



PATIENT	PRESENTING CLINICAL SIGNS
Cookie Swingrover	History: Presented due to anorexia and disorientation.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Marked weight loss (5.3 Lbs) since last exam 2 years ago, generalized muscle atrophy, icteric CBC: LYM 0.73 10 ⁹ /L (1.5-7.0), CHEM: ALP High 441 * U/L (10.0-90.0) ALT High 317 * U/L (20.0-100.0) AMY High 1289 * U/L (300.0-1100.0) TBIL High 9.7 * mg/dL (0.1-0.6) TP High 8.3 * g/dL (5.4-8.2) T4 High 7.9 * ug/dL (1.5-4.8) CHOL High 305 * mg/dL (90.0-205.0)
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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.
Spayed Female	
AGE	The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 kidneys measured 3.5 cm each.
15 Years	
WEIGHT	Adrenal Glands
6.4 Pounds	The regions of the adrenal glands revealed no evident pathology.
INTERPRETED BY	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	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 1.45 cm in width- this is excessive even if the patient was sedated at the time of the sonogram.
IMAGING PERFORMED BY	
Sarah Green	
HOSPITAL NAME	Liver
Healing Spirit AW	Increased portal markings were noted in the liver . The gallbladder revealed increased gallbladder wall echogenicity and thickness with mild tortuous contour. The common bile duct was normal, measuring 2.0 mm. The duodenal papilla was patent.
REFERRING VET	Gastrointestinal
Sarah Green	Examination of the gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.
INVOICE	Pancreas
15101	
DATE	
5/7/22	



PATIENT

Cookie Swingrover

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit AW

REFERRING VET

Sarah Green

INVOICE

15101

DATE

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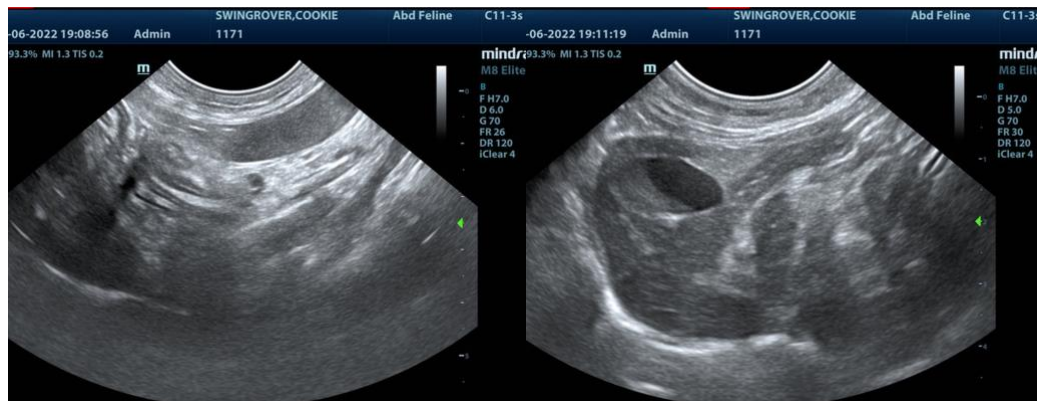
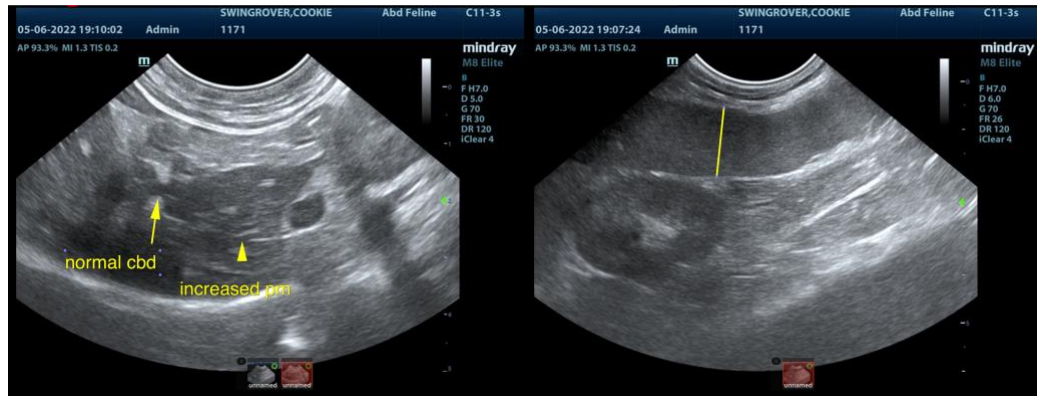
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

ULTRASONOGRAPHIC FINDINGS

- Cholangitis/Cholangiohepatitis liver pattern
- Splenic enlargement
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend FNA of the spleen and liver in this patient, as parenchymal disease is likely the underlying cause of the bilirubin elevation, assuming no anemia is present. The splenic enlargement differentials include splenitis, round cell neoplasia and reactive spleen. Cholangiohepatitis is likely in the liver. A possibility of emerging round cell neoplasia given the global presentation. Prognosis is guarded. Infectious agent, such as toxoplasmosis and Bartonella should be considered.





PATIENT

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DSH

SEX

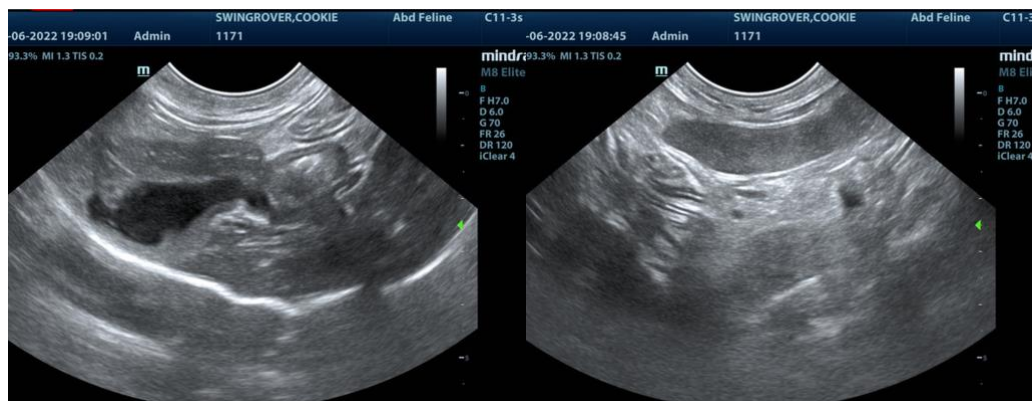
Spayed Female

AGE

15 Years

WEIGHT

6.4 Pounds



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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

IMAGING PERFORMED BY

Sarah Green

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.

HOSPITAL NAME

Healing Spirit AW

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

REFERRING VET

Sarah Green

INVOICE

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