



DATE PRESENTING CLINICAL SIGNS

04/28/26 Patient History: Lethargy and anorexia x1 day -Weight loss (~1kg in 6ish months despite eating normally) - PE noted mild muscle wasting, soft abdomen -POCUS revealed enlarged and hyperechoic spleen with multiple hyperechoic nodules (myelolipomas vs lymphoma vs other).

PATIENT

Current Medications: None.

Gwen Ostis

Labwork Results: Labwork submitted. Reported as mild to moderate thrombocytopenia (90k on manual platelet count slide, 40k on machine, clumping was observed), Mild hypophosphatemia (2.7), Mildly decreased BUN (15)

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: requested.

Imaging Performed by: Andi Parkinson RDMS

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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.

AGE

04/27/22

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 left kidney measured 3.45 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

3.4 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV,
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IVUSS

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 0.28 cm width. The right adrenal gland measured 0.28 cm width.

HOSPITAL NAME

Spleen

VEG ER for Pets
Pikesville

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. The spleen measured 0.70 cm width.

REFERRING VET

Dr. Schupbach

Liver

INVOICE

15512

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 **stomach** was over distended with chyme consistent with postprandial type presentation. Retention of ingesta/gastric ileus was visualized. Distal small intestinal thickening was present with reactive surrounding mesentery that appeared to be in the duodenum. No overt loss of mural detail was present in that portion of the intestine, however, submucosa layer was thickened and appears to be duodenum in two separate areas.

Pancreas

The **pancreas** presented hypoechoic and irregular with undulating contour and dilated duct. Generalized enlargement measured up to 1.2 cm. Both the left and right limbs of the pancreas were enlarged and irregular consistent with pancreatitis.

Free Abdomen

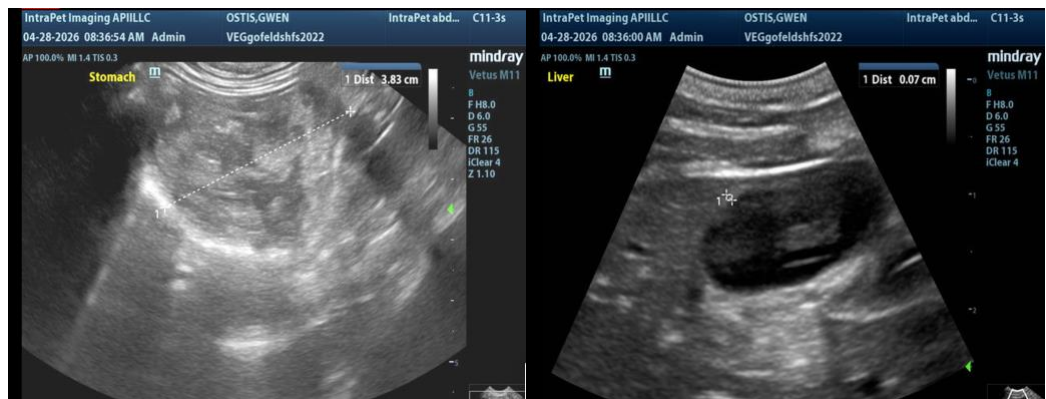
Slight free fluid was present in the caudal abdomen likely owing to mesenteric inflammation.

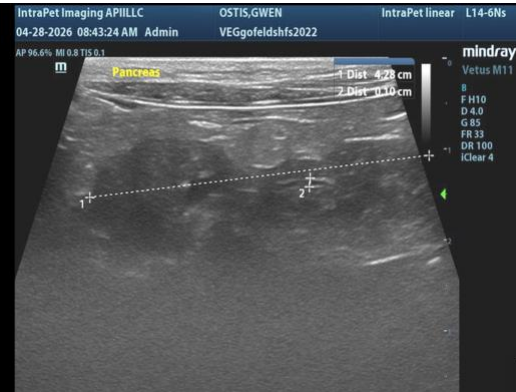
ULTRASONOGRAPHIC FINDINGS

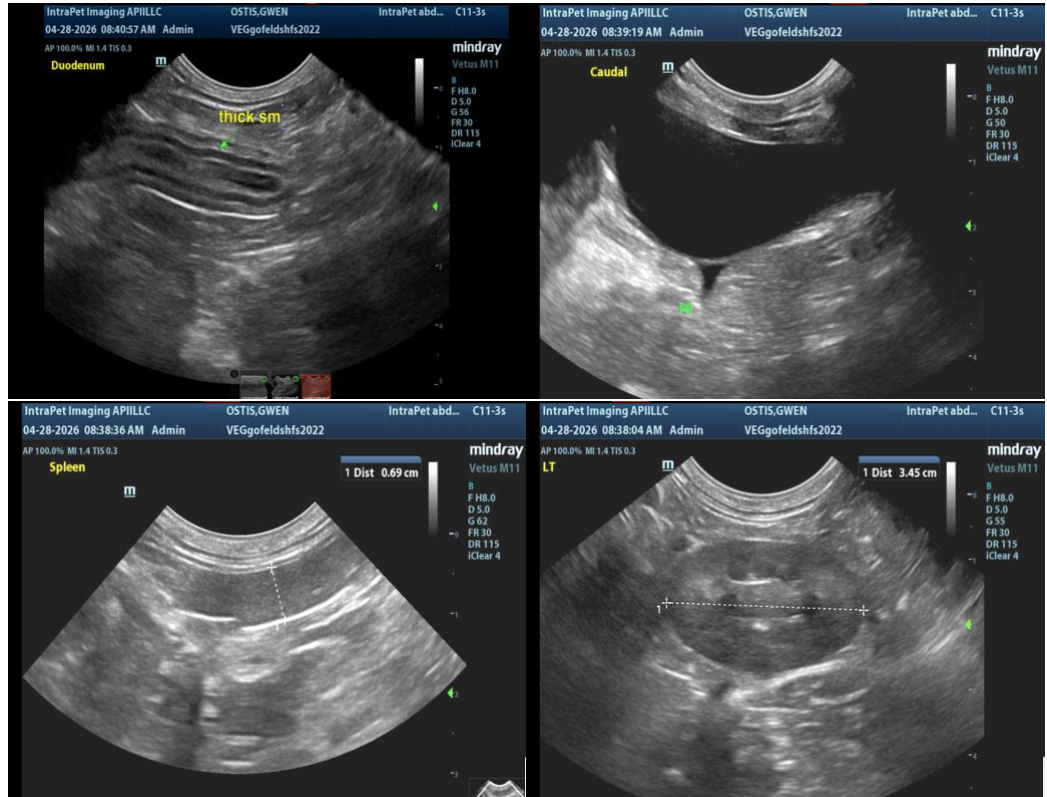
- Suspect pancreatitis with steatitis pattern.
- Enteritis involving the duodenum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas is warranted to ensure an underlying neoplastic event is not present. Medical management is warranted with aggressive antibiotic therapy, pain management, IV fluid support. Recheck sonogram in 48-72 hours. No overt evidence of neoplasia, however cannot rule out underlying FIP or similar or emerging neoplastic event.







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.

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