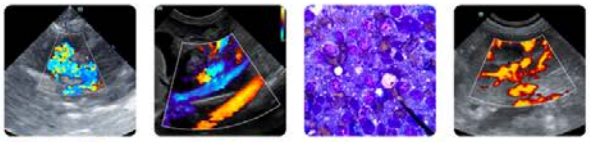

PATIENT

Mau Cat Cooper

SPECIES

Feline

BREED

Bombay

SEX

Neutered Male

AGE

9 Years

WEIGHT

18 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alexandra Pasaturo

HOSPITAL NAME

Greater Staten Island Veterinary Service

REFERRING VET

Dr. Alexandra Pasaturo

INVOICE

75542

DATE

5/29/26

PRESENTING CLINICAL SIGNS

Presented on 5/28 evening for 4-5 day history of decrease appetite. Vomiting 1-2x mostly hairballs. Weight loss the past few months but owner actively trying to get him to lose weight. Previously seen at rDVM where blood work and xrays were performed prior to referral.

Abnormal PE/Chem/CBC/UA Results: QDR, jaundice, 7% dehydrated, tense abdomen PPAH 5/28 - CBC: HCt 29.1% - Chem: BG 472, K 4.7, Tbili 3.1 H (0.5), ALP 186 H (90), ALT 131 H (100), Chol 253 H (200), Alb 3.7 H (3.5), Crea 0.7, SDMA 16.2 H (14) GSiVS 5/28 - BG: 409 - Serum ketones: moderate - TS: 8.8 - POCUS: no free fluid - UA/UCS: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minor amount of suspended debris. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. Left measured 4.3 cm. Right kidney measured 4.5 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 adrenals measured 0.40 cm each.

Spleen

The **spleen** was mildly enlarged (1.05 cm) 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** was swollen and hypoechoic with generalized enlargement. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative

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ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

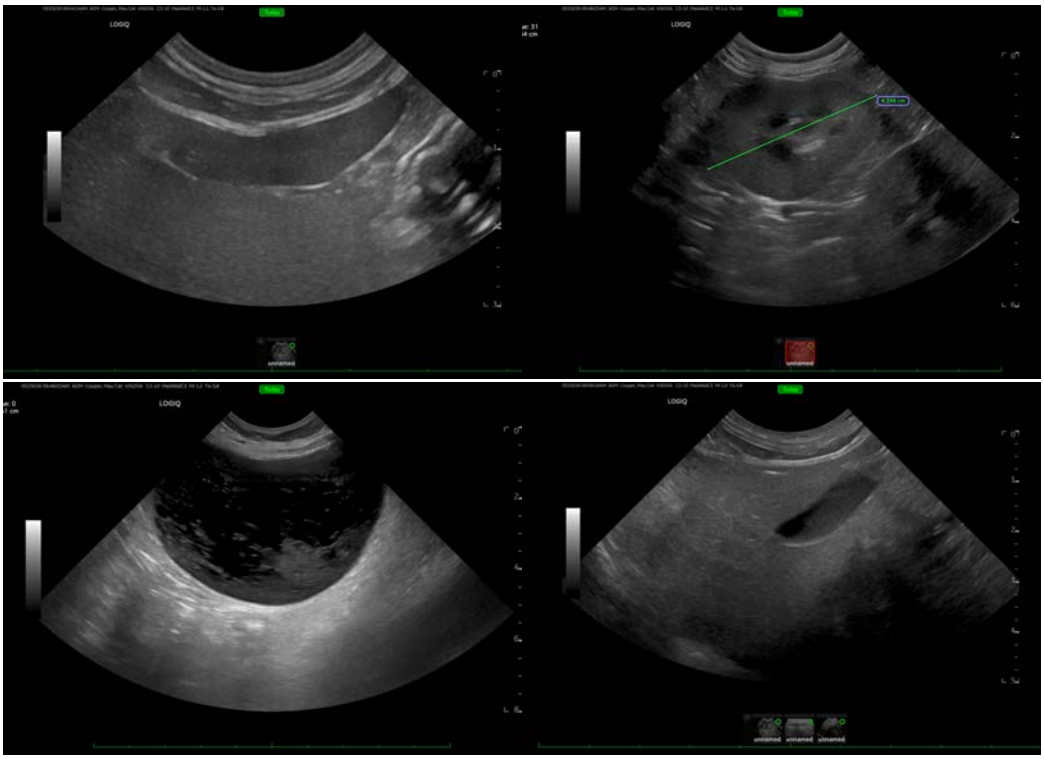
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Generalized hepatomegaly.
- Minor splenic enlargement.
- IBD GI pattern.
- Minor suspended debris in urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA spleen and liver recommended in this patient. Hepatic lipidosis versus hepatic lymphoma. I'm more concerned with lymphoma as a potential, given the patient history and sonographic appearance.



