

**DATE**

8/24/21

PRESENTING CLINICAL SIGNS

Patient losing weight and urinating inappropriately. Elevated white count on CBC and elevated ALT, SAP, and TBil on general health profile.

PATIENT

Camy Johnson

Current Medications: AmoxiClav 62.5 mg by mouth twice daily for 14 days. No improvement.

Lab Results: Elevated white count. Elevated ALT, SAP, TBil.

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

SPECIES

Feline

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.

BREED

Domestic Shorthair

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.31 cm. The right kidney measured 3.79 cm.

AGE

2009

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.

WEIGHT

8.6 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was enlarged and irregular with a 1.4 cm, mixed, hypoechoic expansive nodule or mass. Micronodular changes were noted in the spleen.

HOSPITAL NAME

Madonna VC

Liver

The **liver** revealed coarse architecture with increased portal markings. Mild, irregular contour was noted. Lobar swelling was noted. The gallbladder was deviated caudally.

REFERRING VET

Dr. Brockett

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.

INVOICE

91469

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. The right

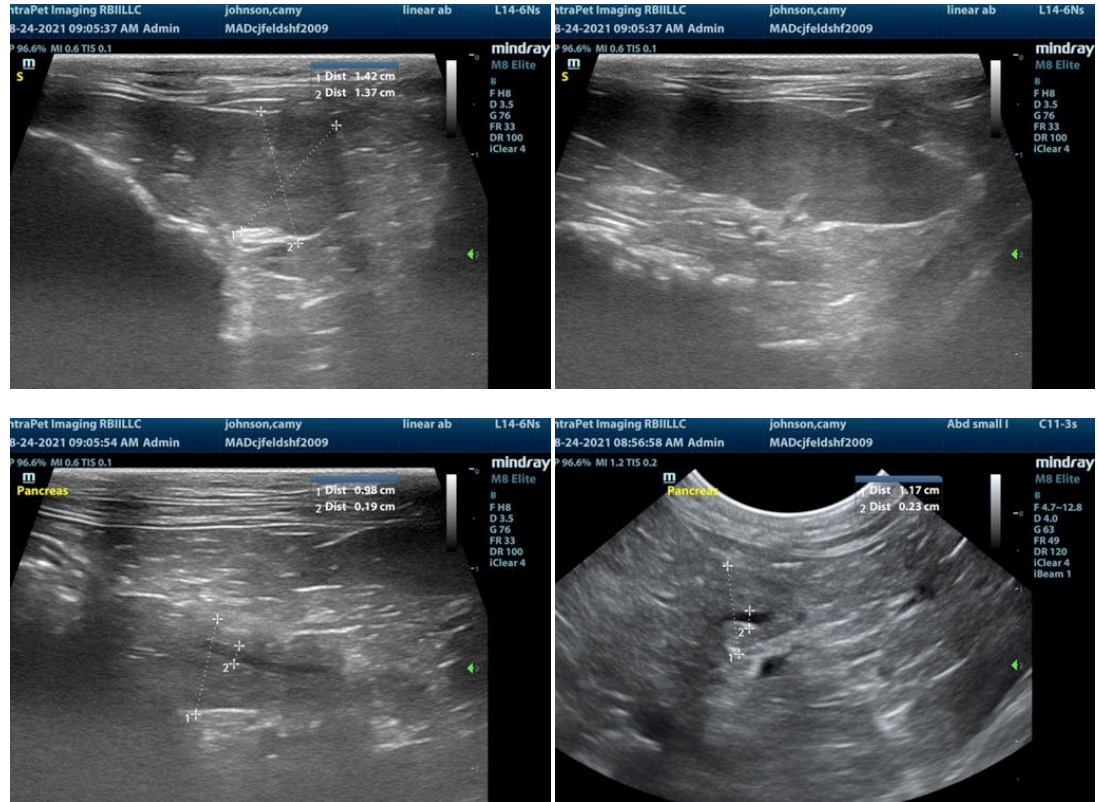
pancreatic limb was mildly enlarged and measured 0.98 cm. Pancreatic duct was dilated and measured 0.19 cm.

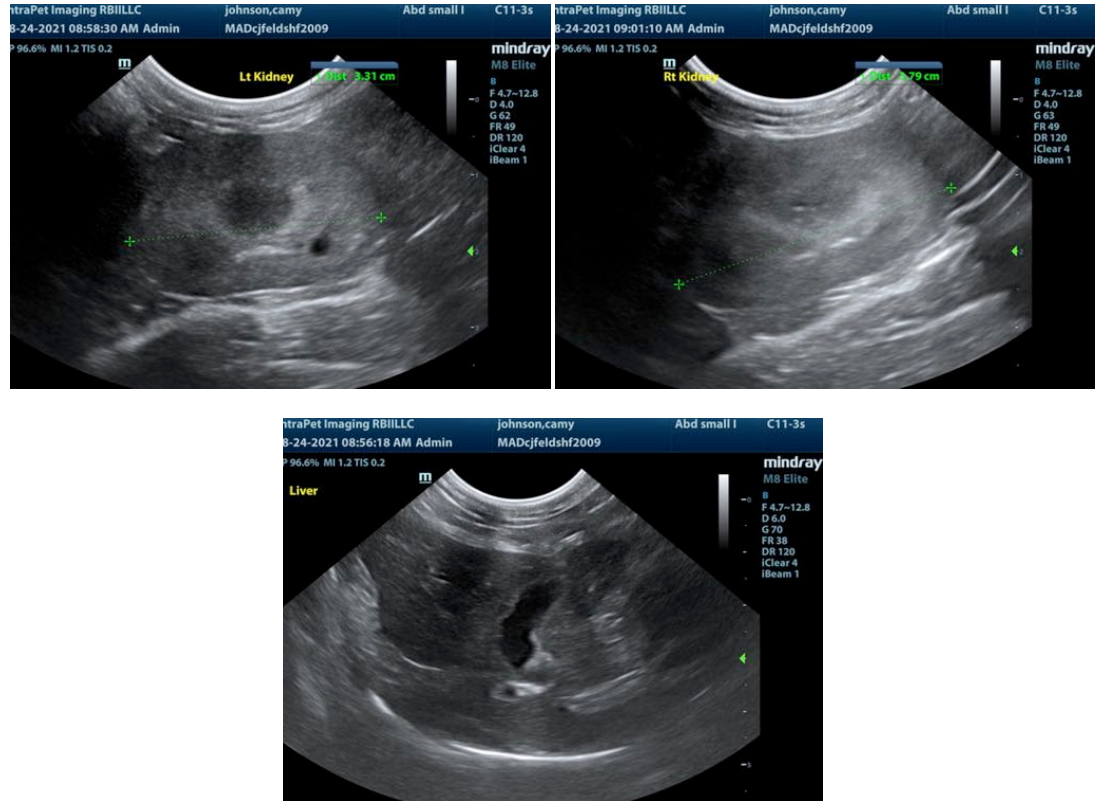
ULTRASONOGRAPHIC FINDINGS

Infiltrative splenic pattern with potential hepatic involvement.
Age related renal and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is recommended to assess for infiltrative disease versus splenitis and cholangiohepatitis. Guarded prognosis depending upon cytology results.





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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