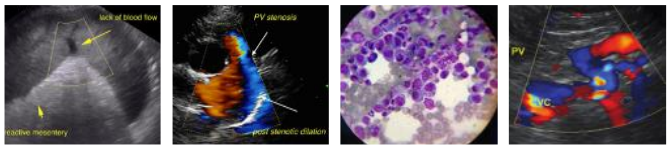
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Julia Naylor

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

7 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McGarvey

INVOICE

22079

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: Vomiting and inappetence x 14 days. Has progressed to not keeping any food down and not eating.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9, QAR. WBC 13.8k w/Neut 49%, Lymphs 32%, Mono 3%, Eos 15% (2k). Rest of BW WNL. RADS (attached): possible splenomegaly

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 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 right kidney measured 4.0 cm. The left kidney measured 0.64 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. The left adrenal gland measured 0.29 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is a mild change, 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 1.02 cm in width.

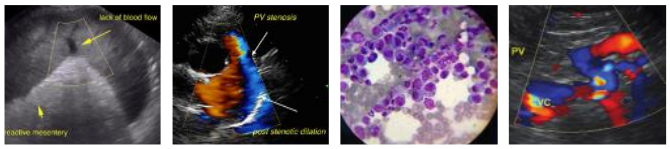
Liver

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. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **pylorus** and upper duodenum wall revealed a concentric thickening, measuring 2.0 cm. Reactive mesentery was noted. The remainder of the GI tract was unremarkable.

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.

Free Abdomen

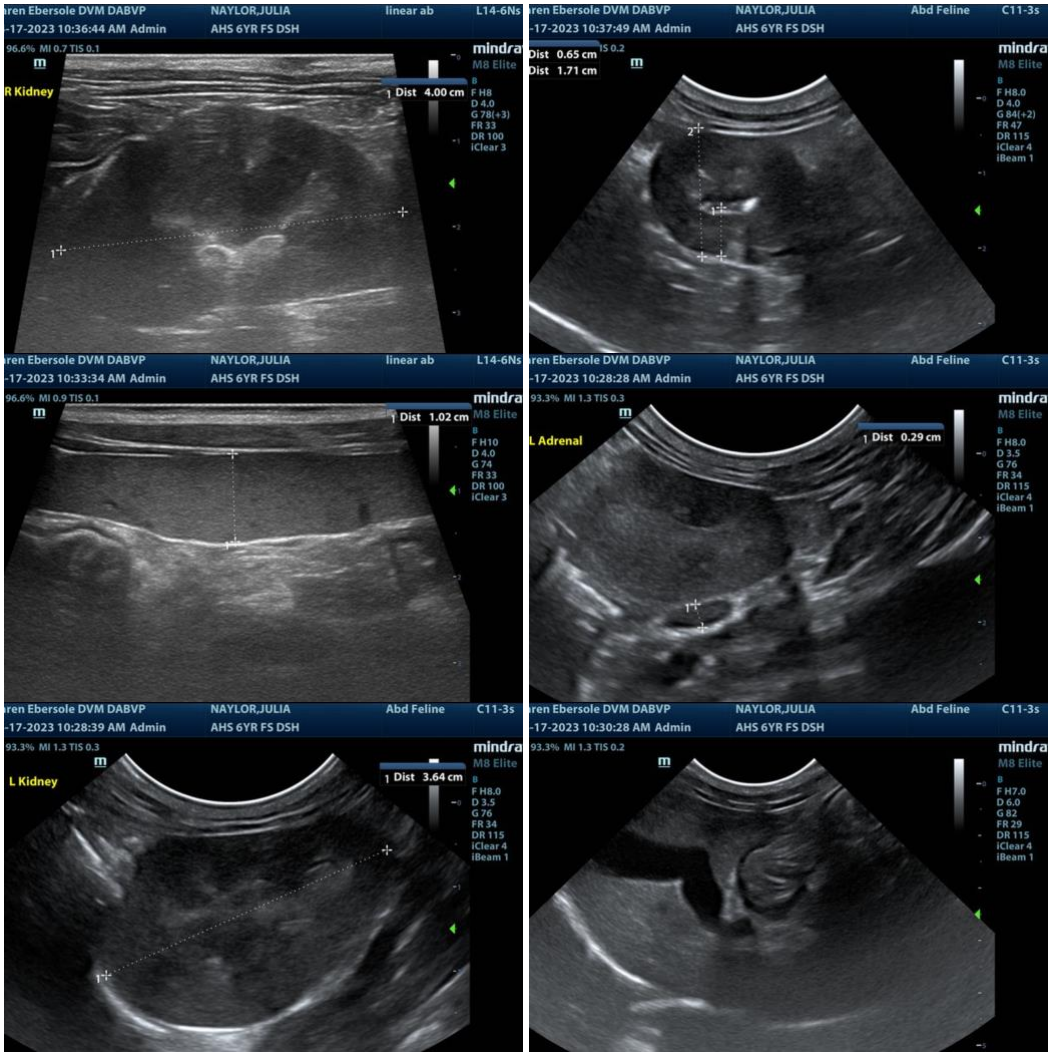
An epigastric **lymph node** was mildly enlarged, rounded and hypoechoic, measuring 1.5 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Thickened upper duodenum and pylorus
- Regional lymphadenopathy
- Reactive spleen/splenitis- round cell neoplasia or reactive spleen are possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If ultrasound guided FNA does not allow for adequate exfoliation of the pyloric/duodenal lesion, then full thickness biopsies or endoscopy would be indicated. Pyloric differentials include round cell neoplasia, granulomatous disease, fibroplasia and carcinoma (less likely).



