



PATIENT

Minnie Bennetts

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 6 Months

WEIGHT

4.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

Rondout Valley Vet
Associates

REFERRING VET

Dr. Prescott

INVOICE

37467

DATE

5/6/22

PRESENTING CLINICAL SIGNS

Presented for not eating, lethargy, and weight loss in the last week per o. No vomiting or diarrhea. Abnormal PE/Chem/CBC/UA Results: Elevated ALT 290, Alk P 130, tbili normal, Hct 27, and WBC 0.99. RBCs seem to autoagglutinate on a slide as well. Has lost 1.4# of body weight since last visit several months ago.

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 3.13 cm. The right kidney measured 3.34 cm. Blood flow to the kidneys appeared adequate on power doppler assessment.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was upper limits of normal at 1.0 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** presented slight coarse architecture and mild increased portal markings. The gallbladder and common bile duct were normal. Common bile duct measured 3.0 mm.

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. Hyperperistalsis also noted. 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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed.



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Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Mild intestinal thickening
- Non-specific inflammatory hepatopathy
- Reactive spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA spleen and liver could be considered in this patient to rule out occult neoplasia as well as to define inflammatory cell type. Malassimilation of nutrients may be an underlying issue.

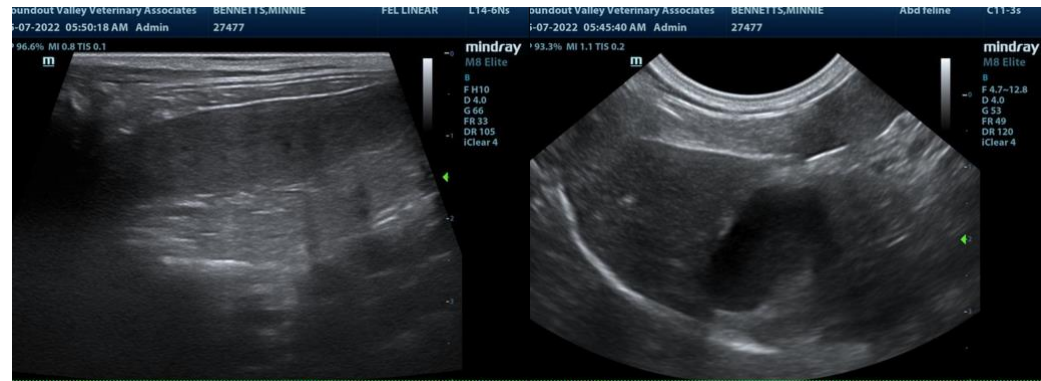
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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. I recommend a fresh fecal smear and fecal floatation analysis. Antiparasitic protocol indicated.

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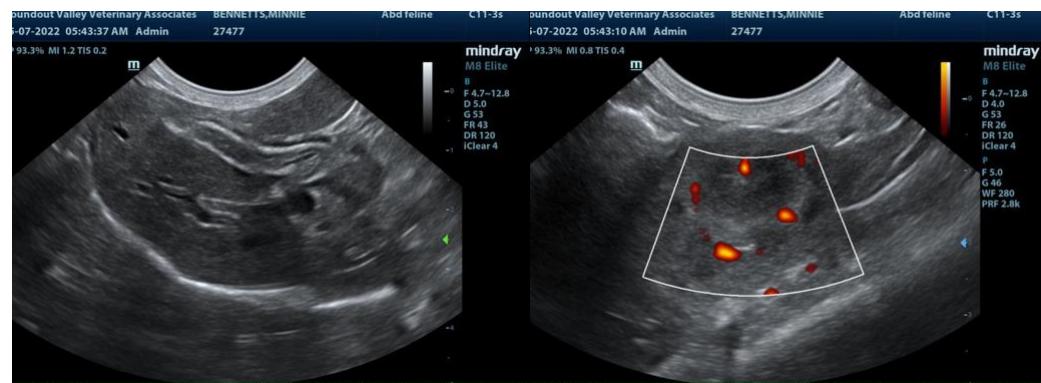


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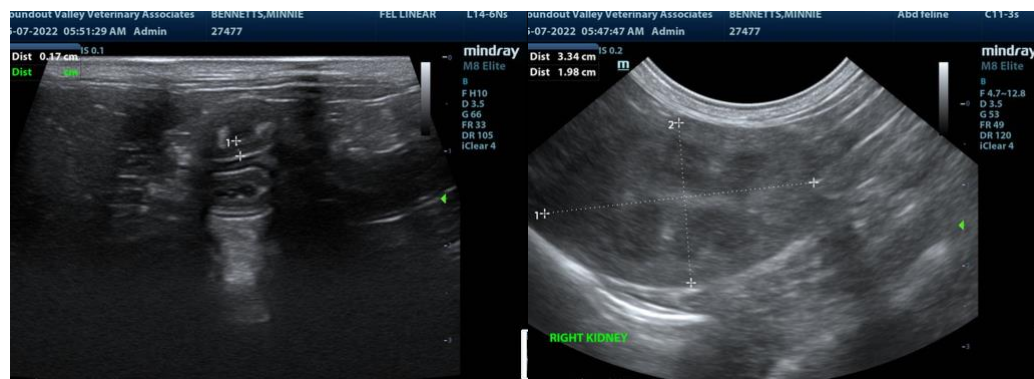
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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