



PATIENT

George Zeller

PRESENTING CLINICAL SIGNS

V and hx of eating foreign materials and intermittent vomiting. No current meds
Abnormal PE/Chem/CBC/UA Results: wnl

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

SEX

Neutered Male

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 4.38 cm.

AGE

12 Years

Adrenal Glands

WEIGHT

Not Given

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 0.46 cm. The left adrenal gland measured 0.53 cm.

Spleen

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Shari Reffi, CVT

Liver

HOSPITAL NAME

ACC Flanders

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.

REFERRING VET

Dr. Hallihan

Gastrointestinal

INVOICE

35513

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Mesenteric lymph nodes measured 1.5 cm x 1.0 cm.

Pancreas

DATE

2/8/22

The **pancreas** was enlarged, irregular and nodular, measuring up to 1.84 cm, primarily in the left limb. The coalescing nodular changes revealed a mass. The right pancreas was hypoechoic, uniform.



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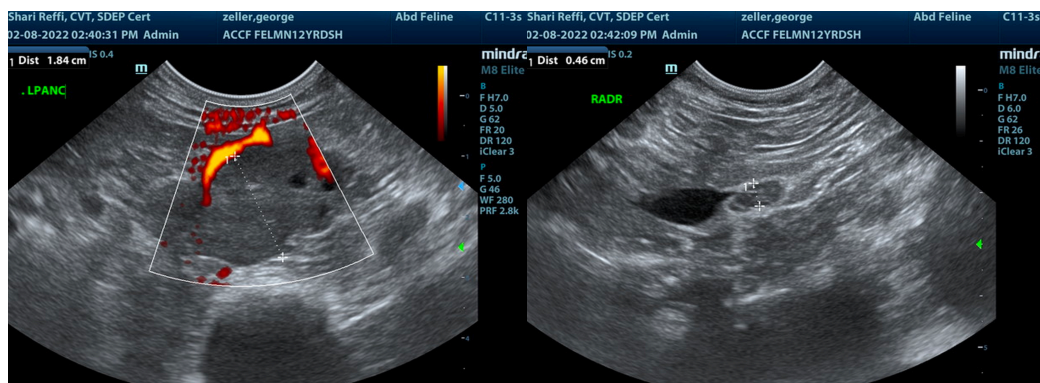
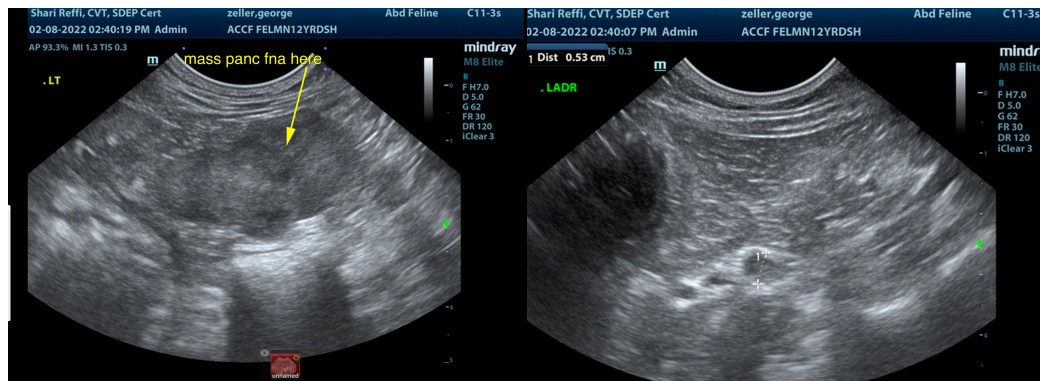
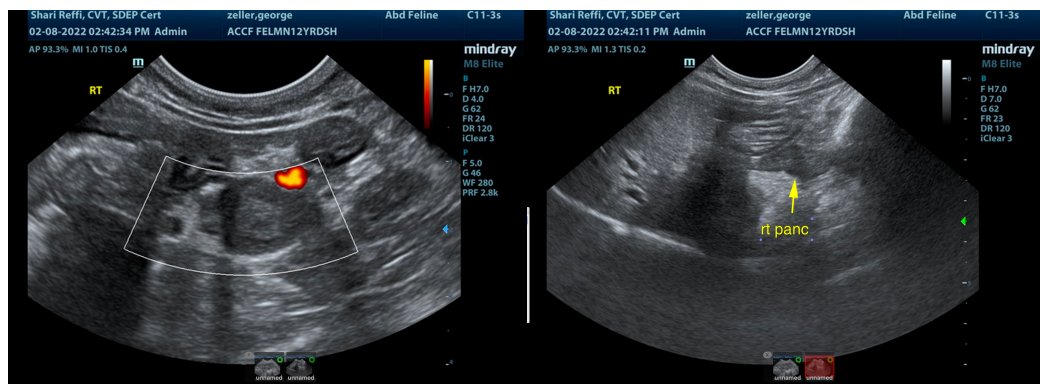
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ULTRASONOGRAPHIC FINDINGS

- Left pancreatic mass – pancreatic carcinoma versus hyperplasia or necrosis
- Minor mesenteric lymphadenopathy
- Minor intestinal thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either ultrasound guided FNA of the left pancreatic mass or direct surgical removal with GI and lymph node biopsies could be justified. FNA of the spleen would also be ideal, given the upper limits of normal, yet likely a reactive state.





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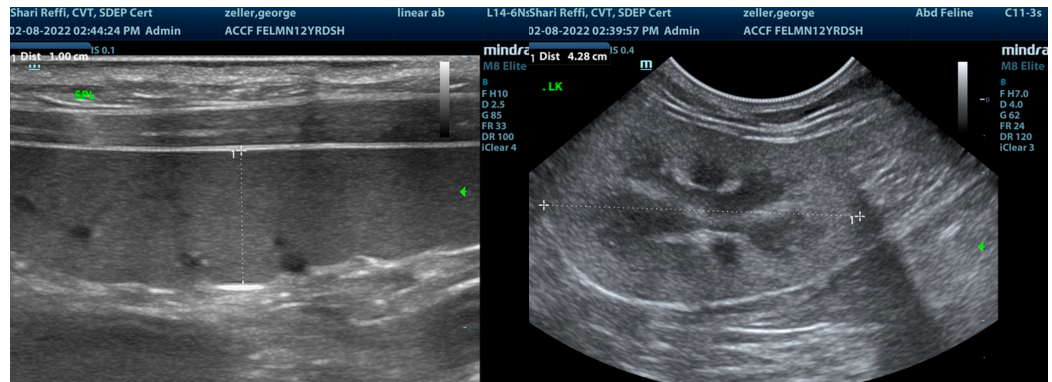
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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