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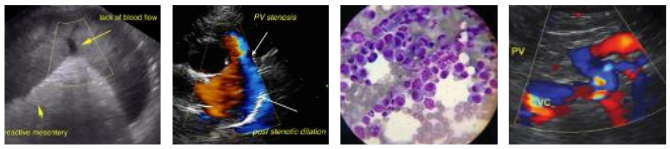

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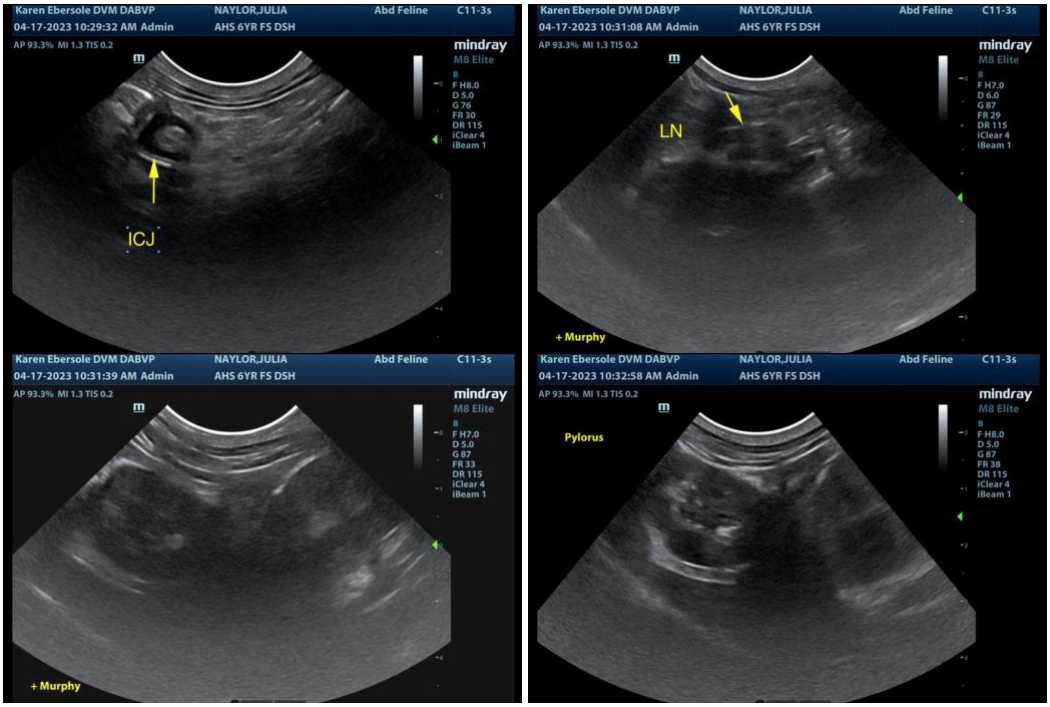

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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