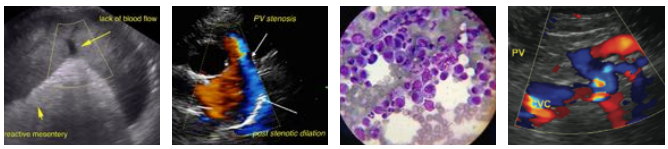
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Jeter Wotasek

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
15 years

WEIGHT
12.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Christensen

HOSPITAL NAME
Tranquility VC

REFERRING VET
Dr. Christensen

INVOICE
76070

DATE
7/11/23

PRESENTING CLINICAL SIGNS

History: Lethargic, vomiting and bloody stools past week. On chronic dexamethasone for skin disease. Was on Felimazole but owner discontinued.
Abnormal PE/Chem/CBC/UA Results: Hyperthyroid. See attached BW, UA, stool.

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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Hyperechoic medullary rim sign was noted in the kidneys, this is idiopathic, yet may be related to FIP. The right kidney measured 4.38 cm. The left kidney measured 4.11 cm.

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 0.31 cm. The right adrenal gland measured 0.23 cm.

Spleen

The **spleen** was slightly enlarged with a hypoechoic nodule and irregular contour. The spleen measured up to 1.4 cm at the cranial body with enhanced, pericapsular inflammatory pattern.

Liver

The **liver** was coarse in architecture with increased portal markings and remodeling. Multi-focal, hyperechoic nodules were noted in the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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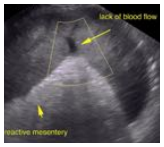
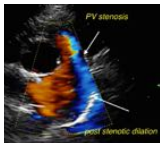
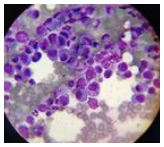
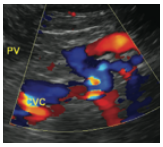

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Gastrointestinal

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. The mesenteric lymph nodes were enlarged, rounded, hypoechoic and irregular measuring up to 1.3 cm.

Pancreas

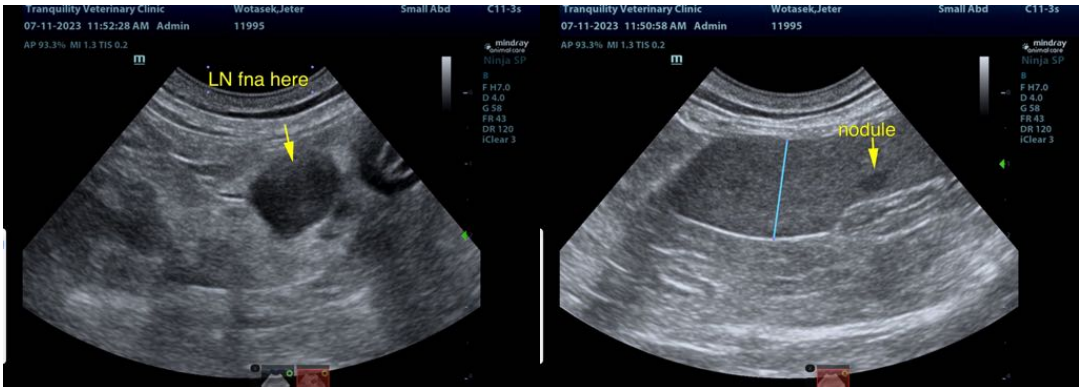
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

