



PATIENT

Gizmo Stancel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 11 Months

WEIGHT

Not Provided

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Paws, Wings, Scales
Animal Hospital

REFERRING VET

Dr. Stancel

INVOICE

14081

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- Intermittent vomiting, loss of appetite, pet had PU sx a few years ago, recent wt loss, uti

Abnormal PE/Chem/CBC/UA Results: Blood-3+ wbc-4-10 RBC>50 usg-1.019

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. An accumulation of sand and small calculi were present with anechoic urine. Calculi measured up to approximately 2.0 cm. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **right kidney** revealed significantly dystrophic changes with multiple corticomedullary/pelvic calculi measuring 4.1 cm in length.

The **left kidney** presented with significant dystrophic changes and pelvic/corticomedullary calculi and dorsal cortical collapse. The left kidney measured 4.4 cm in length. Blood flow to the kidneys appeared adequate on power doppler assessment.

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 left adrenal gland measured 0.30 cm width. The right adrenal gland measured 0.34 cm width.

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. The spleen measured up to 1.4 cm. A focal hypoechoic nodule was noted in the mid spleen.

Liver

The **liver** presented slightly hypoechoic and slightly swollen. The gallbladder and common bile duct were unremarkable. Minor hepatic parenchymal cysts were noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable areas of small intestinal thickening, however, with a focal jejunal infiltrative pattern measuring approximately 2.0 cm with slight mesenteric lymph node involvement.

Pancreas



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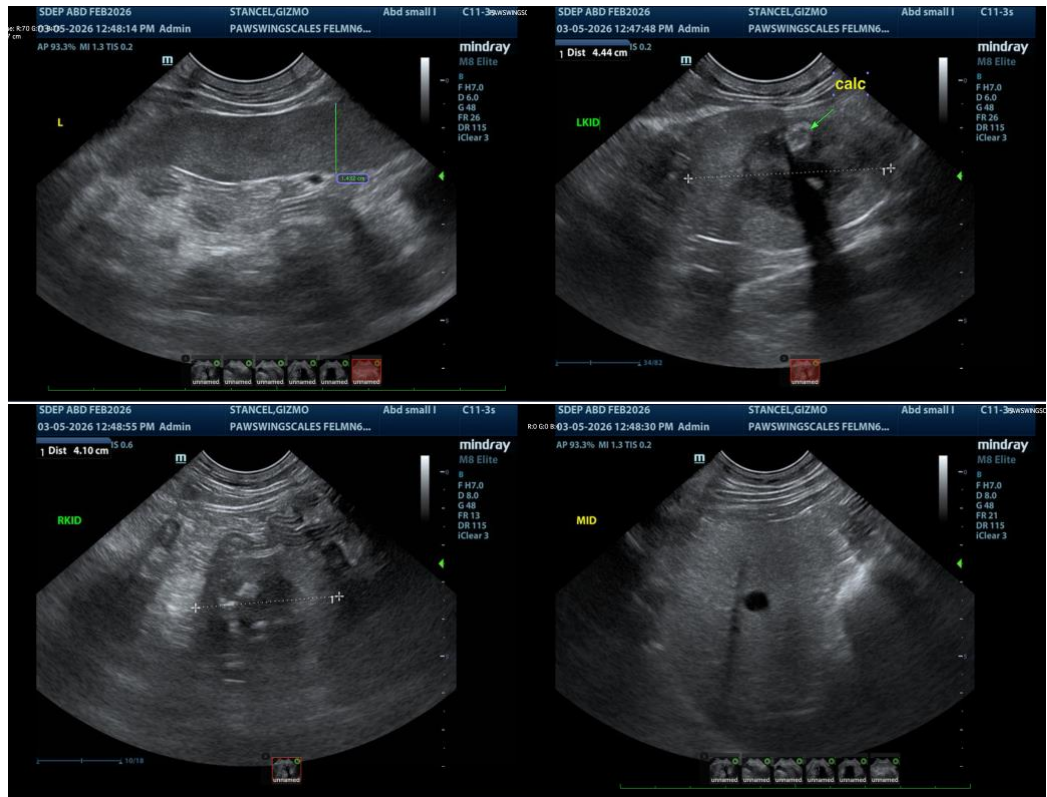
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative splenic pattern.
- Bladder/renal calculi with infarcts and moderate degenerative changes.
- Potential hepatic infiltrative pattern.
- Focal intestinal lesion- suspect round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver is indicated.





