



PATIENT

Sebastian Gallina

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

13.6 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Allendale Vet

REFERRING VET

Dr. Raum

INVOICE

99226

DATE

4/7/22

PRESENTING CLINICAL SIGNS

History: Patient presents for vomiting - foul smelling liquid green vomit (sometimes food) 3-4 x a day for over a month. Current meds: Gabapentin and Cerenia.
Abnormal PE/Chem/CBC/UA Results: 2/28/22: Lymph 1100. Cysto: yellow, cloudy, USG 1.050, pH 7.0, protein 3+, UPC 0.2. Platelet count: 337, HCT 36%.

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 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.

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 0.38 cm.

Spleen

The **spleen** is enlarged with scalloping contour. The spleen measured 1.3 cm with coarse, micronodular changes.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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There was shadowing material that measured 1.5 cm in the **stomach**. This may be medications. Variable intestinal thickening was noted. Smaller, shadowing material was noted in the small intestine and measured up to 0.6 cm. Partial obstructive pattern was noted in the distal small intestine with structuring portion of intestine with hypertrophied muscularis causing delayed outflow. Regions of hypertrophied muscularis were noted. The mesenteric lymph nodes measured 1.22 x 0.46 cm.

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Pancreas

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The **pancreas** revealed undulating contour and a dilated duct that measured 0.25 cm.

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ULTRASONOGRAPHIC FINDINGS

Delayed outflow small intestinal pattern with stricturing intestinal wall.

AGE

10 years

Prominent, irregular pancreas.

Enlarged spleen.

WEIGHT

13.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern for underlying splenic and intestinal lymphoma with likely concurrent pancreatitis. Screening FNA of the spleen could be considered and accessible lymph nodes. Otherwise, full thickness intestinal biopsies are warranted with potential resection of the stricturing bowel and liberation of the shadowing material noted in the gastrointestinal lumen. However, the variable intestinal thickening would suggest a diffuse neoplastic process. The prognosis is guarded depending on cytology and/or histopathology.

