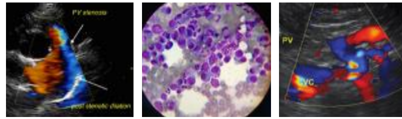


DATE
5/5/22

PATIENT
Maggie parker

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
3/5/11

WEIGHT
13.3 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Bayside AMC

REFERRING VET
Dr. Sims

INVOICE
37433

PRESENTING CLINICAL SIGNS

Patient occasionally defecates on owner's bed and will vomit if she eats quickly. Vomiting once weekly, always food and within 5 minutes of eating.

Current Medications: None listed.
Lab Results: ALP 400, ALT 524, GGT 205, Glucose 294
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.14 cm. The right kidney measured 4.05 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 0.43 cm. The right adrenal gland measured 0.42 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** was diffusely hyperechoic to falciform fat, consistent with lipidosis. The gallbladder and common bile duct were unremarkable.

Gastrointestinal
The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Epigastric lymph nodes were slightly enlarged, example measured 1.02 cm x 0.53 cm.

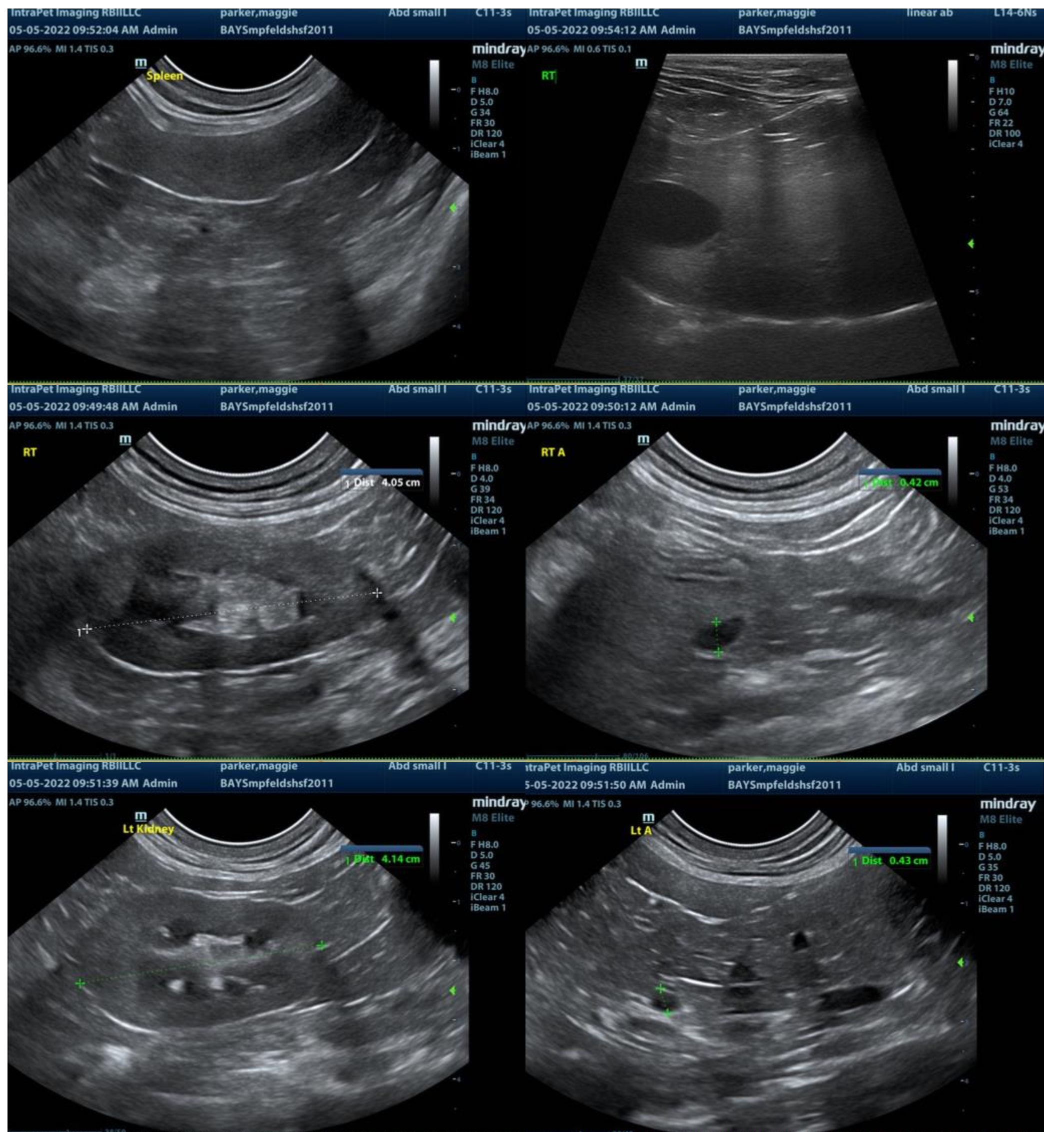
Pancreas
The **pancreas** revealed extensive mixed hypoechoic parenchymal changes with undulating contour and enlargement up to 1.07 cm. Minor duct dilation noted. Enhanced surrounding mesentery noted.

