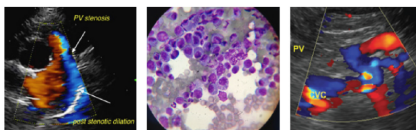


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SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



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

PATIENT

Millie Crane-Pecosky

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years 6 Months

WEIGHT

4.47 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet
Specialists - Dr.
Graham

INVOICE

37175

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Issues started in December of 2021, both Millie and other cat in house hold were having issues with vomiting several times a day Vomiting issues were treated with SQF and anti-nausea meds and resolved Since issues in December, owner has noticed subtle changes in Millie's appetite and grooming habits
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes (ALP 167, ALT 192, GGT 5, T.bili 6.1), hypochloremia, and hemoconcentration (48.8%)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

****58 still images and 3 videos submitted.**

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.

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 0.37 cm. The left adrenal gland measured 0.47 cm.

Spleen

The **spleen** was enlarged with scalloping contour and micronodular changes, consistent with splenitis with a potential for emerging round cell neoplasia such as mast cell or lymphoma.

Liver

The **liver** was mildly swollen with increased portal markings and coarse architecture, suggestitive for cholangitis, cholangiohepatitis. The gallbladder was echogenic, yet empty other than minor debris. The common bile duct was upper limits of normal at 0.40 cm, mildly thickened.

Gastrointestinal

The **gastrointestinal tract** was largely unremarkable. Minor retention of ingesta or hairball accumulation noted in the stomach.

Pancreas

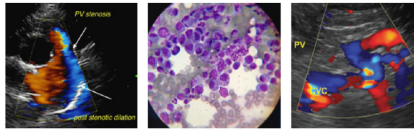
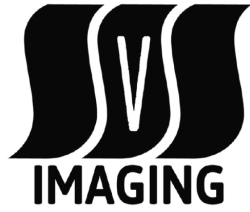
The **pancreas** presented generalized enlargement with undulating contour and enhanced surrounding mesentery, measuring up to 0.77 cm in width. The right limb of the pancreas measured 0.83-0.89 cm with regional inflammation.

Free Abdomen

Multifocal lymphadenopathy noted, yet reactive pattern. Length to width ratio was maintained. Epigastric lymph node measured 0.80 cm x 0.40 cm. A hepatic lymph node was mildly enlarged at 1.8 cm

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x 0.70 cm. Reactive mesenteric lymph node measured 1.15 cm x 0.30 cm. Iliac lymph nodes mildly enlarged up to 0.95 cm, slightly rounded.

Slight amount of effusion noted.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis/cholangitis/splenitis pattern with multifocal lymphadenopathy - potential for emerging round cell neoplasia.

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, liver, and accessible lymph nodes recommended. Treatment for pancreatitis warranted with plasma expanders, pain management, and broad-spectrum antibiotics. Recheck sonogram in 48 hours.

SEX

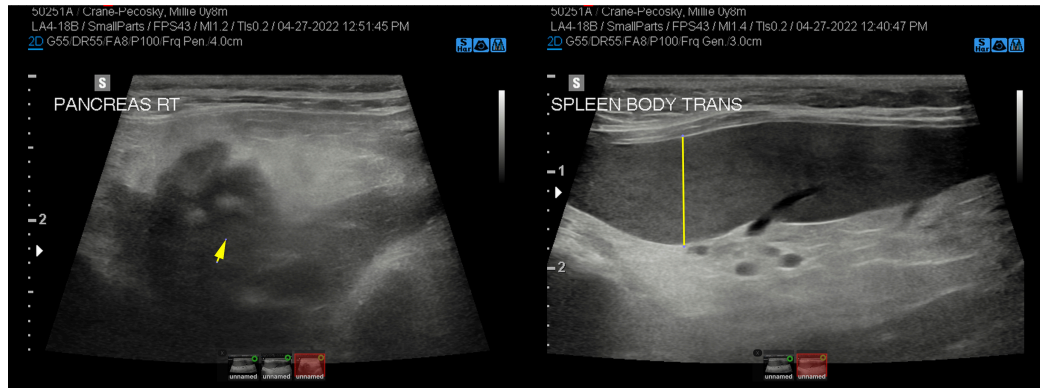
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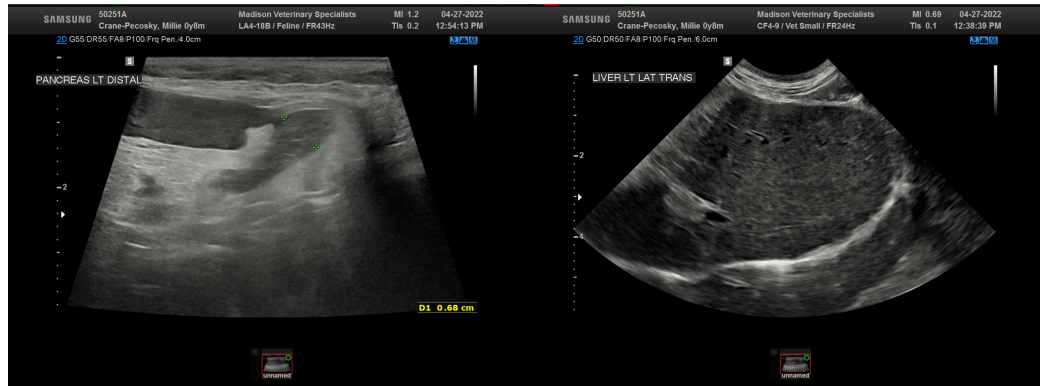
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INTERPRETED BY

