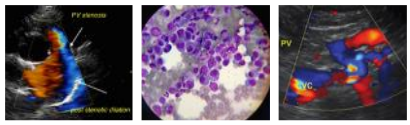
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
07/10/2023

PATIENT
Wilson Bowen

SPECIES
Feline

BREED
Ragdoll

SEX
MI

AGE
2007

WEIGHT
11.5lb

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Bayside Animal Medical Center

REFERRING VET
Beigel

INVOICE
14357ag

PRESENTING CLINICAL SIGNS

Lethargic, decreased appetite, weight loss.

Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 normal size and structure with hyperechoic medullary rim sign. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Slight pyelectasia was noted. The left kidney measured 3.42 cm in length.

Adrenal Glands

The right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.4 cm.

Spleen

The spleen presented mildly enlarged and hyperechoic. A lipid nodule was noted at the hilus. The spleen measured 1.08 cm.

Liver

The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Mild 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.

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. Some retained ingesta was noted in the stomach. 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.

Pancreas

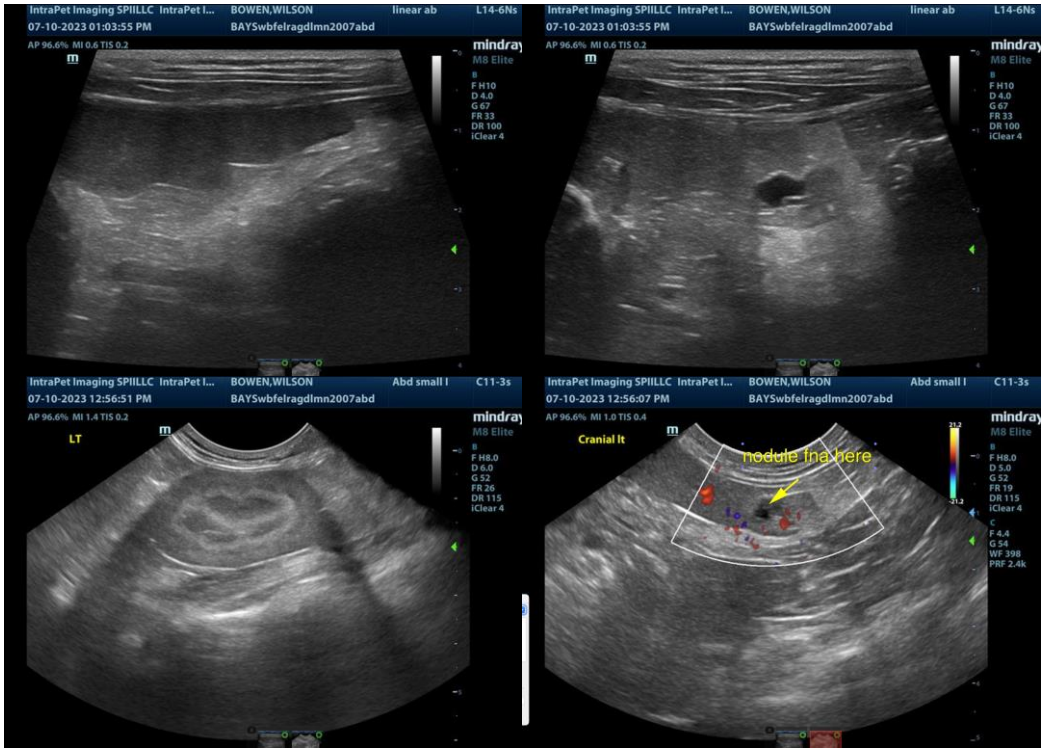
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. A focal hypoechoic nodule was noted caudal in the caudal aspect of the left pancreatic limb. A 25 g FNA is warranted.

