**DATE**

3/7/22

PRESENTING CLINICAL SIGNS

Vomiting, elevated liver values.
Current Medications: None listed.
Lab Results: ALT 246, ALP 174.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Oral Gabapentin.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

PATIENT

JC Ellsworth

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

5/25/07

WEIGHT

8.2 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Happy Tails VH

REFERRING VET

Dr. Calpeno

INVOICE

96595

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. Slight pinpoint mineralization was noted. The right kidney measured 3.75 cm. Pelvic mineralization of 0.2 cm was noted in the left kidney. The left kidney measured 3.41 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 and measured up to 1.2 cm with slight irregular contour and coarse architecture.

Liver

The **liver** revealed mildly increased portal markings and was enlarged with hepatic lymphadenopathy. The lymph nodes measured up to 1.0 cm and were rounded. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+

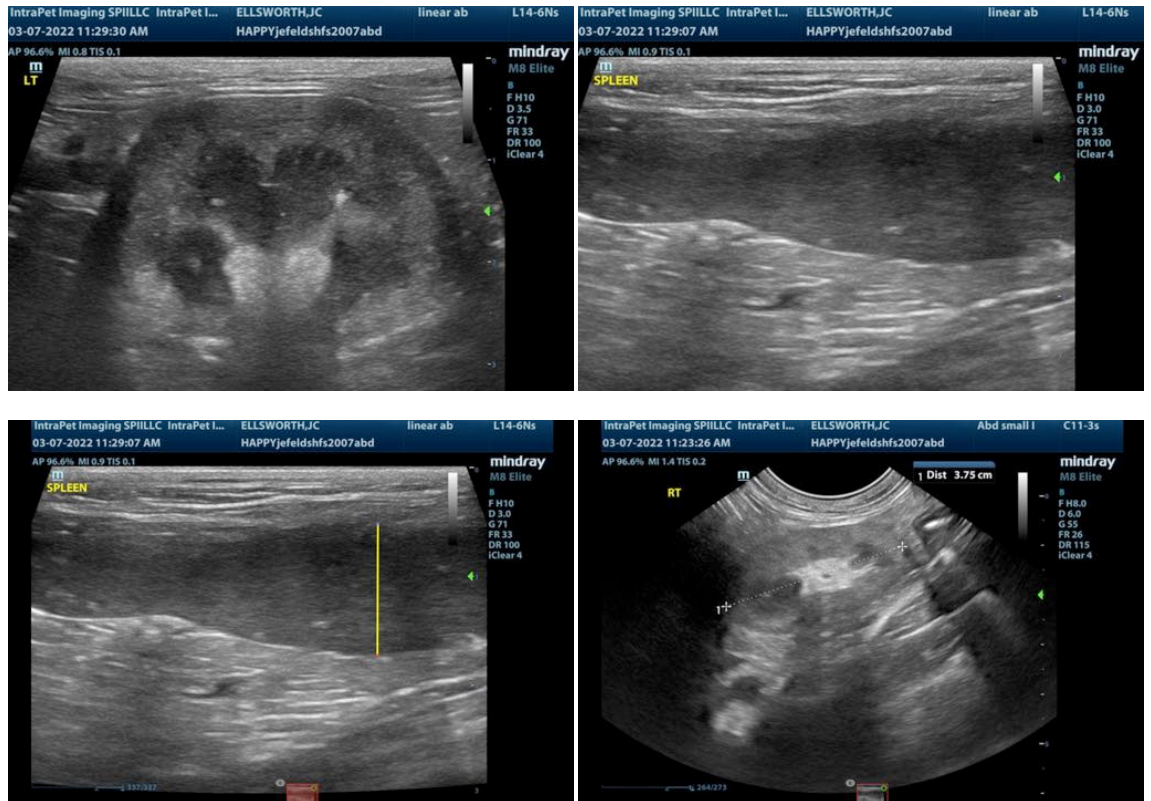
Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Splenic enlargement.
- Non-specific, chronic inflammatory hepatopathy.
- Minor intestinal thickening.
- Prominent pancreas.
- Likely chronic triad disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for emerging round cell neoplasia of the spleen and liver in this patient. FNA of both organs is recommended to assess reactive spleen, splenitis and cholangiohepatitis with reactive lymphadenopathy versus emerging round cell neoplasia. Guarded prognosis depending on cytology results.





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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