



PATIENT

Smokey Chopko

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great &
Small Denville

REFERRING VET

Dr, Mitrovic

INVOICE

23183

DATE

7/6/23

PRESENTING CLINICAL SIGNS

History: Losing weight, defecating out of litter box. Hyperthyroid.

Abnormal PE/Chem/CBC/UA Results: 6/2023-BUN 47 (36 H); WBC 32.7 (16 H); PSL 51 (26 H); USG 1.030; trace protein.

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 to moderate 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 left kidney measured 3.45 cm. The right kidney measured 3.85 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.35 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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. The spleen measured 0.97 cm.

Liver

The **liver** revealed coarse architecture and mild enlargement. The gallbladder and common bile duct were unremarkable. Tortuous cystic duct was noted. An anechoic cyst was noted in the right cranial liver.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted. Soft stool was noted in the colon.



PATIENT

Pancreas

Smokey Chopko

The **pancreas** revealed dilated duct, measuring 0.22 cm. Multifocal cysts and nodules were noted, consistent with nodular and cystic hyperplasia.

SPECIES

Free Abdomen

Feline

The mesenteric **lymph nodes** were enlarged and somewhat rounded, measuring 2.01 cm x 0.87 cm.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Polycystic pancreatic and hepatic changes, subjectively benign. Some level of pancreatitis is possible. Minor potential for pancreatic neoplasia, however, FNA would be ideal.

SEX

Neutered Male

- Mesenteric lymphadenopathy

AGE

14 Years

- Age-related renal and GI changes

WEIGHT

8 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mesenteric lymph node and splenic FNA are indicated. No obvious neoplasia was noted; however, emerging round cell neoplasia and pancreatic carcinoma are both technically possible in this patient. Sampling is recommended.