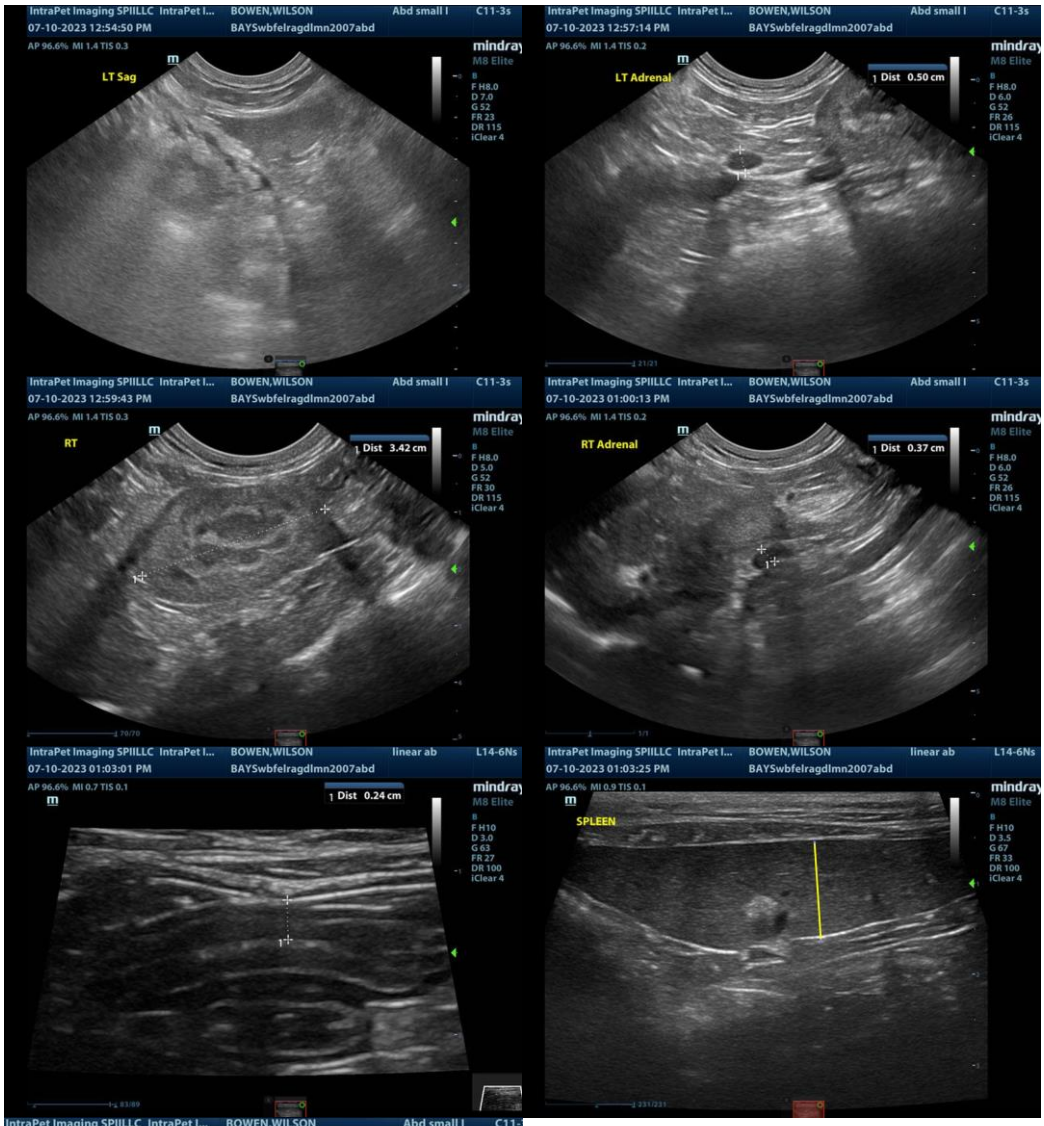
ULTRASONOGRAPHIC FINDINGS

- Lesion adjacent to or attached to the caudal pole of left pancreatic limb.
- Possible reactive spleen.
- Bilateral medullary rim sign.
- Interstitial nephrosis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a splenic and left pancreatic lesion FNA for screening cytology is warranted for further assessment. A FNA of the kidneys could be considered to rule out granulomatous disease. No overt neoplastic criteria met in amt organ system however splenic neoplasia cannot be completely ruled.





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.

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
Eric.Lindquist@SonoPath.com