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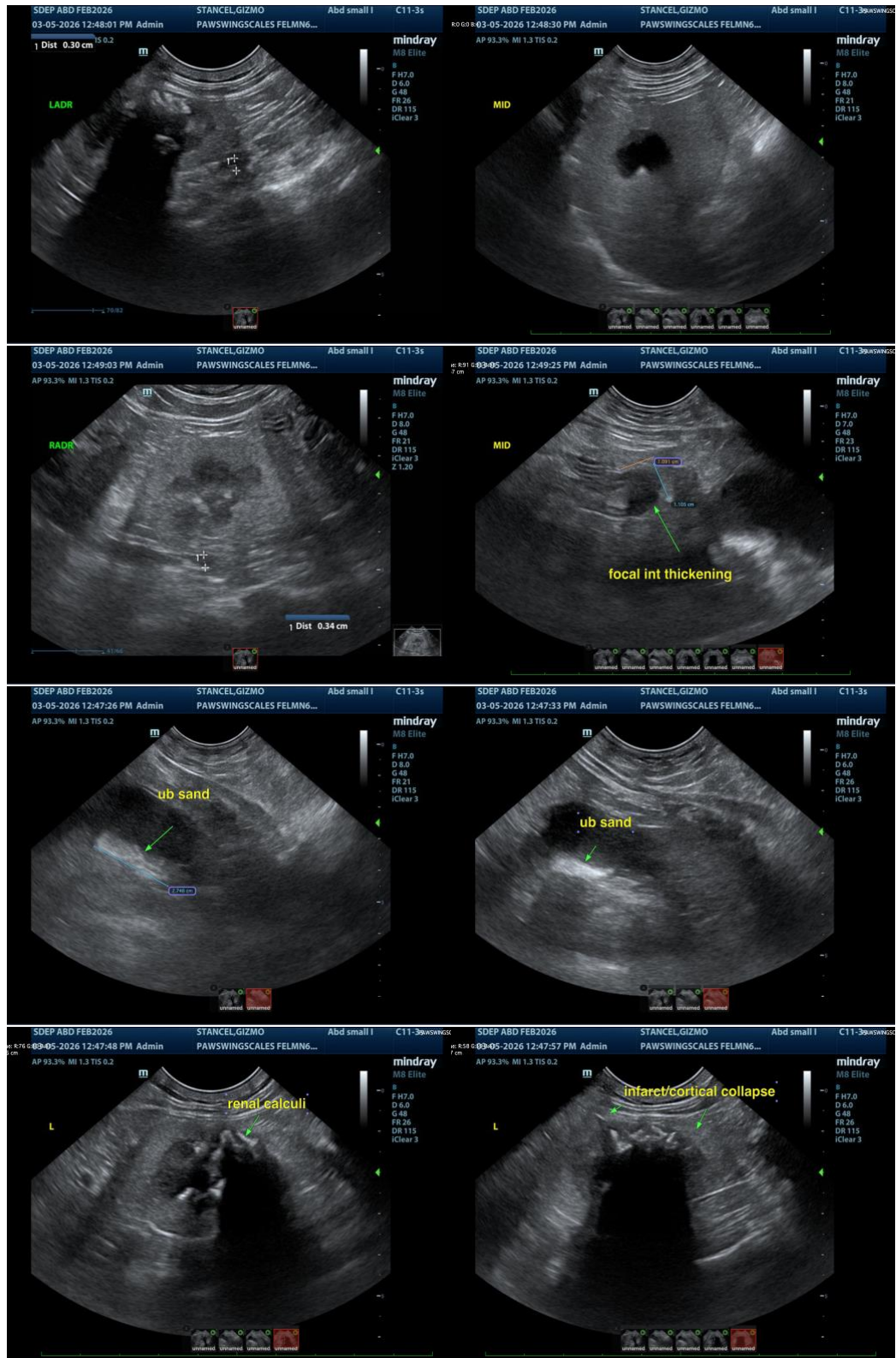
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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