

**DATE**

4/7/23

PATIENT

Boojum Nielsen

SPECIES

Feline

BREED

Ocicat

SEX

Neutered Male

AGE

9/28/15

WEIGHT

9.54 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Hickory Vet Hospital

REFERRING VET

Dr. McNesby

INVOICE

46510

PRESENTING CLINICAL SIGNS

Patient presented for annual exam and vaccinations on 3/15/2023. Owner was concerned b/c Boojum is so much smaller than the other cat in the house (also an Ocicat). Pet vomiting about 1 x week. Owner was feeding Purina Pro Plan Sensitive Skin and Stomach Physical exam non remarkable. Labwork done - elevation in creatinine kinase. Fecal exam 2 years ago negative (indoor only cat).

Current Medications: Vitamin B12 injectable 0.25 mL IM 4/6/2023

Lab Results: Creatinine Kinase 1555 U/L (likely d/t venipuncture) Gi panel submitted 4/6/2023. Fecal panel submitted 4/6/2023

Date of Previous IntraPet Ultrasound: No previous.

Sedation: DKT.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

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 **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 3.36 cm. The right kidney measured 3.5 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 0.36 cm. The right adrenal gland measured 0.31 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

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 **stomach** itself was unremarkable. Some very early loss of mural detail was noted in the distal jejunum adjacent to reactive mesenteric lymph nodes.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. Mildly irregular. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

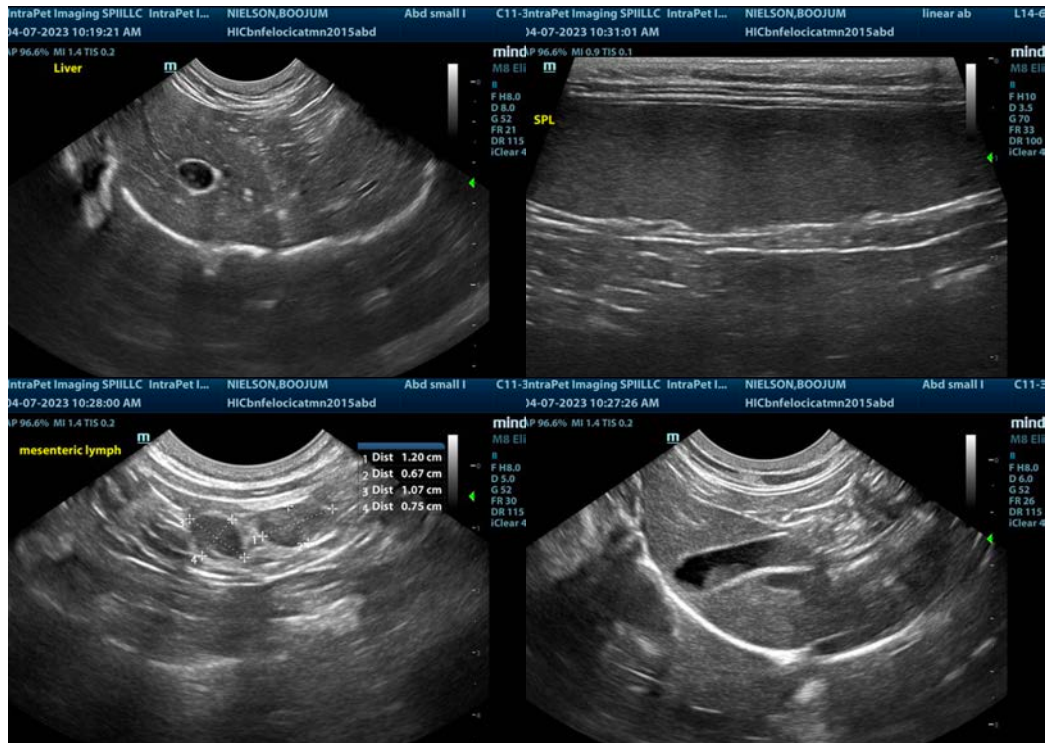
Reactive mesenteric lymph nodes noted measuring 1.2 cm and 1.07 cm.

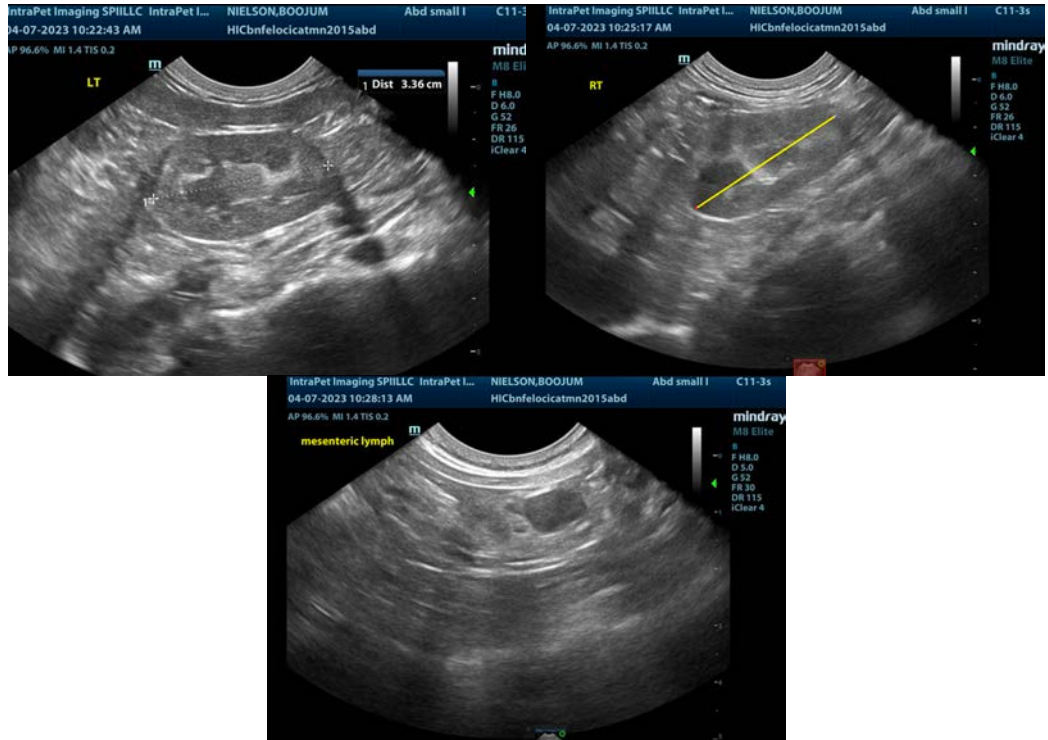
ULTRASONOGRAPHIC FINDINGS

- Reactive spleen and lymph nodes, mild potential for emerging round cell neoplasia
- Very early loss of mural detail in the distal jejunum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intraoperative ultrasound and full thickness surgical jejunal biopsies necessary to define this region. Potential emerging lymphoma or similar round cell neoplasia. FNA of the spleen and mesenteric lymph nodes ideal in this patient.





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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