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Clinical Sonography & Telecytology
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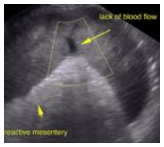
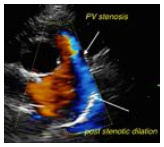
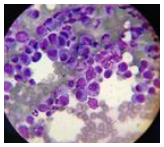
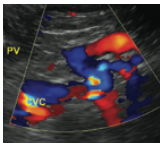





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
LNK Cohen

SPECIES
Feline

BREED
Domestic Longhair

SEX
Spayed female

AGE
12 years

WEIGHT
6.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
M Kermendy CVT

HOSPITAL NAME
Wauwautosa VC

REFERRING VET
Dr. Binor

INVOICE
44060

DATE
4/27/23

PRESENTING CLINICAL SIGNS

History: History of progressive weight loss (BCS 3/9) and significantly elevated ALT and additional liver enzymes. The rest of the blood panel was unremarkable. Also has uveitis OS. Toxoplasma PCR was negative. Imaging to abdomen to check for LSA or other neoplasia that would cause clinical signs.
Abnormal PE/Chem/CBC/UA Results: ALT = 555 (27-158) AST = 125 (16-67) Alk Phos = 188 (12-59)

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** were slightly irregular in contour with slight, subcapsular halo was noted in the right kidney. Minor remodeling was also noted. Non-obstructive mineralization was noted in the kidneys. The right kidney measured 3.62 cm. The left kidney measured 3.56 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.

Spleen

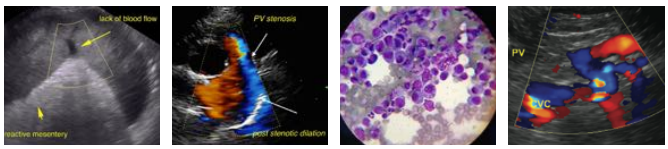
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** revealed subtle hypoechoic, mildly disruptive nodular changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

A minor amount of gastric thickening was noted along with gastric fluid accumulation. Minor, echogenic mucosal hypertrophy was also noted. The **intestines** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and



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may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Inflammatory hepatopathy with nodular hyperplasia versus emerging round cell neoplasia.

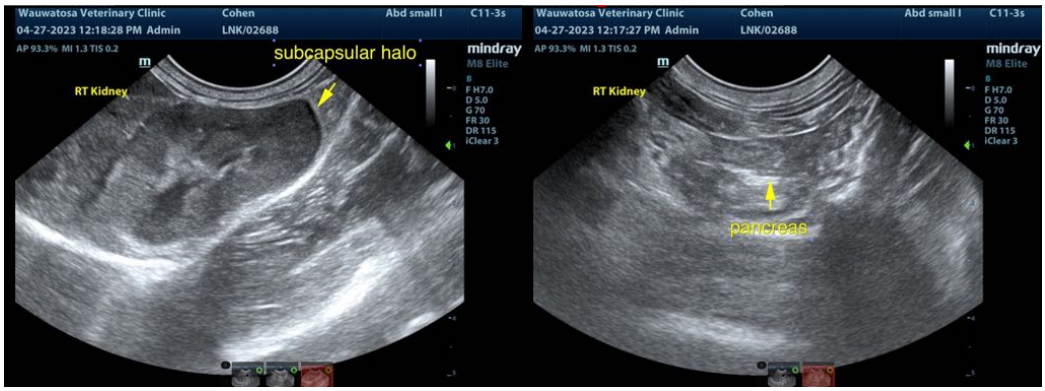
Slight irregular renal contour. Subcapsular halo in the right kidney.

Gastric and intestinal thickening.

Age related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver as a screening procedure is recommended. Occult neoplasia versus nodular hyperplasia and remodeling. Screening FNA of the right kidney can also be considered. Prognosis is guarded depending on cytology results.



