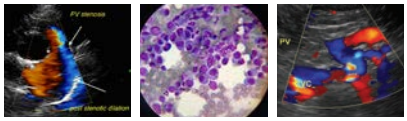
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9/2/22

PATIENT

Lilly Siegel

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

3/20/11

WEIGHT

10.87 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Hickory Vet Hospital

REFERRING VET

Dr. Lyle

INVOICE

41033

PRESENTING CLINICAL SIGNS

Patient presented for decreased appetite and bowel movements outside the box for a few weeks. On PE 3 lb weight loss in 4 months, increased heart rate. Bloodwork showed mild anemia, elevated thyroid level. Possible hair ball in stomach and splenomegaly on rads.

Current Medications: 8/26- Cerenia 12 mg PO SID, Proviable, Doxy 20 mg PO BID, Methimazole 2.5 mg PO BID
Lab Results: CBC, Chem, T4- Hct 26.2%, RBC 6 M/uL, Hgb 8.1 g/dL, Glob 5.6, Na 166, T4- 3.3 ug/dL
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 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 3.89 cm. The left kidney measured 3.63 cm.

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 left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.45 cm.

Spleen

The **spleen** was mildly enlarged (1.2 cm in width) 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.

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.

Gastrointestinal

The **stomach** revealed a 4.0 cm x 2.7 cm mixed hypoechoic, undifferentiated, peripherally inflamed gastric mural mass. Hair density noted within the gastric lumen. Gastric wall measured up to 1.7 cm. The distal small intestine was largely unremarkable other than minor mesenteric fat remodeling.

Pancreas

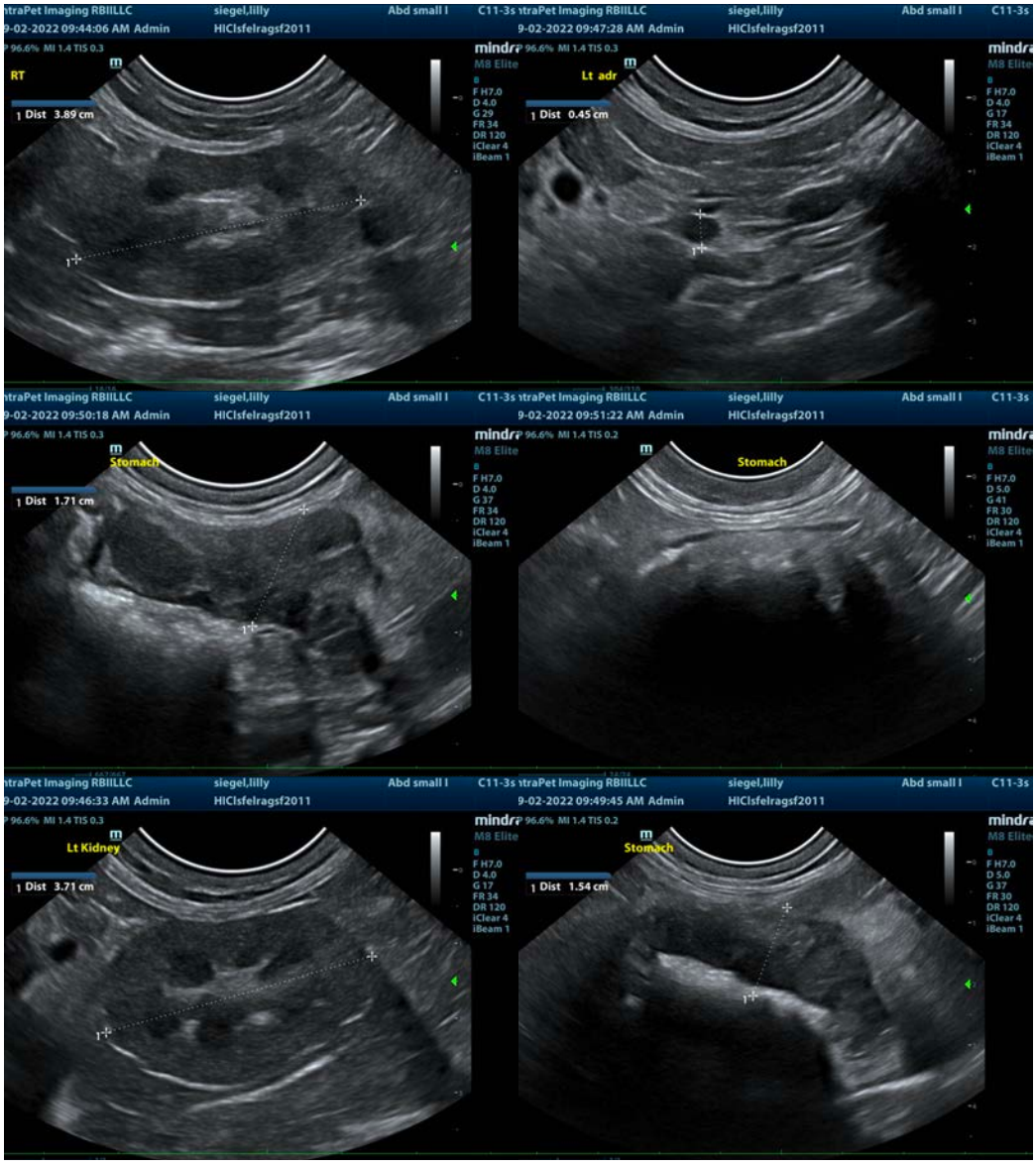
The **pancreas** present coarse hypoechoic parenchyma and undulating contour.

