



PATIENT

Comet Bunuomo

SPECIES

Feline

BREED

Feline

SEX

Neutered Male

AGE

10 Years

WEIGHT

3.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Megan Odgers, VMD

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Megan Odgers, VMD

INVOICE

23387

DATE

7/14/23

PRESENTING CLINICAL SIGNS

Recent history of extreme weight loss, decreased appetite, and vomiting.

Abnormal PE/Chem/CBC/UA Results: CBC: Neutrophils 11.81 H, GLU 166 H, BUN 13 H, ALT 168 H, ALP 151 H, GGT 7 H. Exam - recent weight loss, moderate dehydration, abd soft and doughy

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** were normal in size and contour, however, minor pericapsular enhancement was present, primarily in the left kidney. This may represent an early expansive process. The left kidney measured 4.5 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 0.2 cm.

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.

Liver

The **liver** was diffusely hyperechoic to falciform fat and mildly enlarged. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastric** wall was thickened (up to 1.2 cm) in this patient with loss of structural detail. Minor small intestinal thickening was noted. The colon was unremarkable.

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.

Free Abdomen

An epigastric **lymph node** was mildly enlarged.



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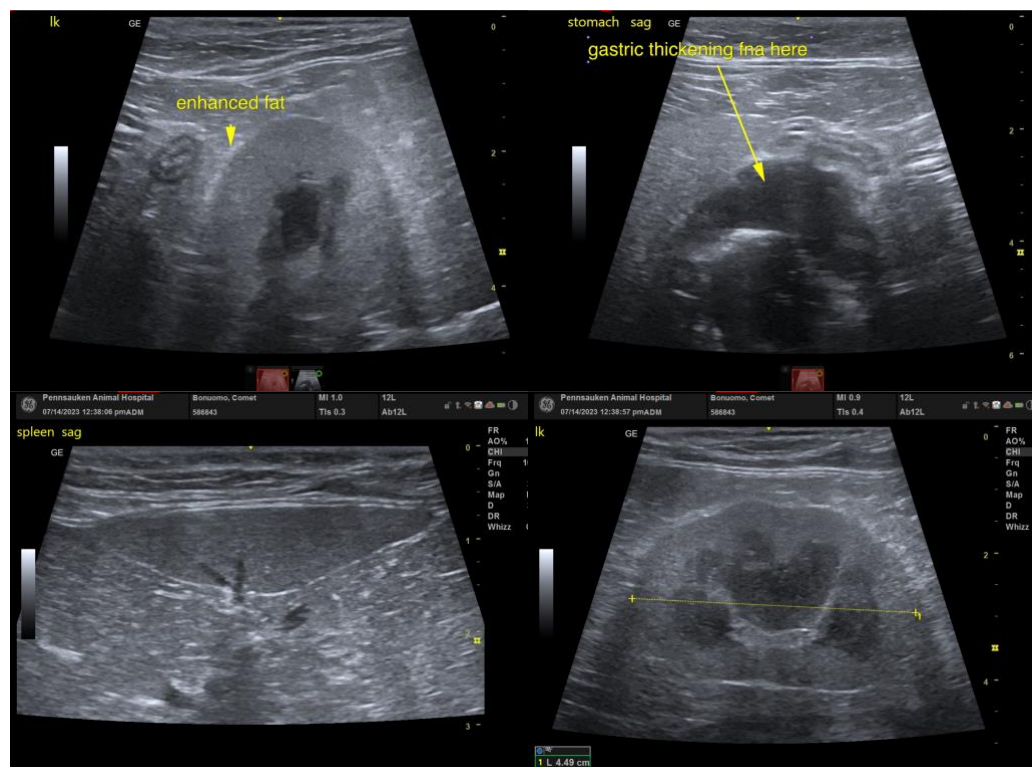
7/14/23

ULTRASONOGRAPHIC FINDINGS

- Minor pericapsular enhancement was present in the kidneys
- Micronodular changes in the spleen and splenic enlargement
- Hypoechoic, enlarged liver
- Stomach and small intestinal thickening
- Mildly enlarged epigastric lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the gastric wall +/- liver and spleen to screen for multicentric neoplasia, however, round cell neoplasia/lymphoma is met in the stomach. The concentric thickening does not appear resectable. FNA and targeted chemotherapy could be ideal. Chest radiographs are warranted to assess for metastatic disease.





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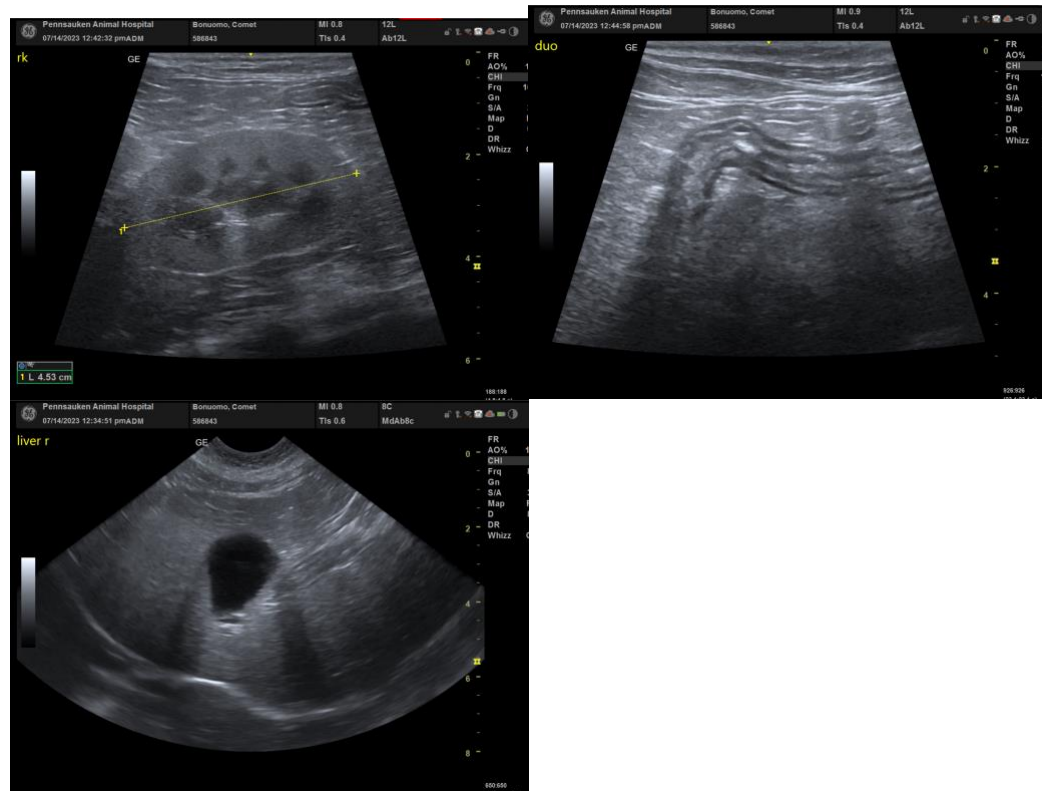
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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