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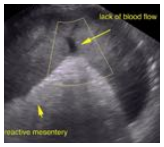
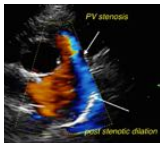
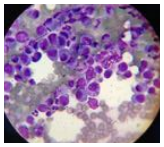
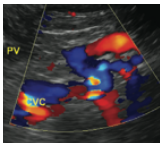

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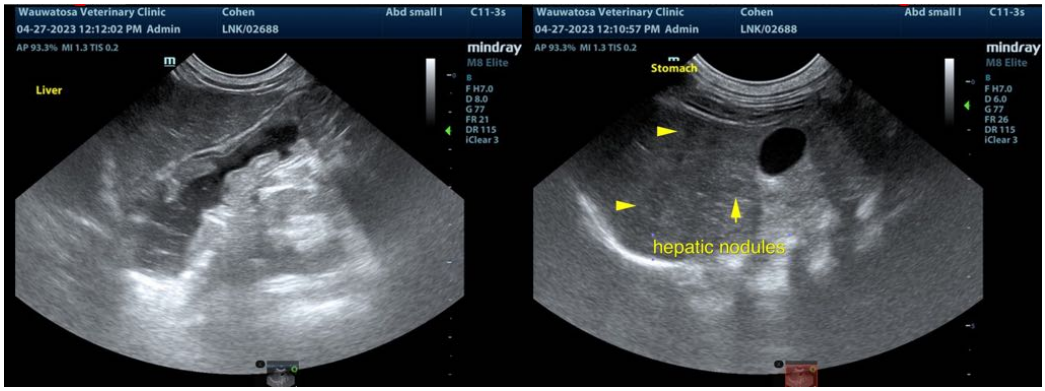

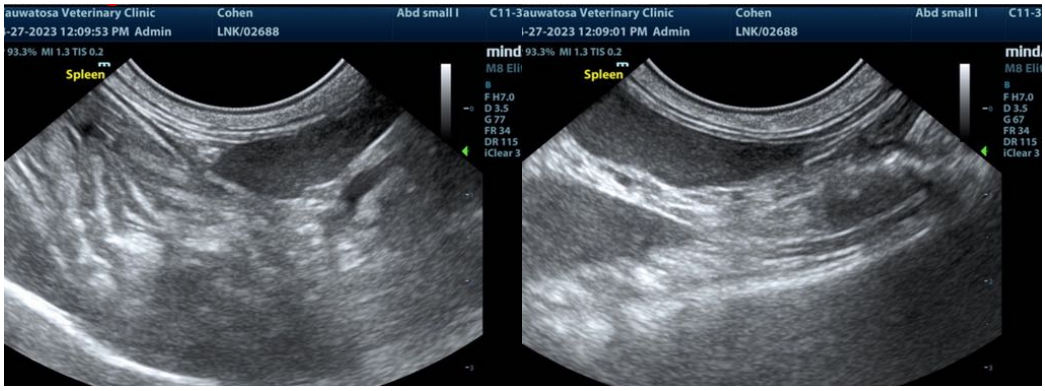

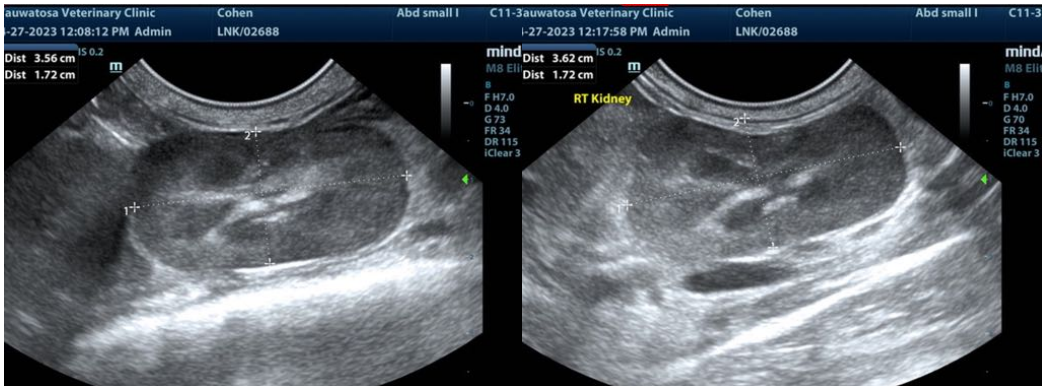

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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