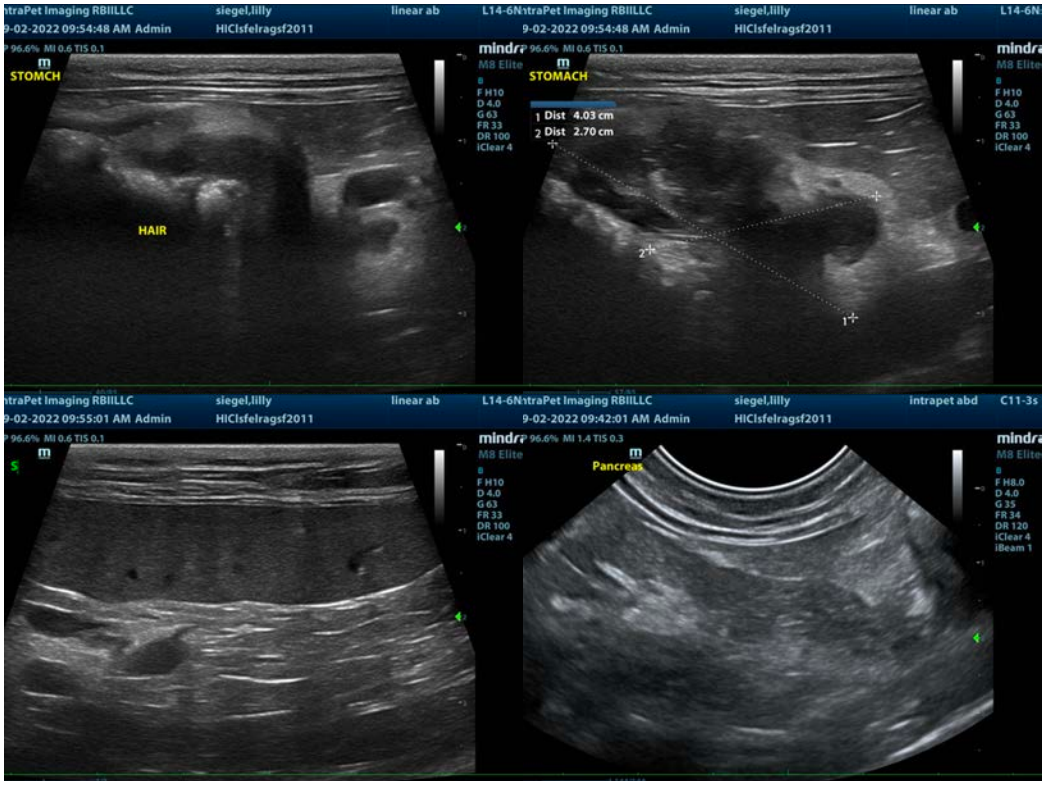
ULTRASONOGRAPHIC FINDINGS

- Gastric mass with peripheral inflammation, hair density in stomach
- Secondary pancreatitis
- Splenic enlargement and irregular contour – round cell neoplasia versus splenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen and gastric wall recommended for further definition. Strong concern for gastric +/- splenic neoplasia. Granulomatous disease with splenitis and pancreatitis possible but less likely.





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