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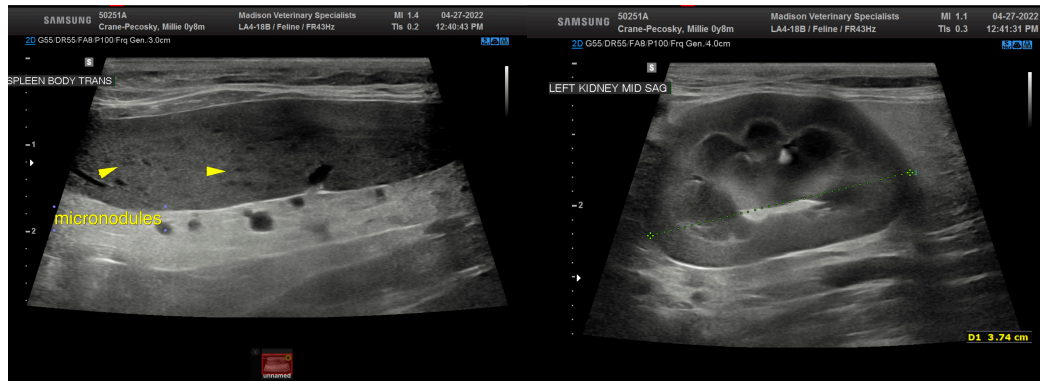
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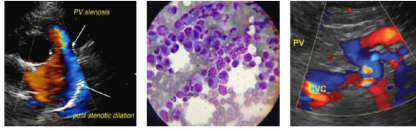
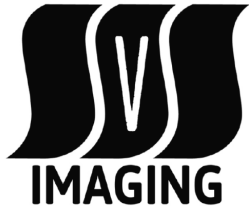
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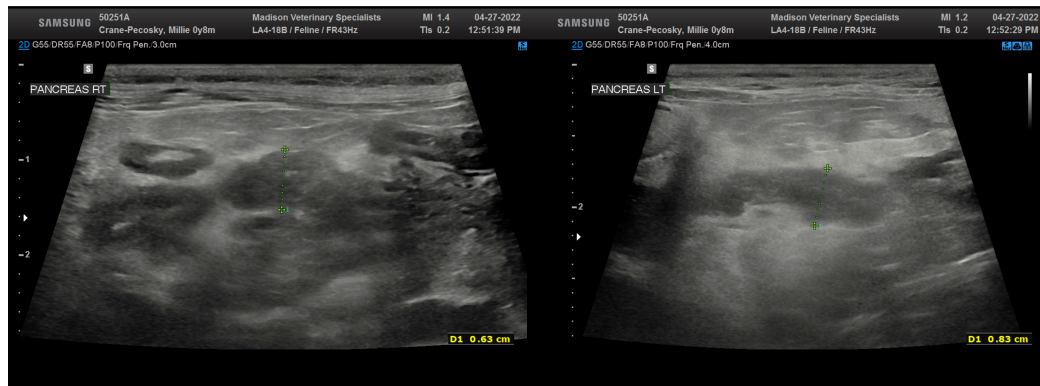
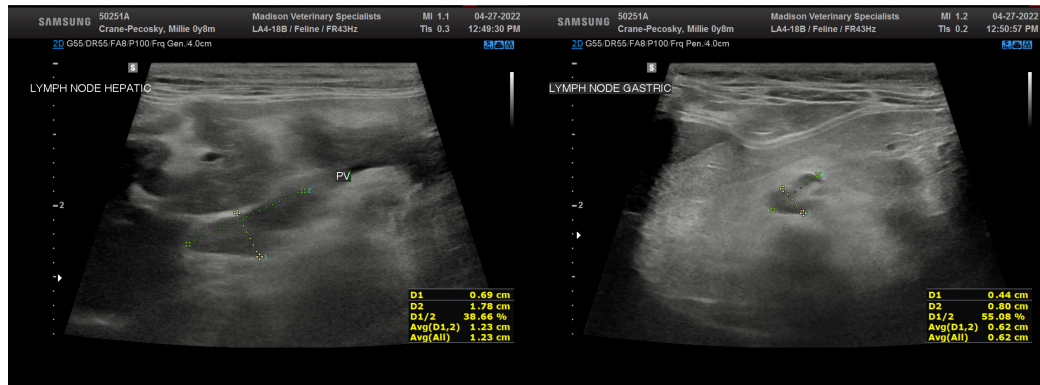
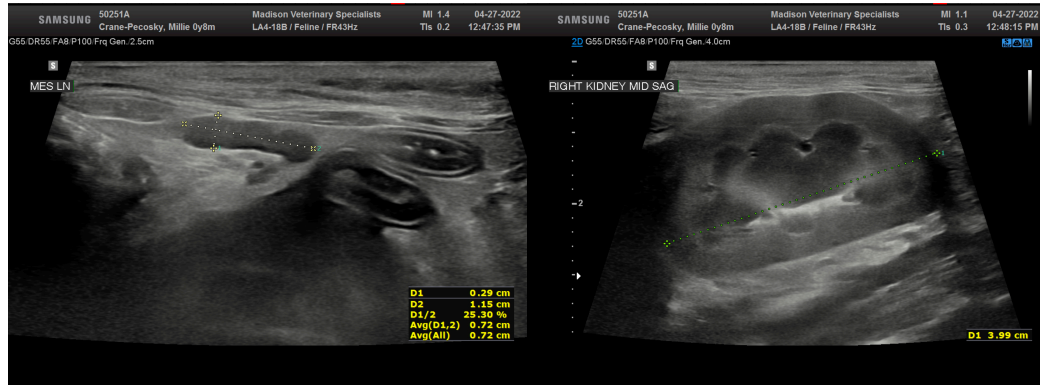
