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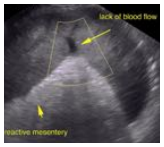
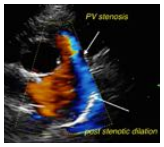
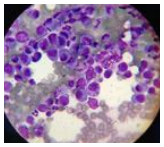
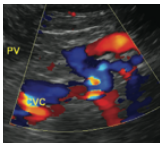

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Brandy Lipson

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

7.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Lincoski

**HOSPITAL NAME**

University Drive VH

**REFERRING VET**

Dr. Lincoski

**INVOICE**

32581

**DATE**

8/26/22

## PRESENTING CLINICAL SIGNS

History: Vomiting 3 days ago, fever and anorexia. In/out cat, does eat rodents. No wounds/lameness noted. (fever of unknown origin). Supportive care pending response and US results include fluids, abx, etc.
Abnormal PE/Chem/CBC/UA Results: Neutropenia, febrile. Radiographs unremarkable. UA unremarkable. Chemistry and T4=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 was 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 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 4.26 cm. The right kidney measured

### *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 right adrenal gland measured 0.23 cm and the left adrenal gland measured 0.27 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. The spleen measured 0.9 cm in width.

### *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.

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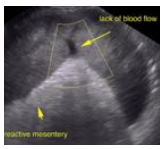
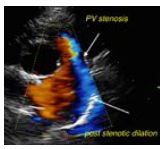
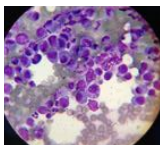
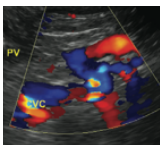

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### *Gastrointestinal*

The pyloric outflow was thickened primarily the muscularis at the caudal aspect of the pyloric outflow. The curvilinear detail was maintained and the lumen was empty. Minor small intestinal thickening was noted without loss of curvilinear detail. Minor stasis was noted in the cecum.

### *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. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### *Free Abdomen*

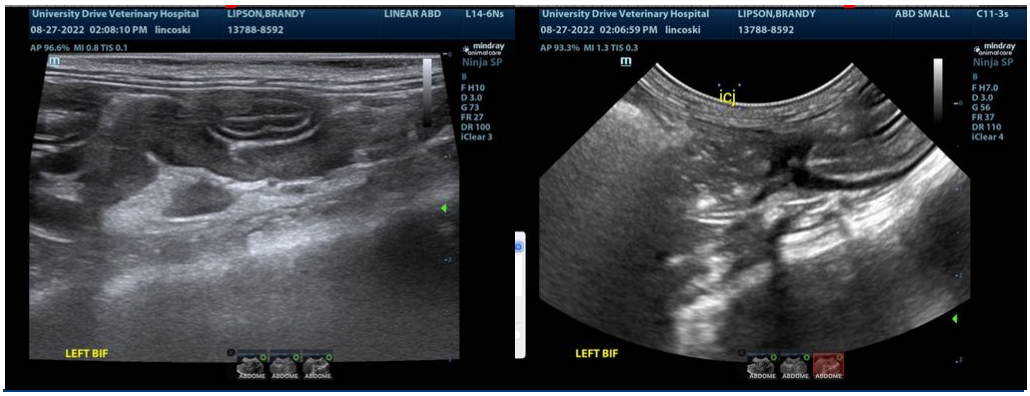
The mesenteric lymph nodes were reactive and measured up to 0.5 cm in width.

## ULTRASONOGRAPHIC FINDINGS

Mild gastrointestinal thickening with minor mesenteric lymphadenopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt neoplastic criteria. However, variable areas of GI thickening was noted with hypertrophied muscularis. Full thickness GI and lymph ode biopsies would be ideal to focus on the pyloric outflow and jejunum. Otherwise, supportive care for inflammatory bowel could be considered. Enterotoxins should be considered given the fever history. Fecal test and anti-parasitic protocol would be appropriate.



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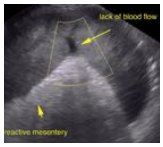
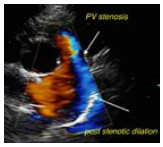
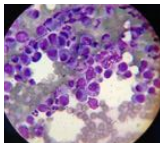
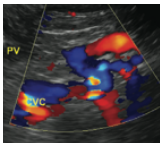

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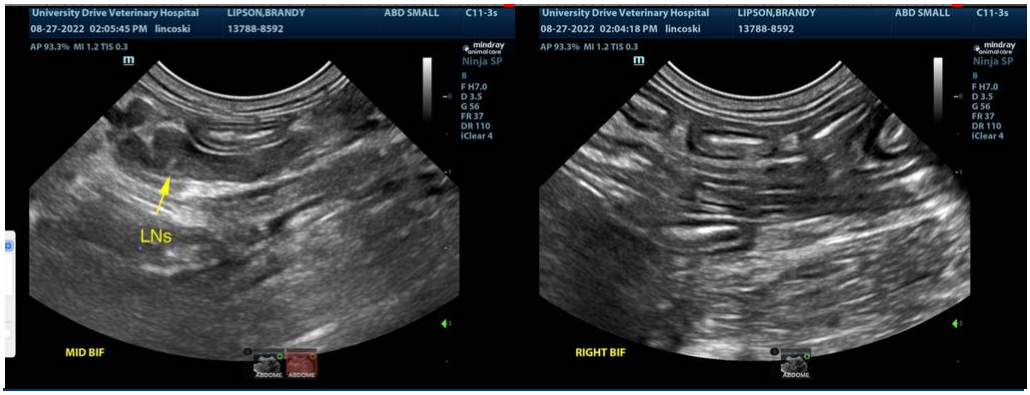


