

**DATE PRESENTING CLINICAL SIGNS**

6/28/23

Annual bloodwork showed liver/anemia/lymphocyte abnormalities. Has been losing weight over the last year.

**PATIENT**

Scamper Grabush

Current Medications: None.

Lab Results: Increased ALT, anemia, increased lymphocytes.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IM sedation.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Feline

**BREED**

DSH

**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.

**SEX**

Spayed Female

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. Mineralization noted in both kidneys. The left kidney measured 3.5 cm with a pelvic calculus measuring 0.47 cm. The right kidney measured 3.7 cm with pinpoint mineralizations.

**AGE**

7/5/10

**WEIGHT**

7.12 Pounds

**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 0.39 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was mildly enlarged (1.18 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.

**HOSPITAL NAME**

Maryland Mobile Vet

**Liver**

The **liver** was slightly enlarged. Subtle micronodular changes noted in the liver. Strong concern for emerging round cell neoplasia/multiple myeloma. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. Hahn

**INVOICE**

43530

**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. Intestinal wall thickness measured 0.23 cm.

**Pancreas**

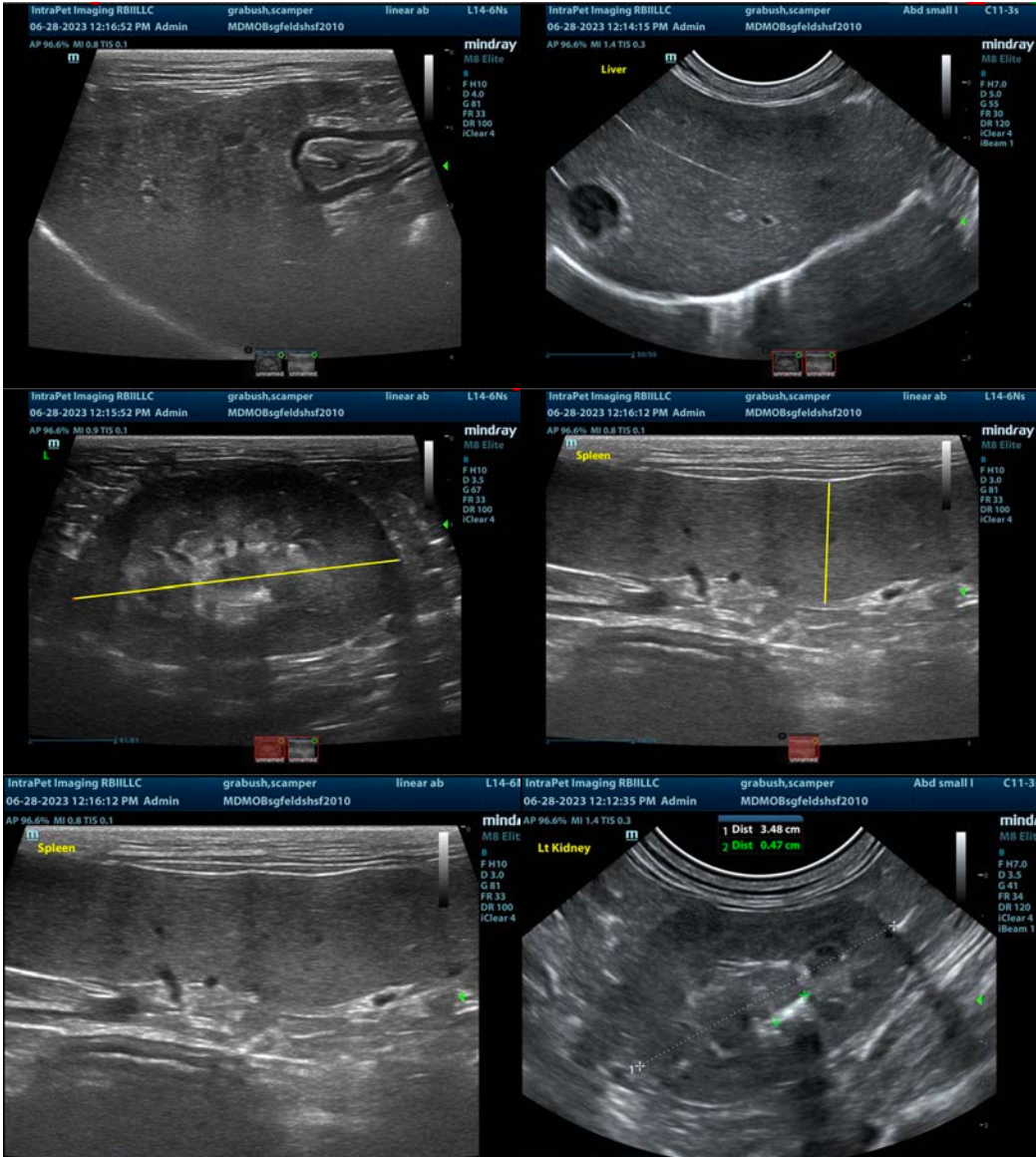
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

