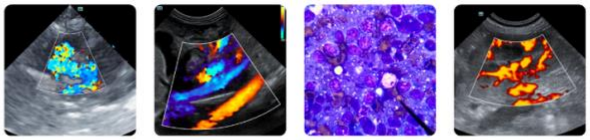


PATIENT

Duke Lannaman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5 Kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

Dr. Singh

INVOICE

36566

DATE

4/12/26

PRESENTING CLINICAL SIGNS

History: vomiting and some muscle wasting noted
responded well to Maropitant

Abnormal PE/Chem/CBC/UA Results: CBC WNL Chemistry showed mild elevation in BUN, and pancreatic lipase at 5.1 (0-4.4) Usg 1.015 T4 normal

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 were 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 minor 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. The left kidney measured 3.7 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The **right adrenal gland** was 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 0.4 cm.

The **left adrenal gland** revealed no evident pathology.

Spleen

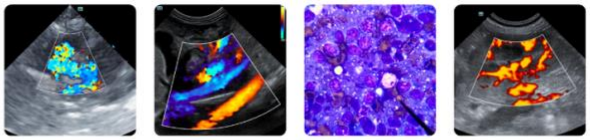
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

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.

Gastrointestinal

The **stomach** itself was unremarkable. Minor variable distal small intestinal thickening was noted. The colon was unremarkable.



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Pancreas

The **pancreas** revealed hyperechoic changes, consistent with remodeling and potential pancreatitis.

Free Abdomen

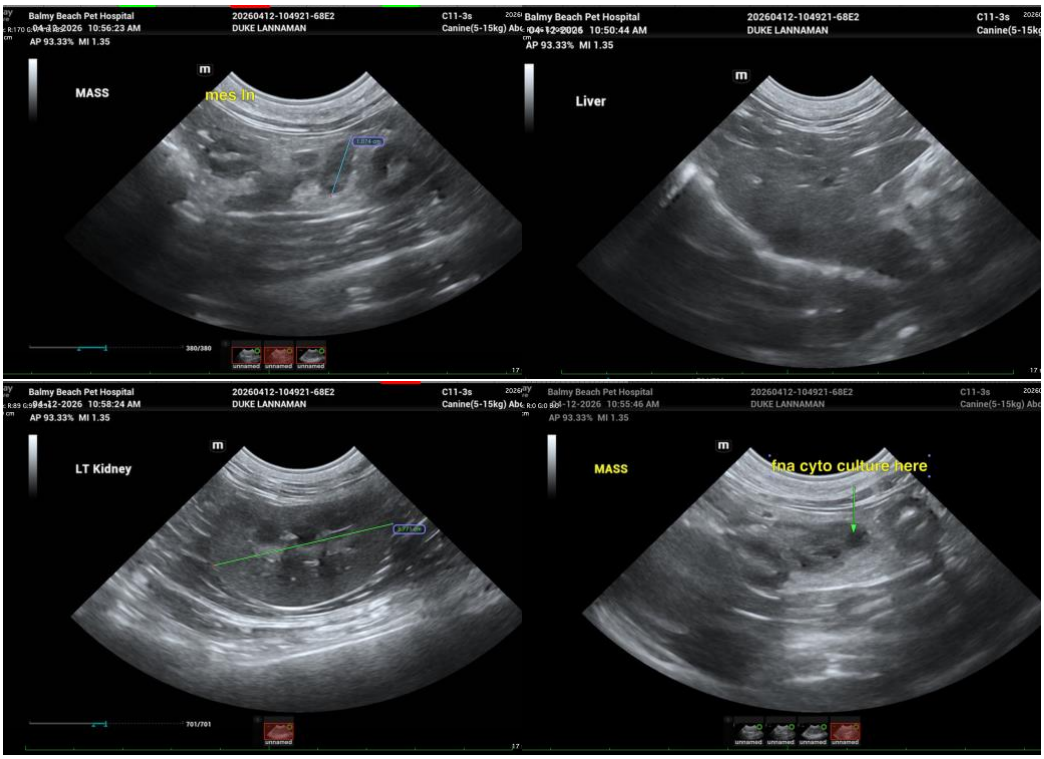
The mesenteric **lymph node** presented cystic and parenchymal enlargement measuring up to 1.0 cm. No overt masses were noted; however, reactive lymph nodes appear to be evident. Reactive mesentery was noted. The hepatic lymph nodes were also mildly enlarged.