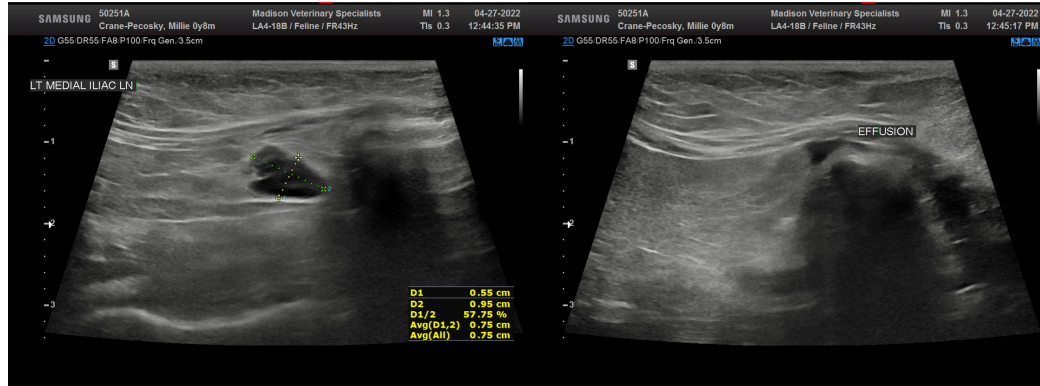
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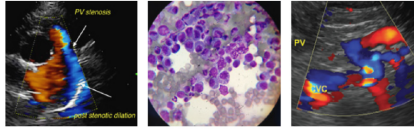
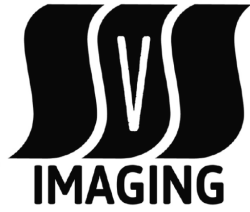
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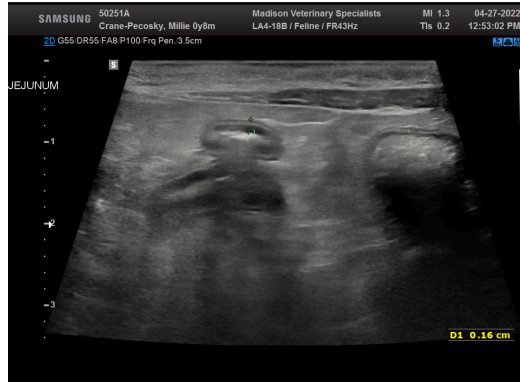
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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