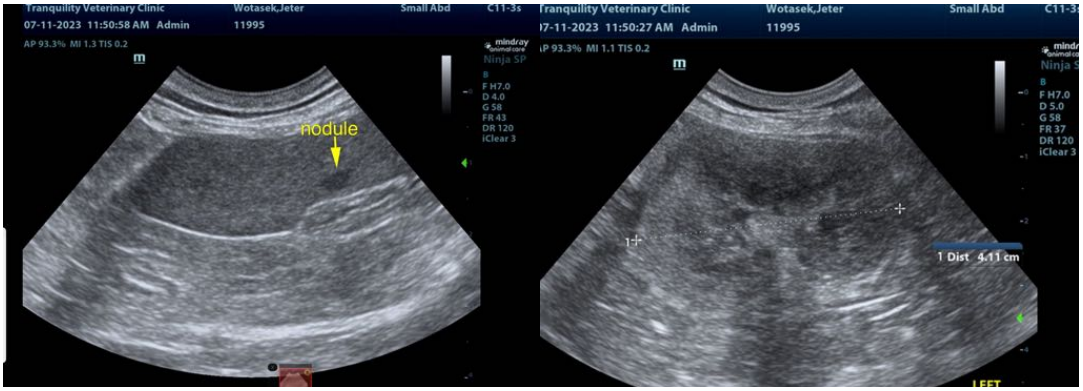
ULTRASONOGRAPHIC FINDINGS

Nodular splenic and hepatic changes with mesenteric lymphadenopathy and regional inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for round cell neoplasia. Splenic, lymph node and hepatic FNA is indicated. The prognosis is guarded. Splenic hyperplasia, hepatic remodeling and lipogranulomatous nodules are possible, yet less likely.





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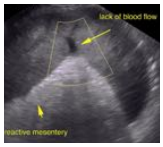
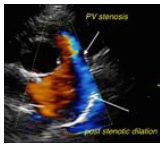
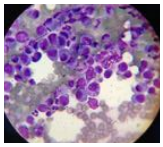
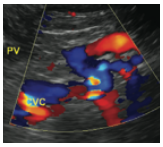

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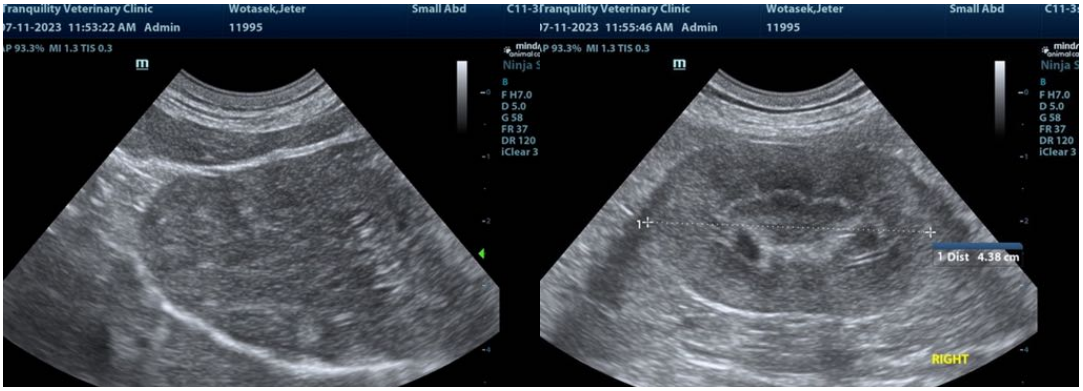

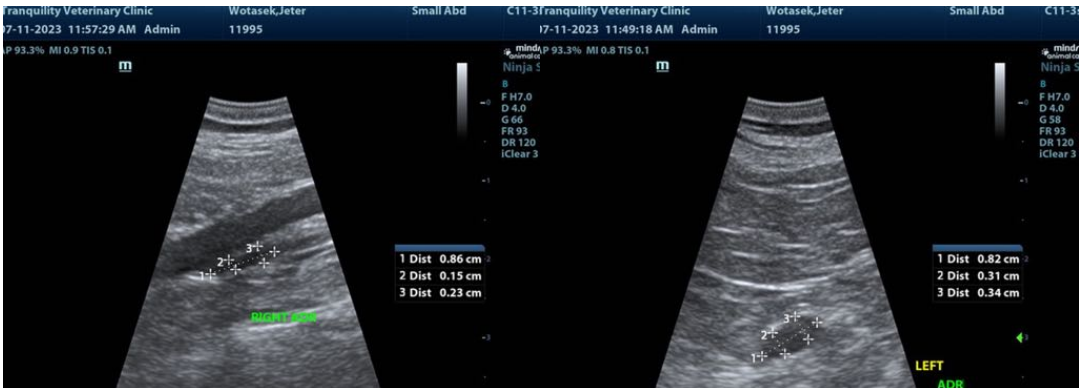

he information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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