ULTRASONOGRAPHIC FINDINGS

- Minor variable distal small intestinal thickening
- Cystic, likely lymphadenitis – potential suppurative lymph node changes owing to chronic infection or remodeling.
- Some level of pancreatitis is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA cytology and culture of the lymph nodes is recommended. When sampling of the mesenteric lymph nodes, recommend angling away from the mesenteric artery and vascularity in the region. No overt evidence of neoplasia yet cannot be completely ruled out. If sampling is not an option, broad spectrum antibiotics, such as enrofloxacin and clindamycin over a 7 day period, diet change to hydrolyzed diet, B-12 injections and GI protectants could all be justified.



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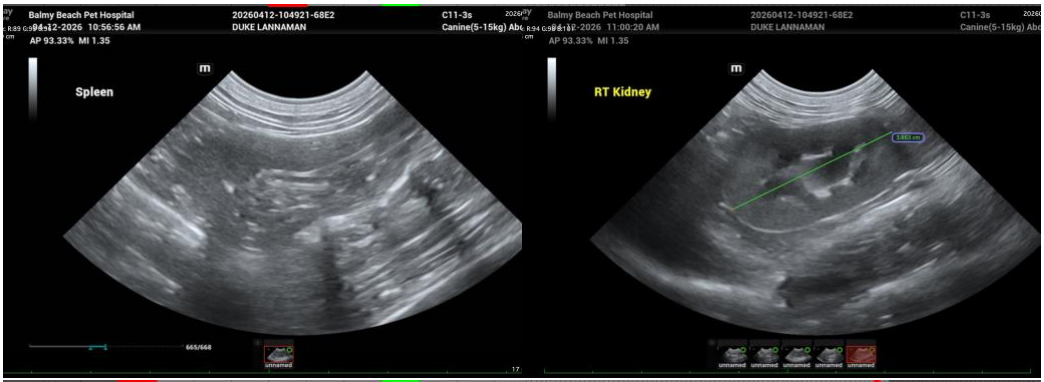

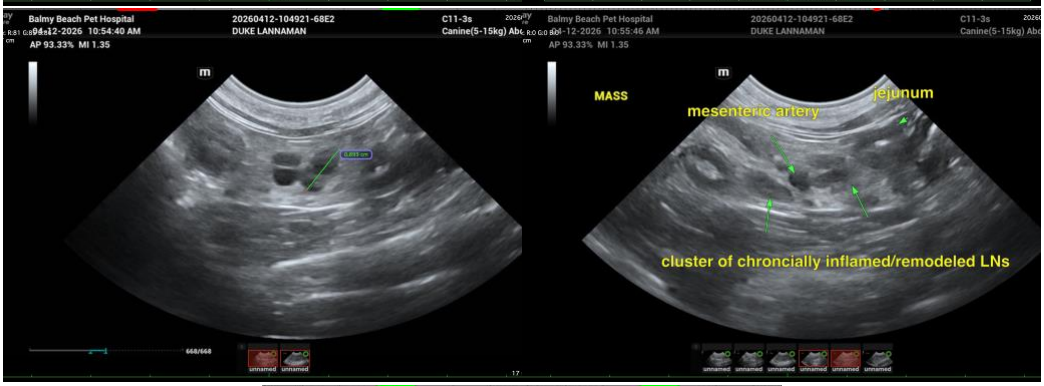

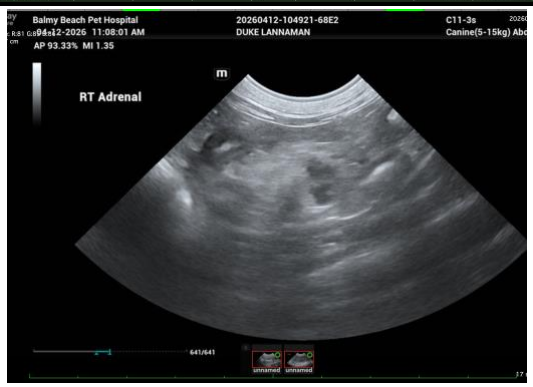

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com