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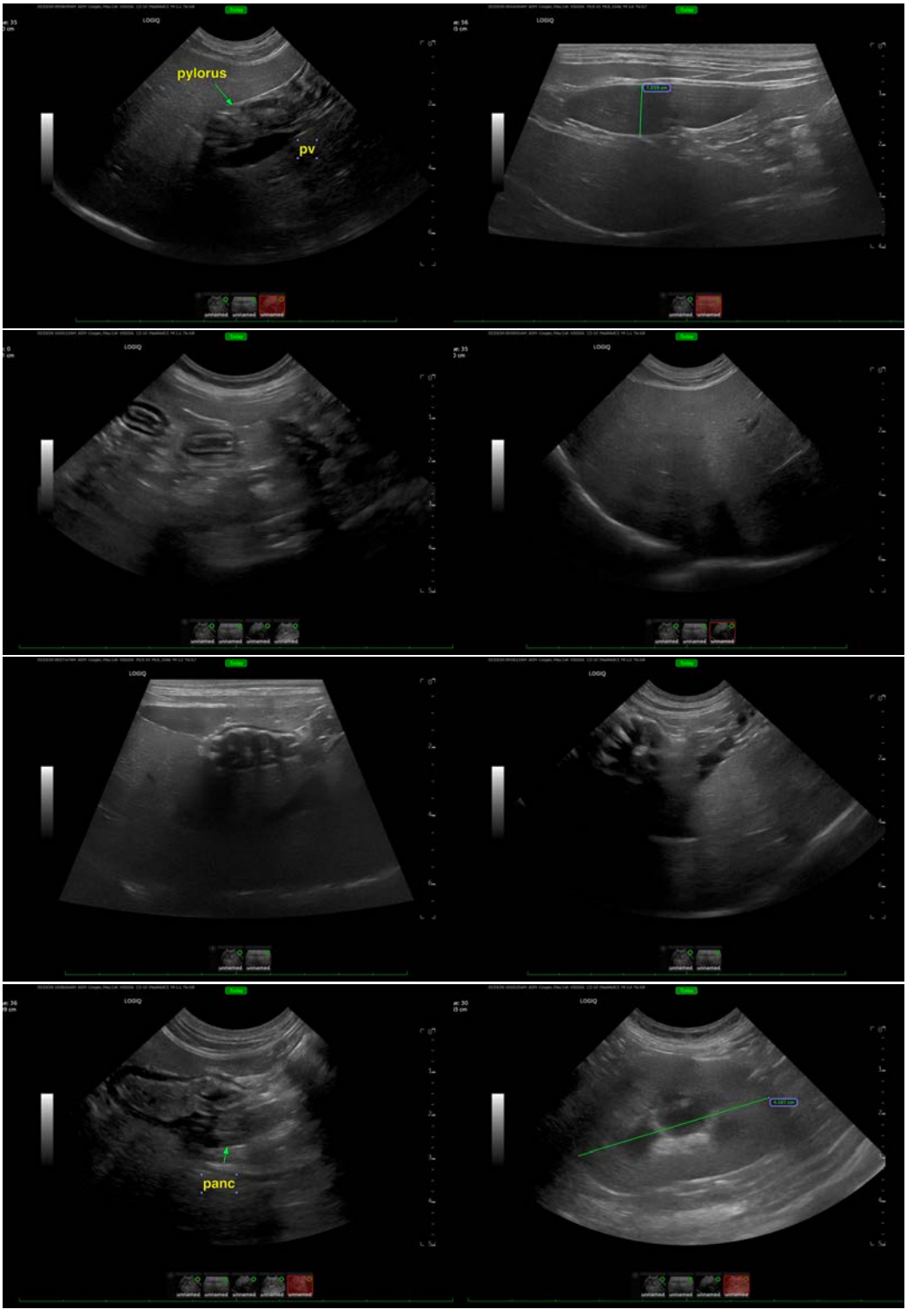

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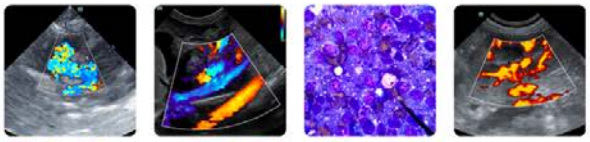

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com