



PATIENT

Mallory Sanders

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

8 months

WEIGHT

7.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan Pacific
Crest Mobile Vet

HOSPITAL NAME

Pacific Crest Mobile
Vet

REFERRING VET

Dr. Sandors/Skagit

INVOICE

30083

DATE

5/3/22

PRESENTING CLINICAL SIGNS

Pt has been vomiting since Fri night. He is indoor/outdoor, otherwise healthy, current on preventive care. Has received anti nausea support through weekend and monitoring indoors, continues to be very eager to eat but vomits what he eats

Abnormal PE/Chem/CBC/UA Results: Radiographs not conclusive Labwork pending PE pretty unremarkable- well muscled healthy appearing young cat.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 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 4.19 cm. The right kidney measured 4.65 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 right adrenal gland measured 0.3 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. The spleen measured 0.8 cm.

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.



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Gastrointestinal

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The **gastrointestinal** presentation revealed normal curvilinear patterns on the gastric wall. A mild amount of ingesta was noted in the stomach. There were areas of "ropy" 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. Soft stool was noted in the colon. The mesenteric lymph nodes are reactive and measured up to 0.7 x 0.5 cm. 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 ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Minor intestinal thickening with slight mesenteric lymphadenopathy. Acute inflammatory bowel is likely.

Scalloping spleen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for non-specific GI upset and/or delayed outflow would be warranted. Screening FNA of the spleen +/- mesenteric lymph nodes if accessible would be ideal. The spleen is likely reactive; however, early round cell neoplasia is a possibility, yet unlikely. Dietary intolerance or dietary indiscretion are also potentials. PCR or PARR evaluation of the lymph node aspirates may be necessary if definitive diagnosis is not obtained.

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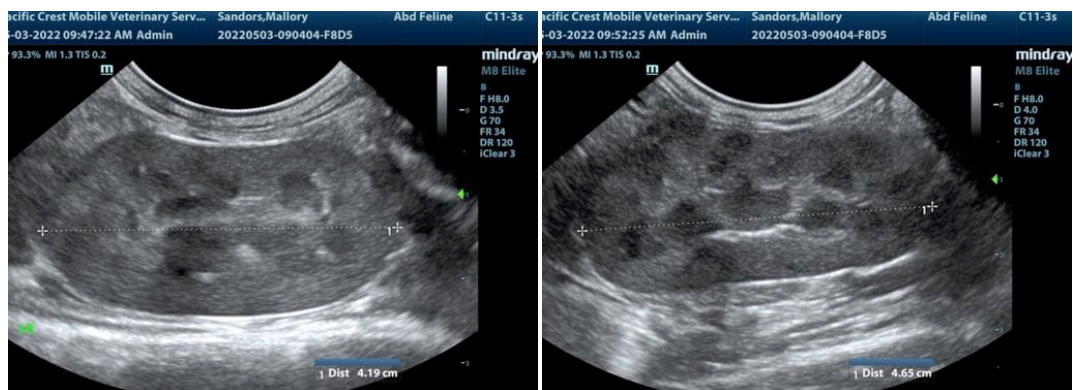
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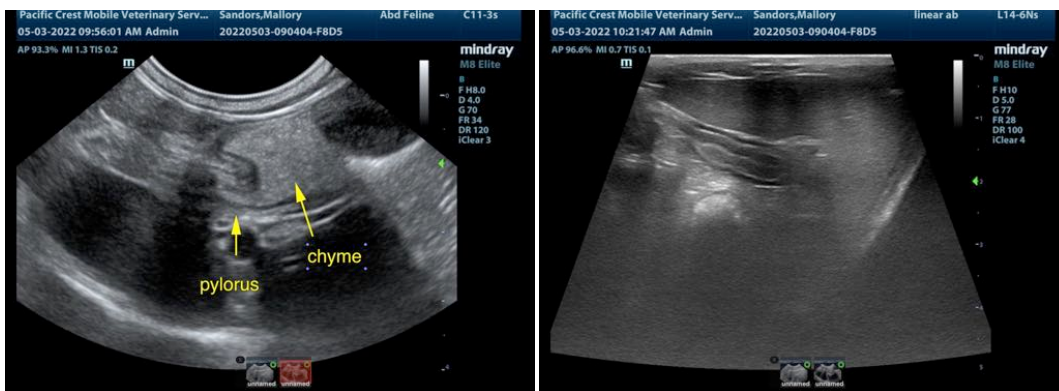
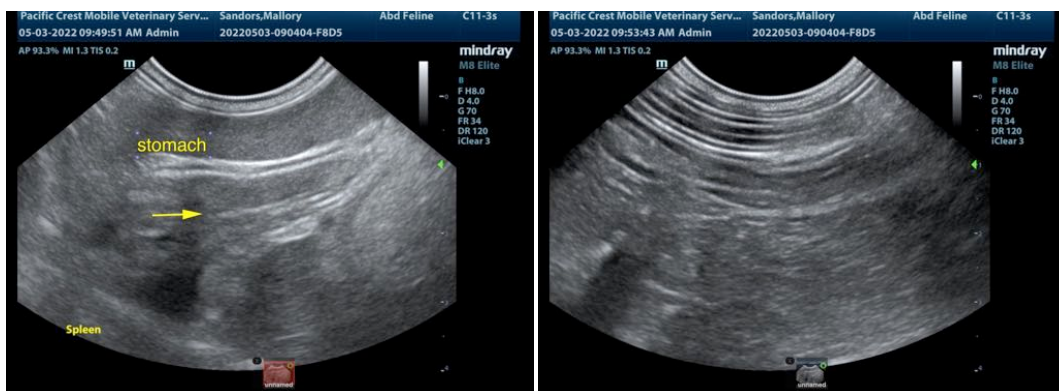
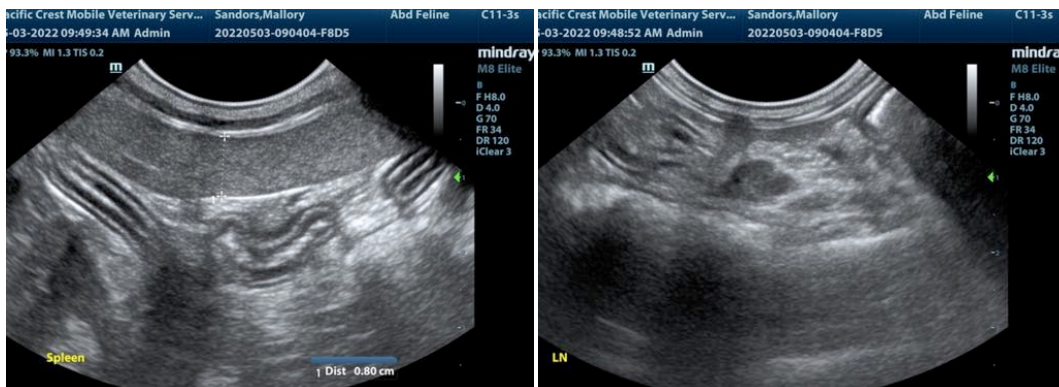
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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