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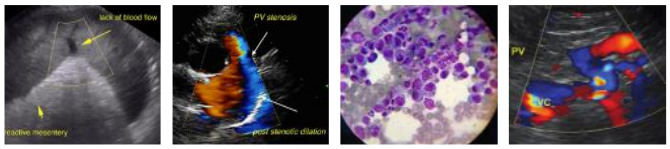
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Beck Ross

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.52 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Ashley Whitesell

INVOICE

23455

DATE

7/18/23

PRESENTING CLINICAL SIGNS

History: newly diagnosed hyperthyroid, since starting methimazole has been more lethargic, not eating well and hiding. Have since stopped medication and nothing changed

Abnormal PE/Chem/CBC/UA Results: lab work all WNL

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.1 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is a mild change, 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 mildly swollen with hyperechoic parenchyma. The gallbladder and common bile duct were unremarkable. The hepatic lymph nodes were mildly enlarged, measuring 1.0 cm x 0.5 cm.

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. 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. This is a mild change. Soft stool was noted in the colon.

Pancreas

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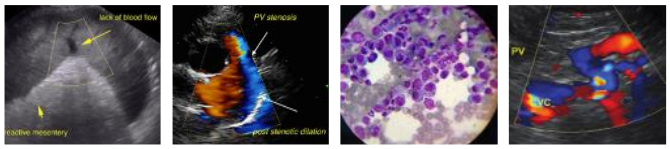

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The area of the left **pancreatic** limb revealed a hypoechoic cystic structure, measuring 1.5 cm x 1.0 cm. This appears to be deriving from the left pancreatic limb. The majority of the lesion is tissue based with minor cystic fluid filled content. Regional inflammation was noted. Blood flow was solid around the lesion yet within the lesion appeared to be void of blood flow, suggestive for necrosis or potential carcinoma.

ULTRASONOGRAPHIC FINDINGS

- IBD GI pattern
- Left pancreatic limb lesion.
- Hepatic lymphadenopathy, minor
- Geriatric abdomen otherwise
- Scalloping contour to the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided 25G FNA of the pancreatic lesion is indicated after coagulation panel. Subxiphoid palpation is recommended to assess for pain or discomfort in this region.

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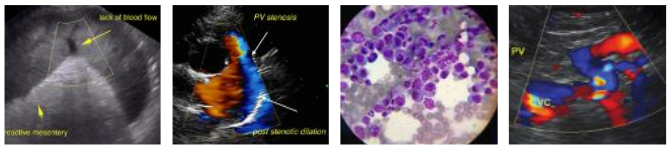

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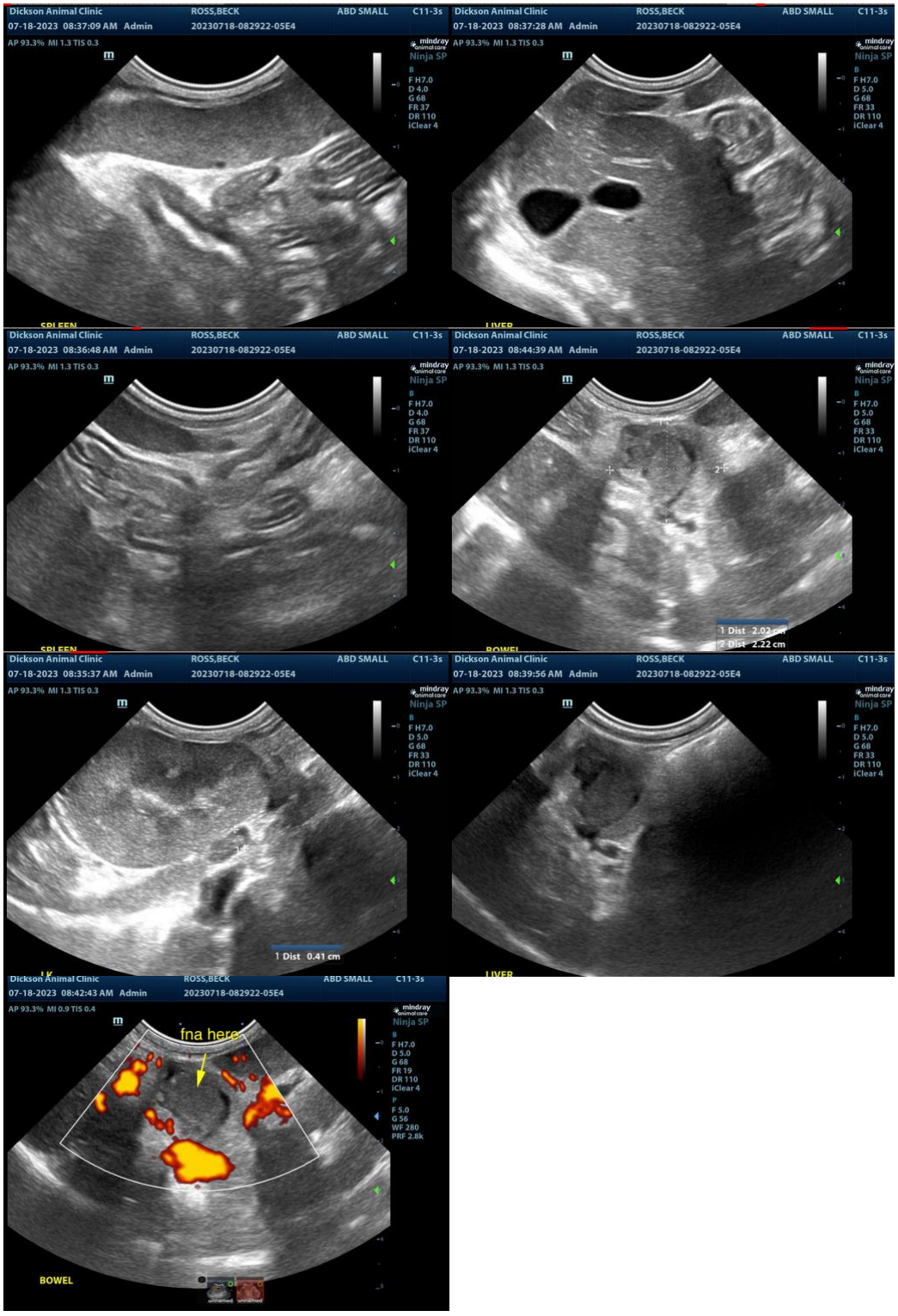

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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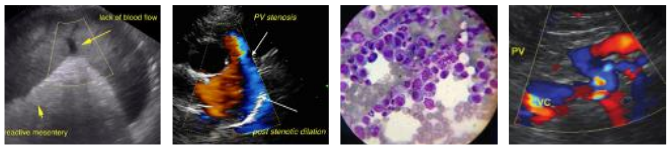

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com