



PATIENT PRESENTING CLINICAL SIGNS

Kaiulani Majors

P seen for slowly progressing wt loss and mildly decreased appetite - 1 lb wt loss in 6 months indoor only
No V or D SI felt thickened on palpation

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Full blood work (superchem/cbc/t4/UA) done in January and only abnormality was mild eosinophilia cytology from LN aspirate: reactive lymphoid hyperplasia and SI aspirate: mild mixed inflammation

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

13

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.8 cm. The right kidney measured 3.8 cm.

WEIGHT

7.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

Adrenal Glands

The **right adrenal gland** was swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 5.0 mm.

DABVP, Cert. IVUSS

The region of the **left adrenal gland** was unremarkable.

IMAGING PERFORMED BY

Dr. Ruth Loomis

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.

HOSPITAL NAME

Brookwood AC

REFERRING VET

Dr. Ruth Loomis

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

INVOICE

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7/15/23

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.



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The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. 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.

Reactive mesenteric lymph nodes noted up to 1.5 cm x 1.0 cm.

Pancreas

The **pancreas** is mildly hypoechoic to surrounding mesentery. Normal size at 5.0 mm. Slight duct dilation noted.

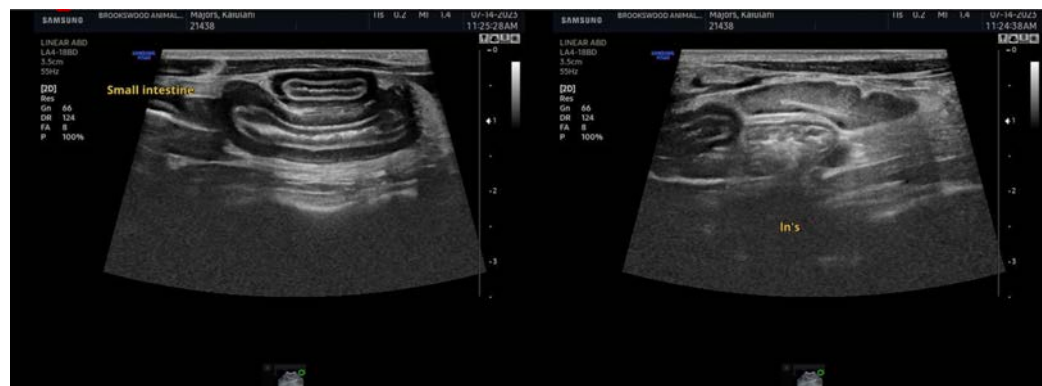
ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with hypertrophied muscularis
- Reactive spleen and mesenteric lymph nodes
- Prominent pancreas
- Swollen right adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No complete neoplastic criteria met. Chronic inflammatory bowel, lymphadenitis, reactive spleen or splenitis, and history of pancreatitis likely in this patient. Full thickness intestinal biopsies would be ideal to assess for emerging neoplasia/round cell neoplasia.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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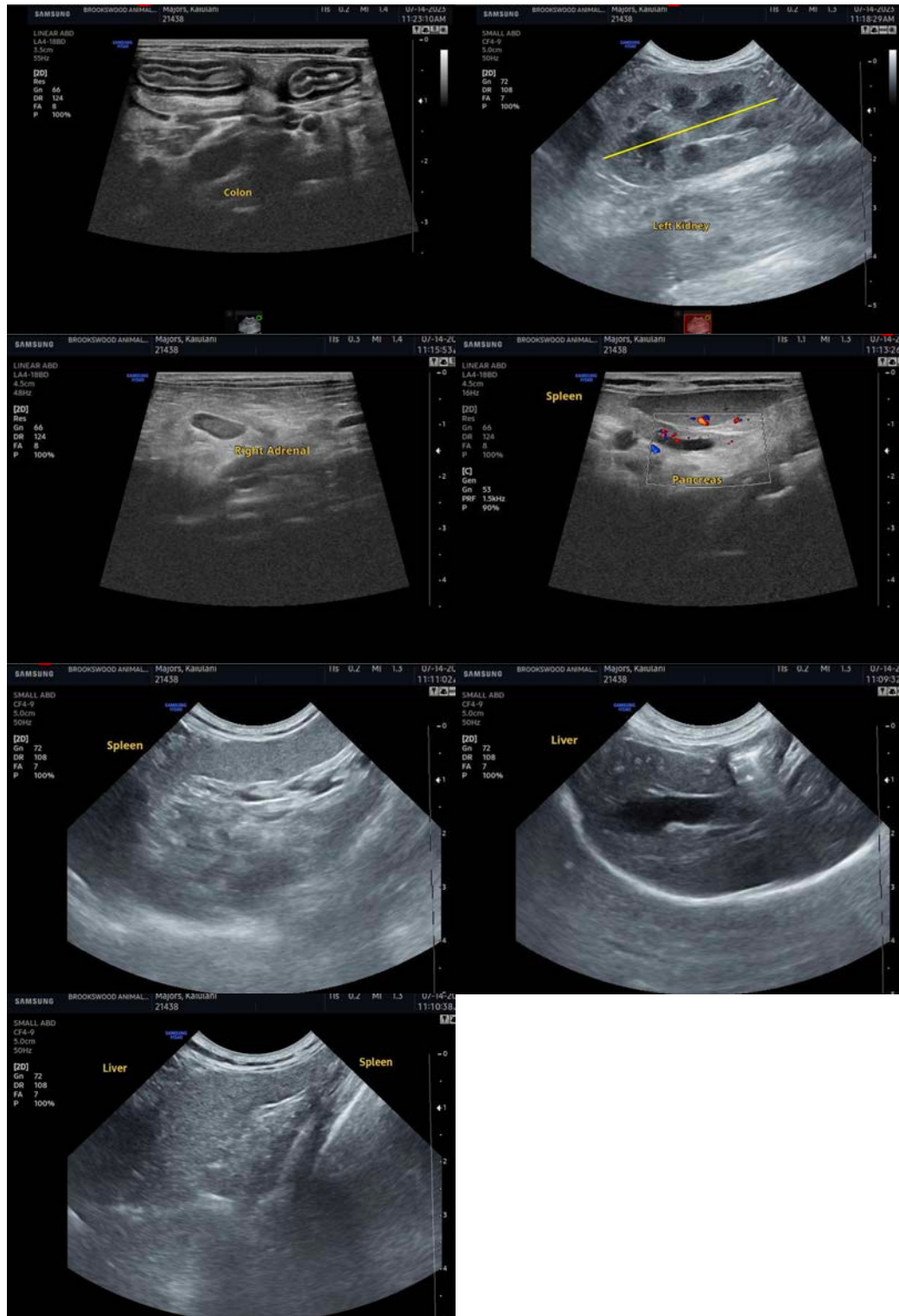
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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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info@SonoPath.com

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