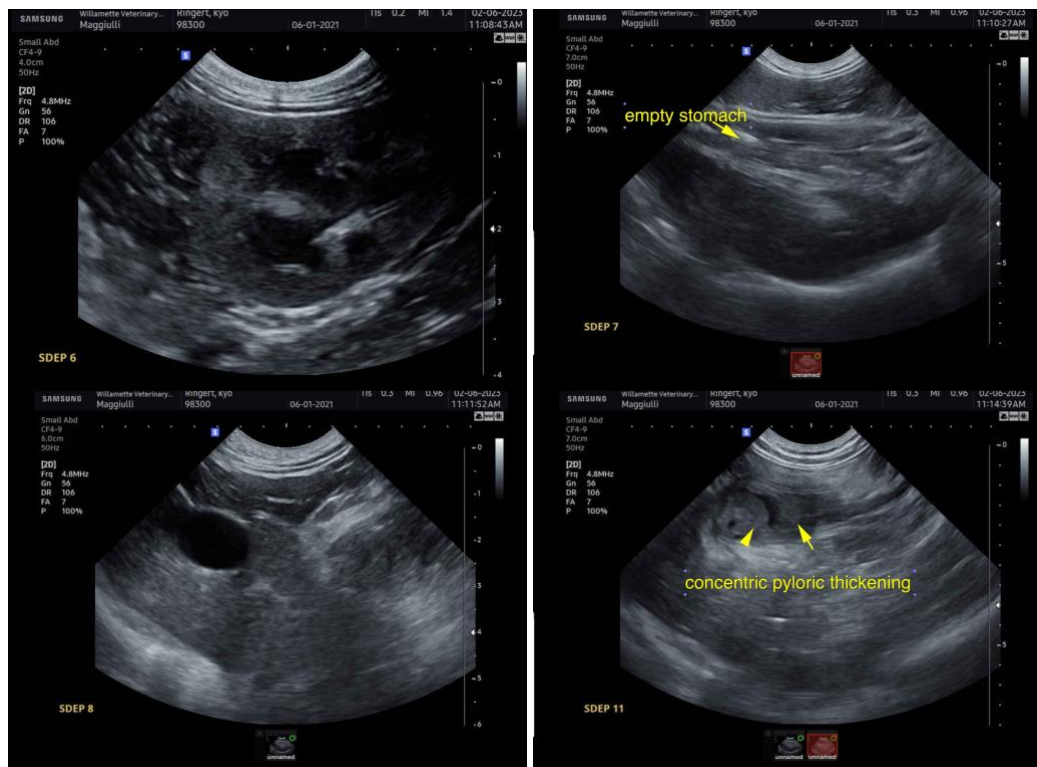
Tessa Maggiulli, DVM

**INVOICE**

21015

**DATE**

2/6/23





**PATIENT**

Kyo Ringert

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1.3 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Tessa Maggiulli, DVM

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

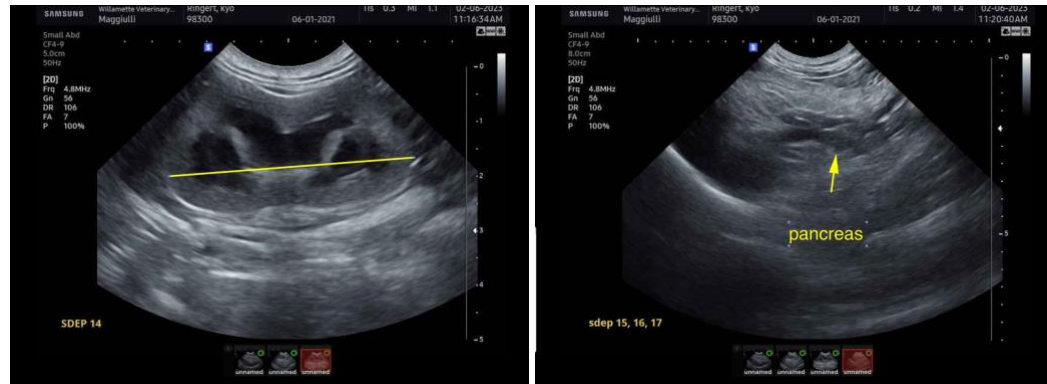
Tessa Maggiulli, DVM

**INVOICE**

21015

**DATE**

2/6/23



**The information and recommendations provided are based on the images presented by the referring veterinarian. 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