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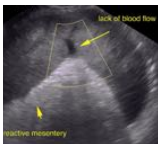
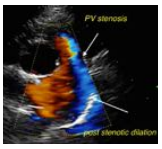
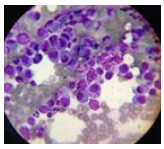
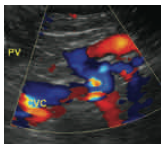

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1-800-838-4268 info@sonopath.com

PATIENT
Peanut Landy

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
16 years

WEIGHT
6.81 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Cassidy Braverman, CVT

HOSPITAL NAME
Bush AH

REFERRING VET
Dr. Beyerinck

INVOICE
98073

DATE
4/5/22

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting Hx hyperthyroid - treated with I131 January 2022 Inital weight gain following tx - then gradual weight loss, increased frequency of vomiting 8-9 month hx of urinating outside of box
CBC/Chem/T4 and fPli WNL

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 left kidney measured 3.82 cm. The right kidney measured 4.09 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 0.4 cm.

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 increased portal markings and coarse architecture with tortuous cystic duct. 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. Comet tail lung pattern was noted through the diaphragm/B lines. Chest radiographs are warranted to assess for alveolar disease.

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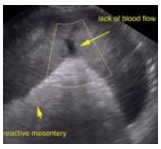
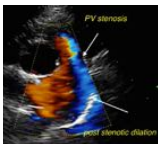
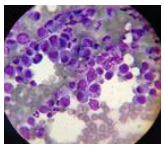
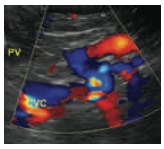

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Gastrointestinal

The **gastrointestinal** presentation revealed stomach that had mild concentric hypertrophy. An area of loss of mural detail was noted. The gastric thickening measured up to 0.8 cm. The lumen was fluid filled. Mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall was noted. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD. The regional lymph nodes were also enlarged, rounded and measured up to 0.5 cm. Reactive hyperechoic mesentery was noted.

Pancreas

The **pancreas** revealed hypoechoic, undulating contour with reactive mesentery and inflammation noted.

ULTRASONOGRAPHIC FINDINGS

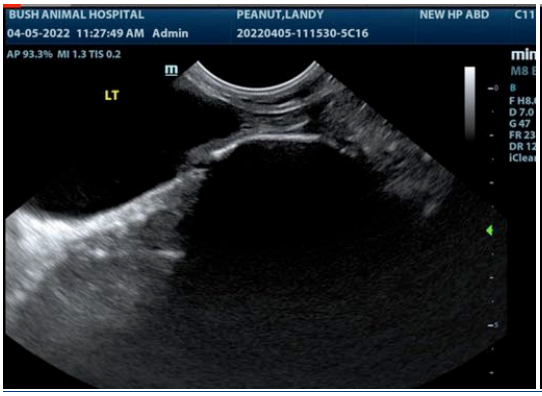
Concentric gastric thickening.

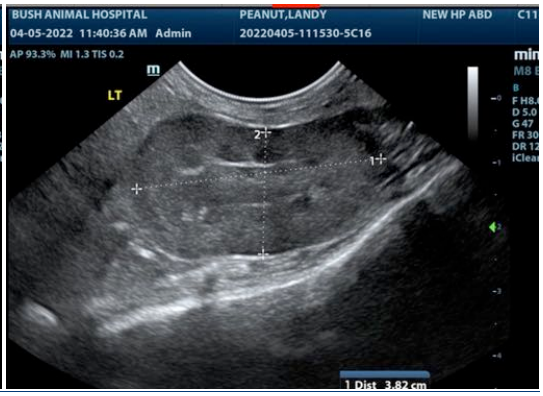
Regional lymphadenopathy and inflammation. Strong concern for gastric lymphoma.

Enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness gastrointestinal biopsies are warranted as well as lymph node biopsy. FNA of the lymph nodes and stomach could be considered, but may be difficult to exfoliate adequate cells for a definitive diagnosis. The prognosis is very guarded. Endoscopy is also an option.





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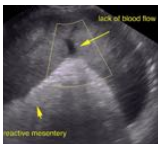
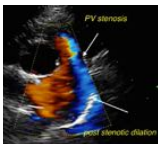
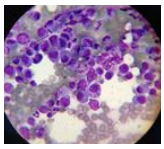
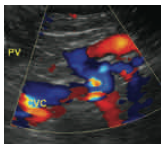

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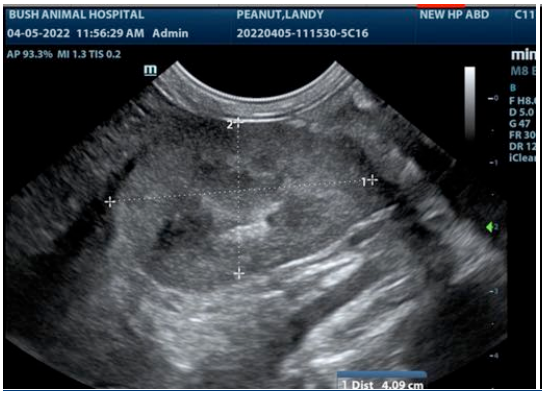

