

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE PRESENTING CLINICAL SIGNS

3/1/22

Several month history of intermittent vomiting (several times per month) and marked weight loss (3lb since August). Concurrent UTI in August; treated with Clavamox and Prednisolone for presumptive IBD. Minimal response to Pred per owner, but poor follow up. Recheck Feb shows continued 0.5lb weight loss, MM moist and pale.

PATIENT

Logan Nelson

SPECIES

Feline

Current Medications:

Lab Results: Jan 2021- hypoproteinemia (albumin borderline low), microcytic hypochromic anemia, normal TT4, bacterial cystitis.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

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.

AGE

10/23/12

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 4.48 cm. The right kidney measured 4.08 cm.

WEIGHT

9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. The right adrenal gland measured 0.48 cm.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Spleen

The **spleen** was enlarged with scalloping contour, measuring 1.1 cm.

HOSPITAL NAME

Hickory Vet Hospital

Liver

The **liver** was uniformly enlarged. The gallbladder and common bile duct were unremarkable. Minor dependent gallbladder debris noted.

REFERRING VET

Dr. McCourt

Gastrointestinal

INVOICE

35792

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

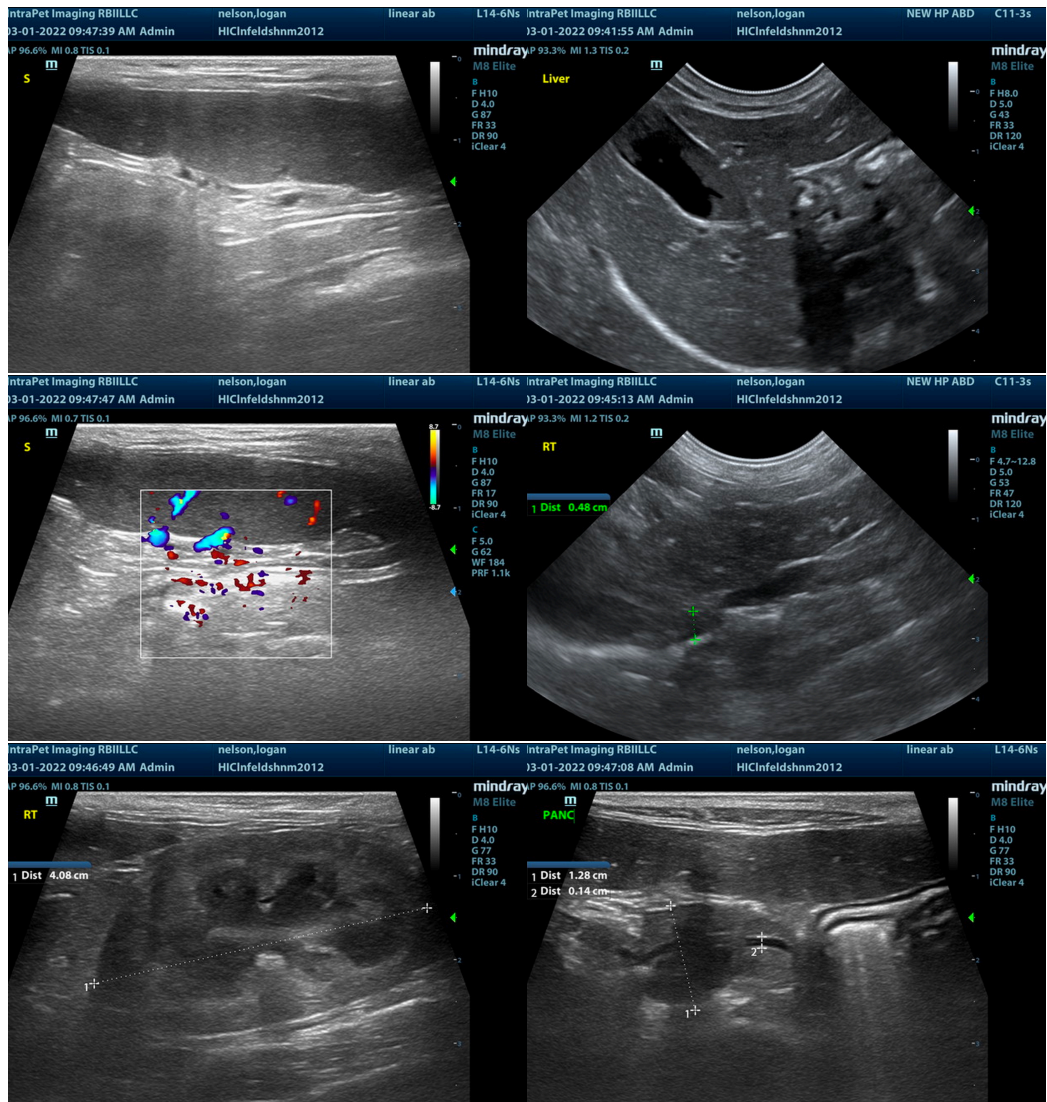
The **pancreas** was enlarged, hypoechoic and irregular, measuring 1.28 cm in the left limb with dilated duct at 0.14 cm.

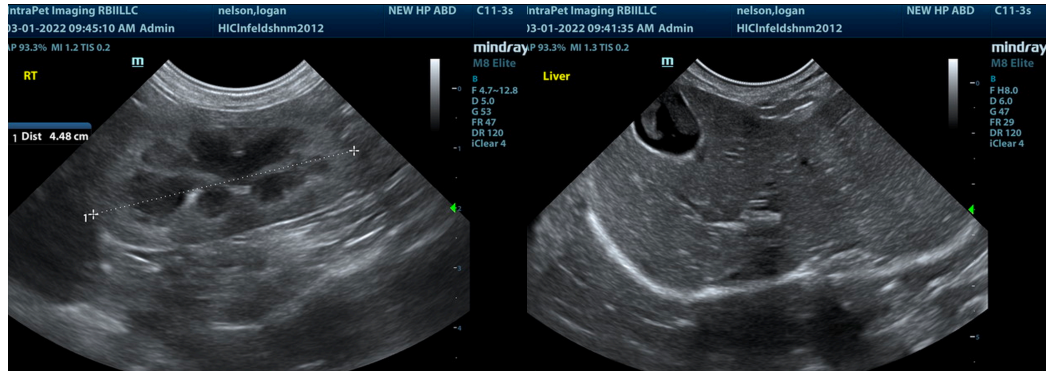
ULTRASONOGRAPHIC FINDINGS

- Swollen spleen and liver – possible early infiltrative disease.
- Prominent, irregular pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen and liver warranted as a screening procedure to assess round cell neoplasia versus reactive state or splenitis. Underlying pancreatitis is a strong potential in this case. Pancreatic neoplasia is unlikely. The spleen may be secondarily enlarged owing to pancreatitis, yet reactive splenitis. However, given the presentation, FNA of the spleen and liver is strongly encouraged.





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.

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