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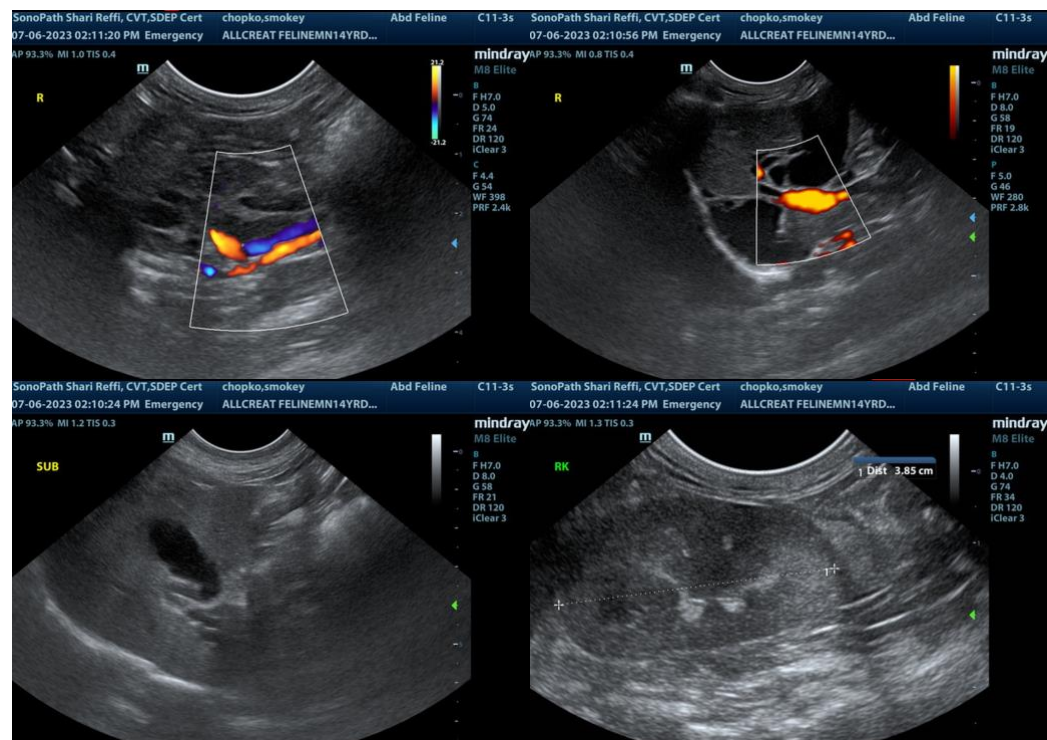
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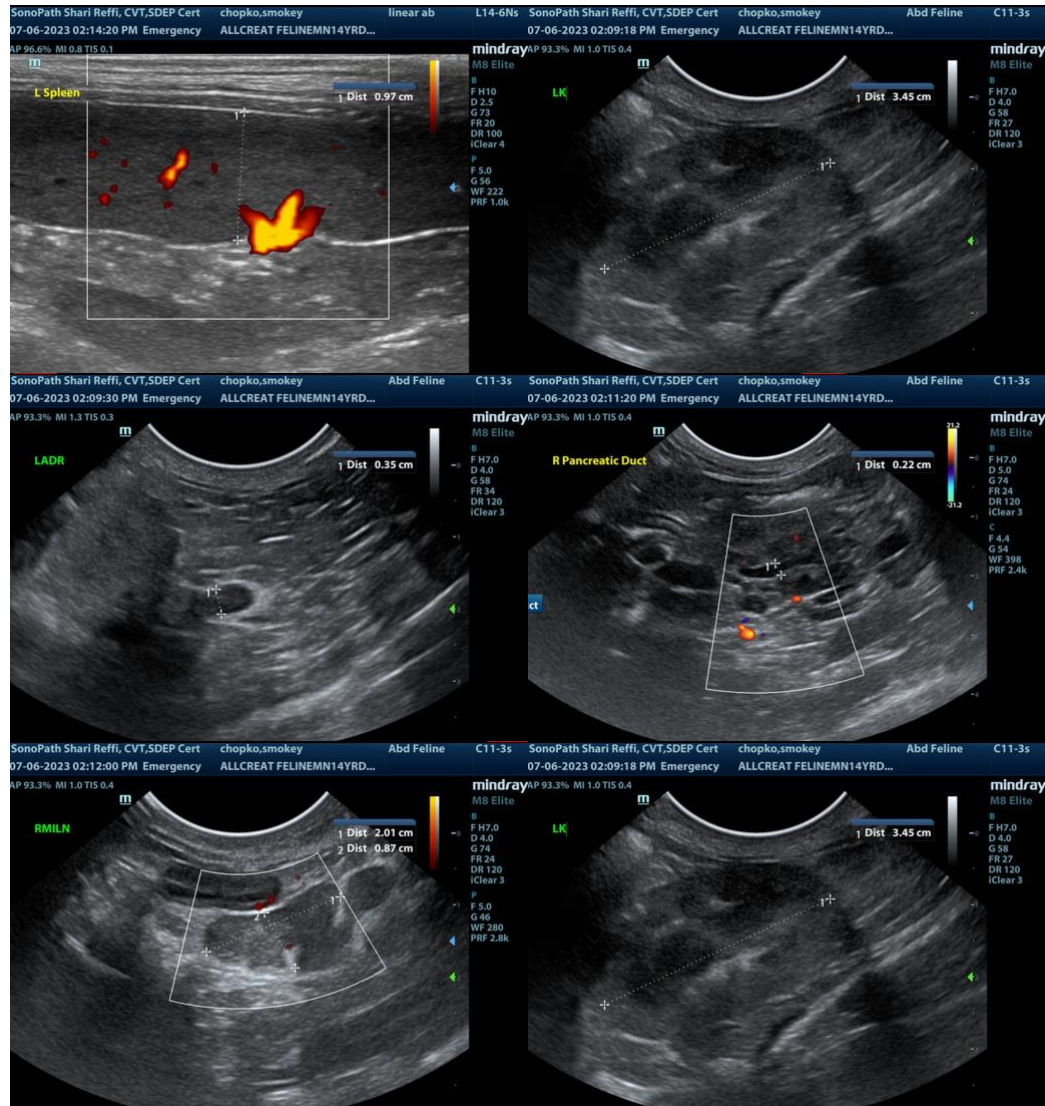
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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