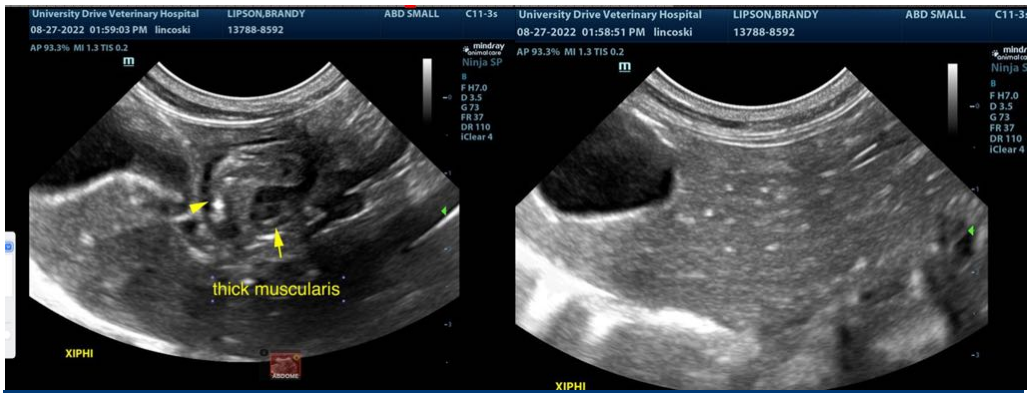


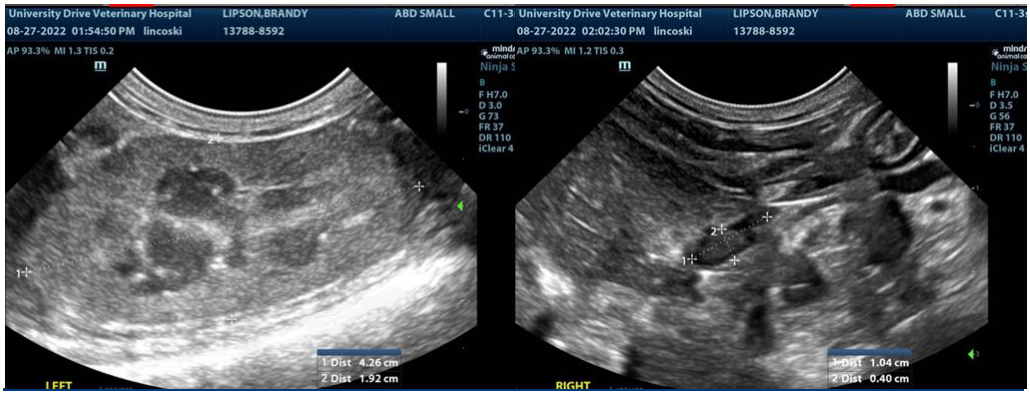


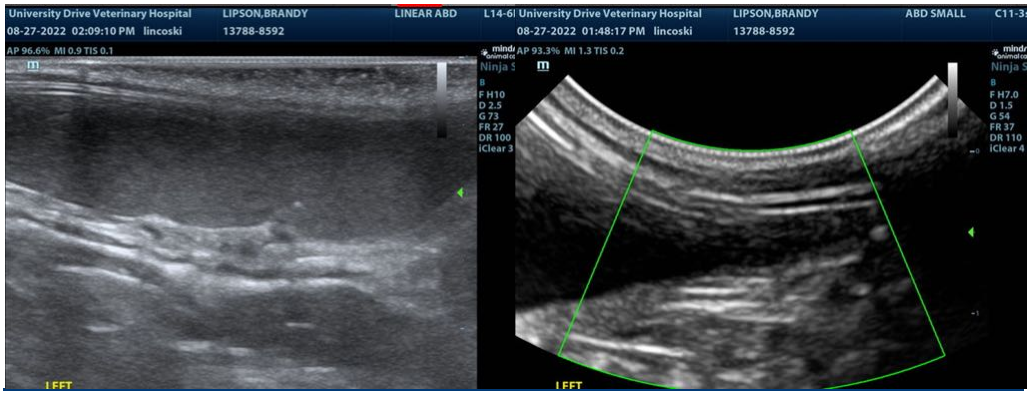

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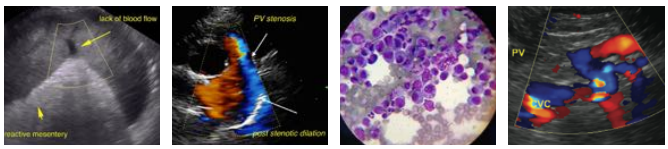


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
info@SonoPath.com