



PATIENT PRESENTING CLINICAL SIGNS

Simon Cannici

History: presented 3 days ago for vomiting, decreased appetite, hypoglycemia; Hx of diabetes mellitus, is on glargine. Not eating well in hospital. R/O pancreatic neoplasia vs necrosis, etc. On buprenex SL, cerenia pm, mirtazapine.

SPECIES

Abnormal PE/Chem/CBC/UA Results: lymphocytes low 0.57, HCT sl incr 48%, glucose 34 on intake, K sl low 3.3, serum ketones neg, FPL abnormal. U/A: n/a

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Domestic Shorthair

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

SEX

Neutered male

AGE

14 years

The **kidneys** appeared swollen with pericapsular inflammatory pattern. The left kidney measured 5.1 cm. The right kidney measured 4.88 cm.

WEIGHT

17 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

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.

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DATE

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



PATIENT

Gastrointestinal

Simon Cannici

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as 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. No concerning lymphadenopathy was visible. 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.

SPECIES

Feline

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Domestic Shorthair

SEX

Neutered male

Pancreas

The **pancreas** revealed a dilated duct, irregular contour and enhanced mesentery.

AGE

14 years

Free Abdomen

Reactive mesentery was noted around the intestinal tract and pancreas. There were minor areas of free fluid noted. Omental adhesions are present.

WEIGHT

17 lbs

ULTRASONOGRAPHIC FINDINGS

Splenic enlargement. Round cell neoplasia versus splenitis.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

Variable intestinal thickening with reactive mesentery.

Enteritis and pancreatitis pattern.

Inflammatory bowel pancreatitis presentation with nephritis

IMAGING PERFORMED BY

Diane McFadden, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Newton VH

FNA of the spleen +/- kidney is recommended in this patient to assess for round cell neoplasia. Otherwise, treatment for splenitis, GI upset and pancreatitis is indicated. The prognosis is guarded. Full urinary work-up is warranted if not already performed. Pain management is indicated.

REFERRING VET

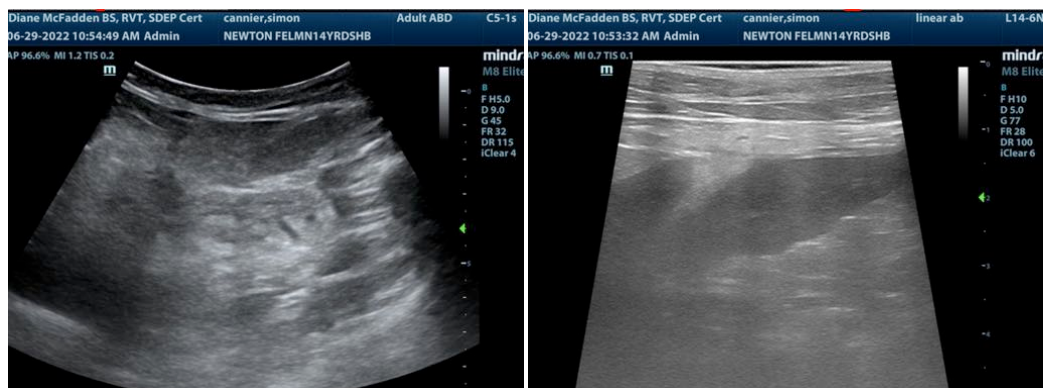
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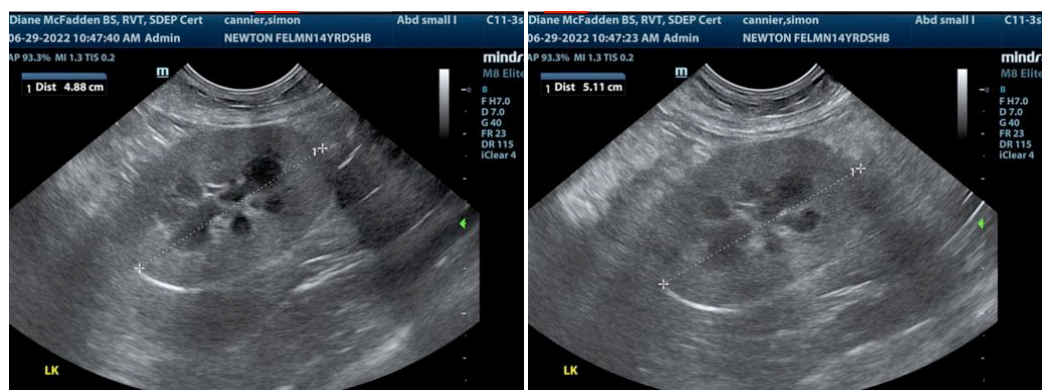
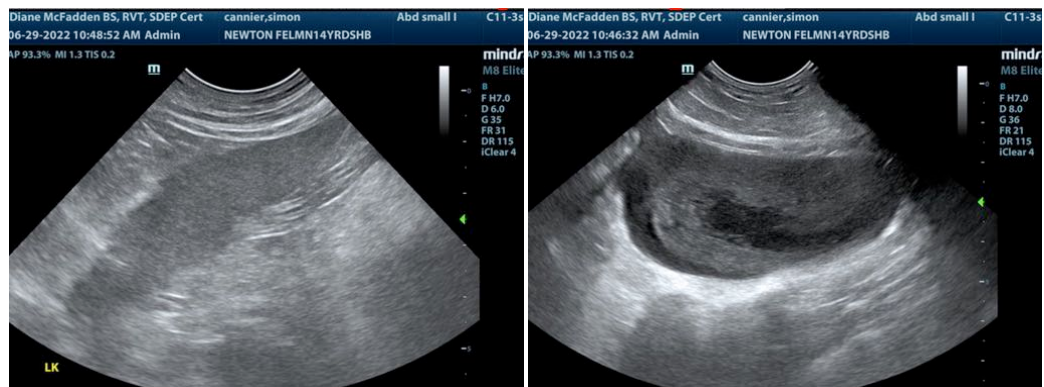
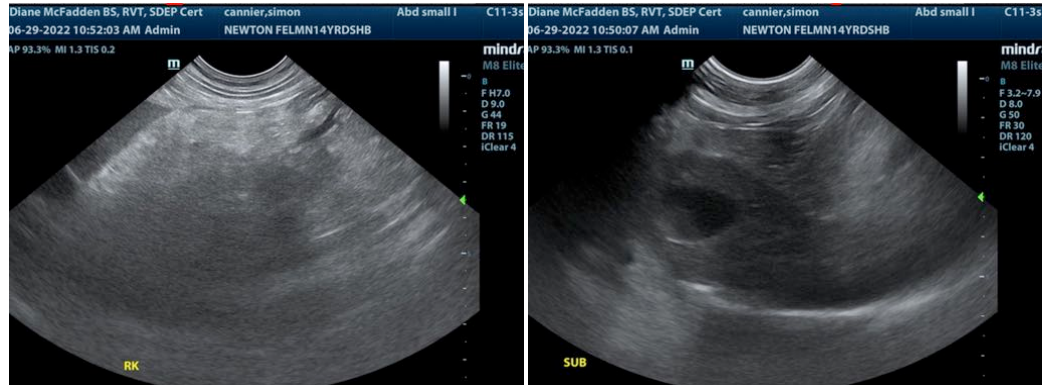
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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