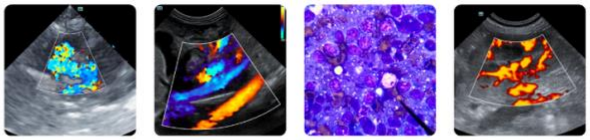

PATIENT

Ponyo Sienkiewicz

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

14 Years 10 Months

WEIGHT

10.25 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittany Beigel, DVM

HOSPITAL NAME

Bayside AMC

REFERRING VET

Allyson Delozier, VMD

INVOICE

36661

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: Decreased appetite, weight loss. P was fasted for US scan. No sedation needed
Abnormal PE/Chem/CBC/UA Results: Attached

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 right kidney measured 3.5 cm. The left kidney measured 3.87 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 0.42 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** revealed multifocal hyperechoic lipid plaques, measuring up to 1.0 cm, not likely pathological. Other than the hyperechoic lipid plaques was largely unremarkable. Given the weight loss, I do recommend FNA to ensure more significant disease is not present.

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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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Pancreas

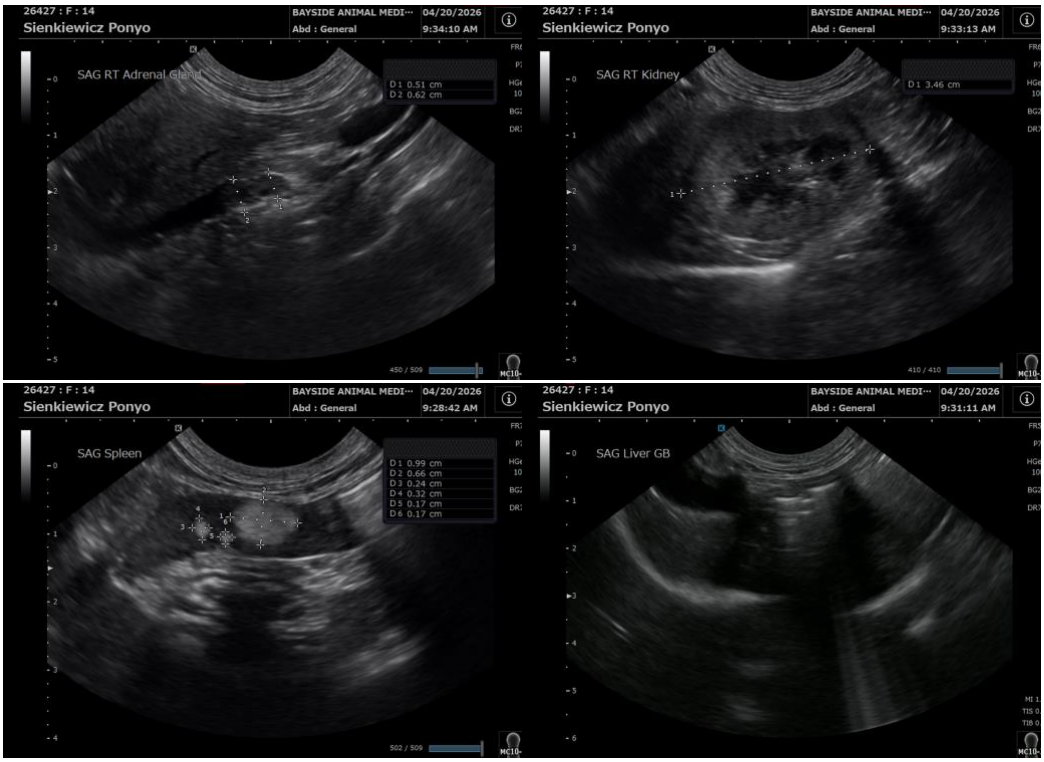
The right **pancreatic** limb was enlarged, hypoechoic and mildly irregular, consistent with hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Lipogranulomatous splenic changes.
- Mild diffuse intestinal thickening with muscularis hypertrophy, likely leading to inflammatory bowel.
- Enlarged right pancreatic limb, consistent with hyperplasia. Potential for pancreatitis. Minor potential for neoplasia.
- Structurally unremarkable age-related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicted for further definition. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. If clinical signs persist, surgical biopsies of the intestinal tract and pancreas may be appropriate.



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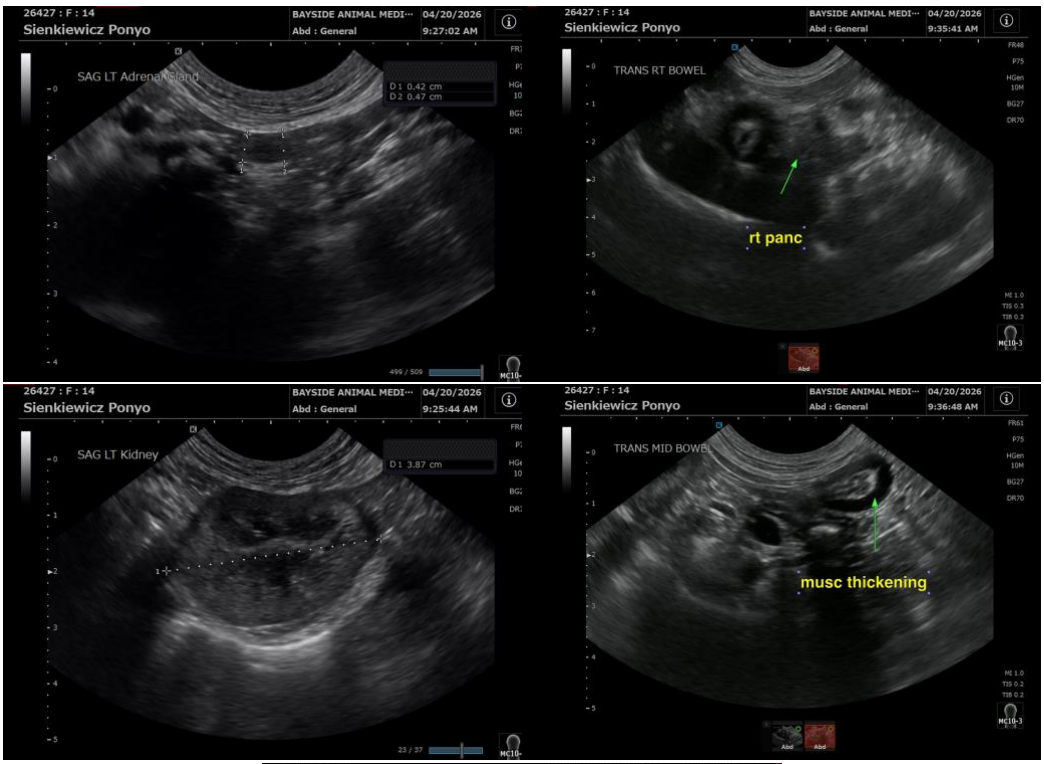

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com