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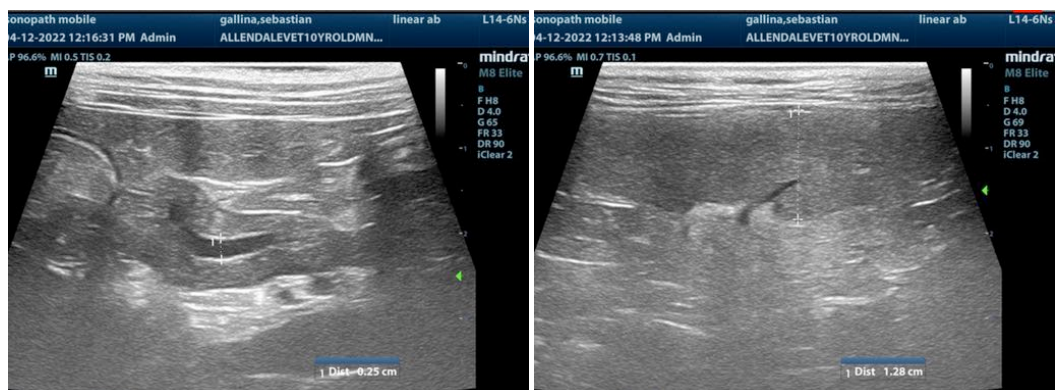
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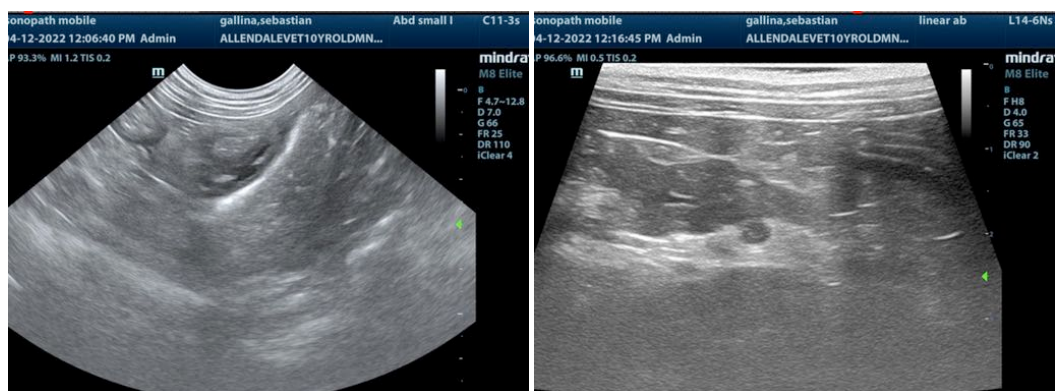
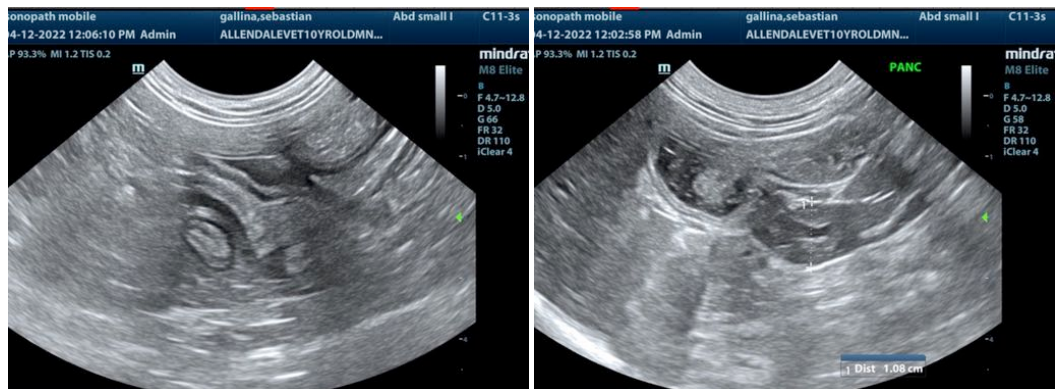
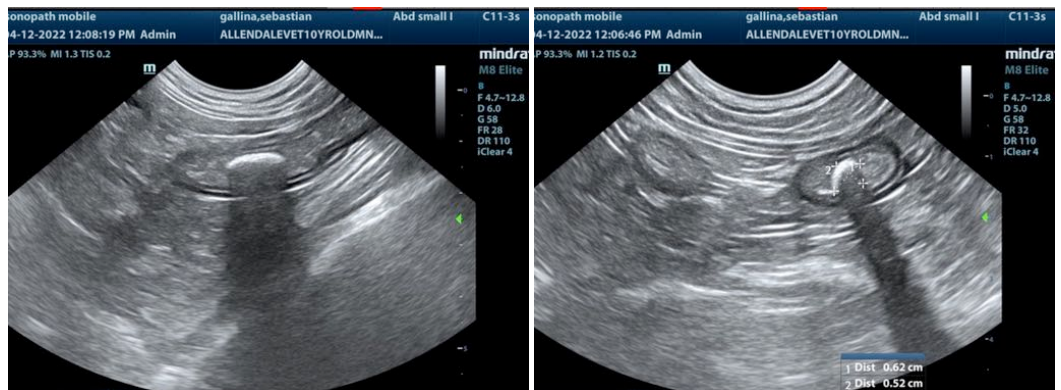
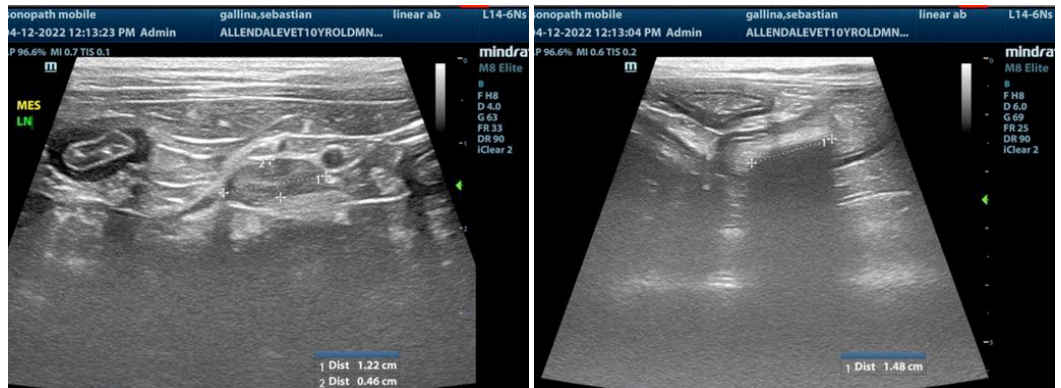
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Info@SonoPath.com

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