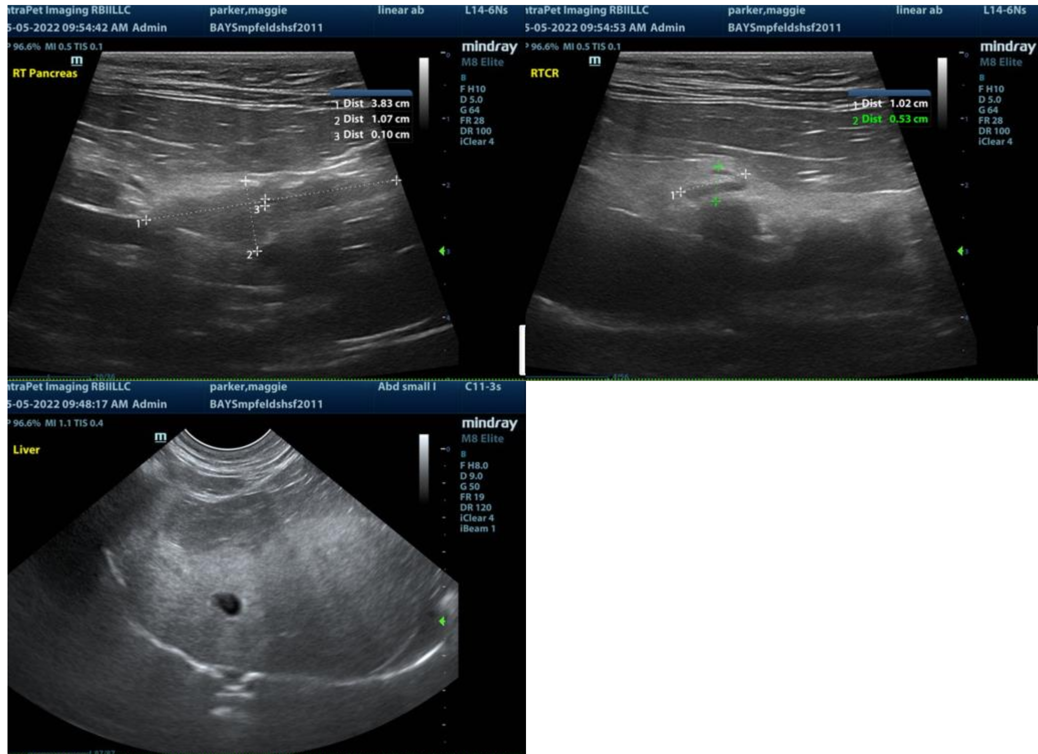
ULTRASONOGRAPHIC FINDINGS

- Hepatic lipidosis pattern with pancreatitis
- Scalloping spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and FNA of the liver recommended to ensure a more significant disease is not present. FNA of the spleen ideal as well to ensure a reactive state as opposed to emerging round cell neoplasia. Treatment for pancreatitis/lipidosis warranted in the meantime until cytology can be evaluated.





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