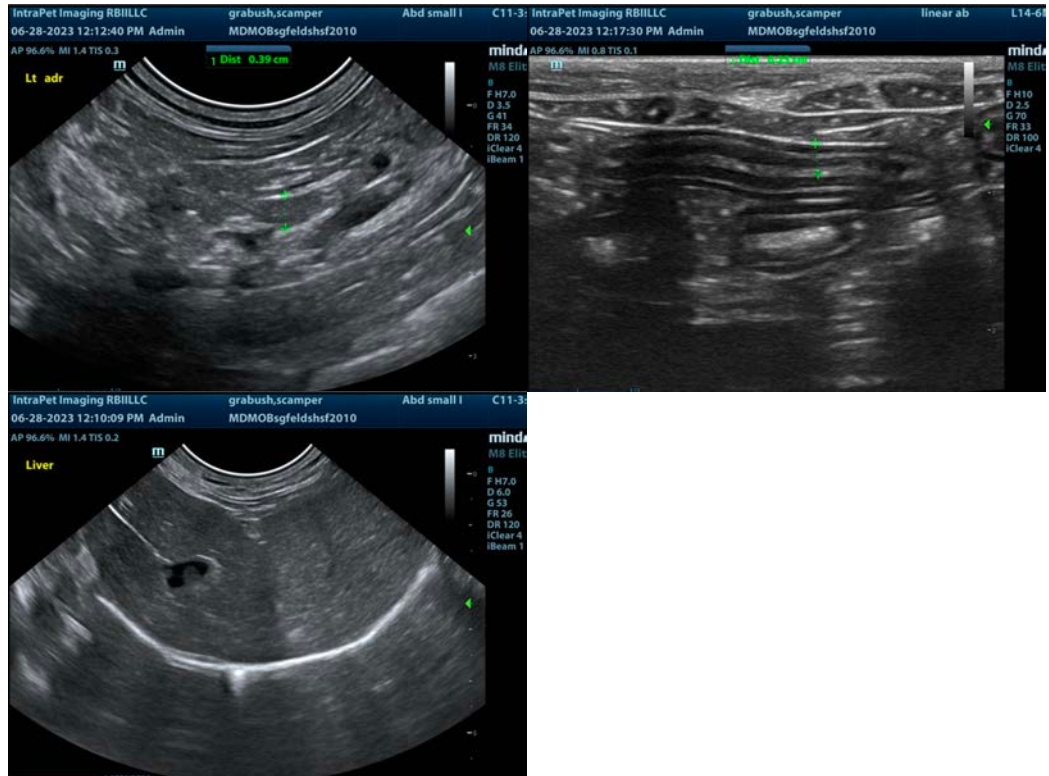
**ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly
- Moderate degenerative renal changes with non-obstructive nephrolithiasis
- Mild hepatomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend screening FNA spleen and liver in this patient with 25-gauge needle recommended with cytology to rule out emerging round cell neoplasia versus reactive spleen and liver. Prognosis is guarded.





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.

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