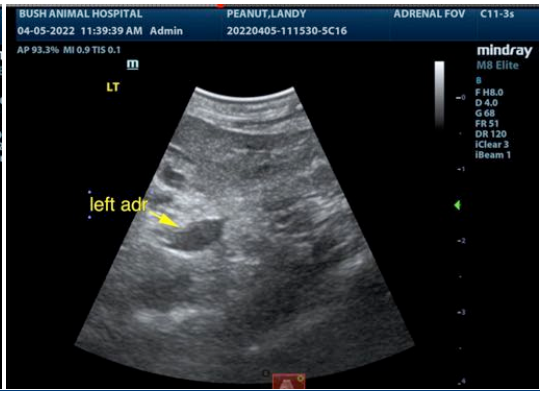

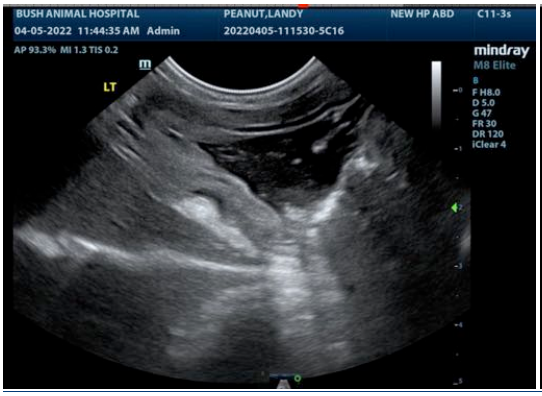

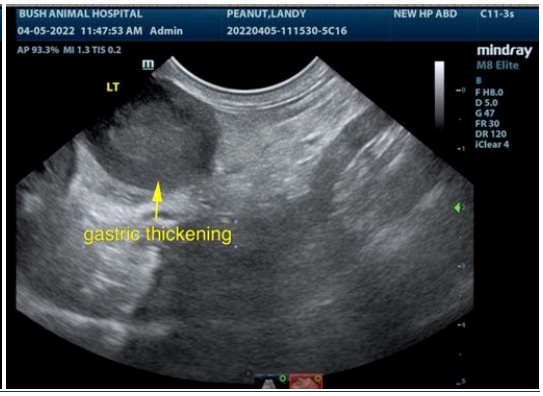

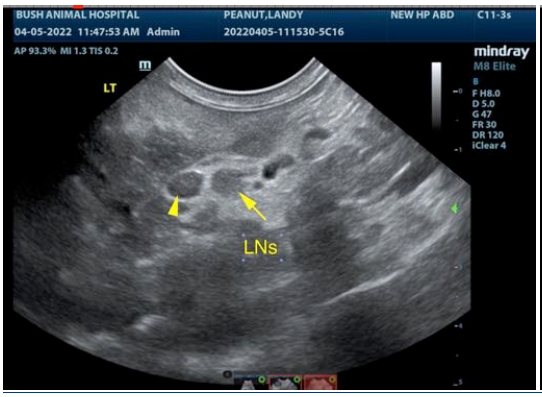

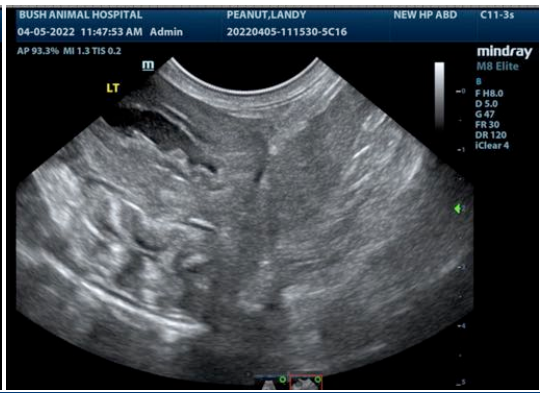

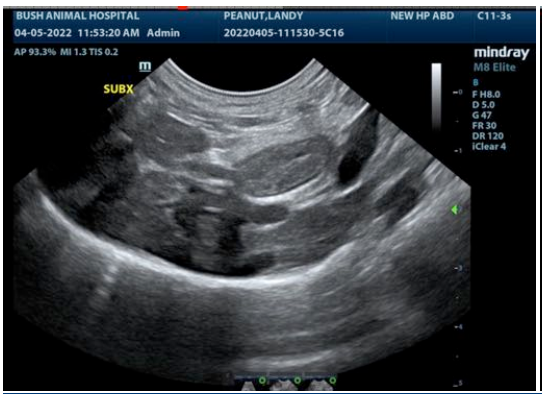

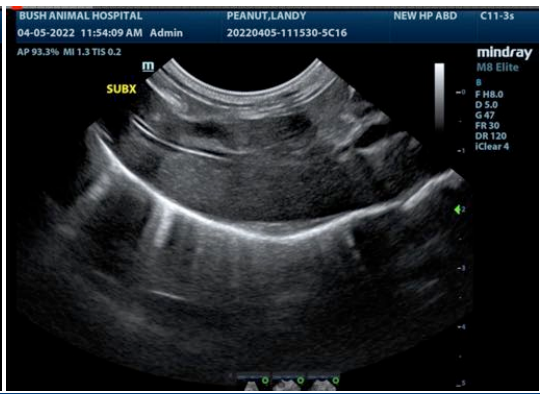

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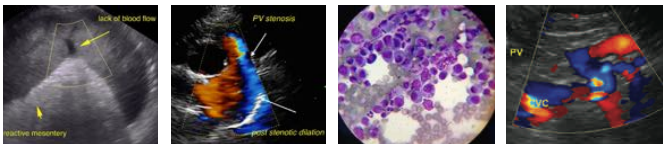

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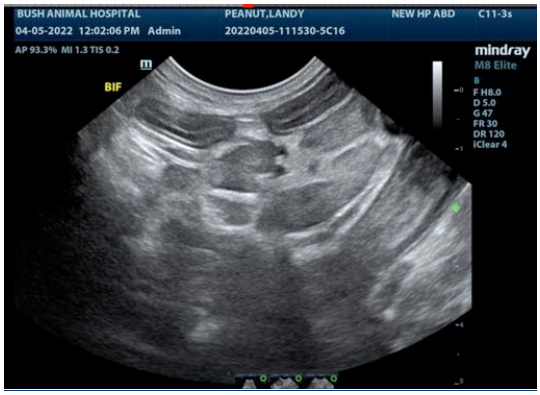

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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