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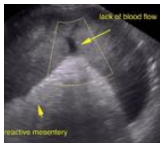
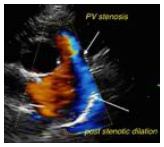
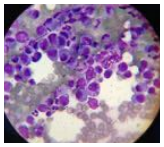
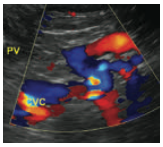
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Callie Winegardner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

11.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McGarvey

INVOICE

39546

DATE

9/21/22

PRESENTING CLINICAL SIGNS

History: Weight loss and vomiting. Gabapentin PO for sedation.
Abnormal PE/Chem/CBC/UA Results: PE: tense abdomen on palpation, painful? CBC/Chem/T-4: 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.88 cm. The right kidney measured 3.87 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 0.37 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 1.2 cm.

Liver

The **liver** revealed slight gallbladder calculi that was non-obstructive. The hepatic parenchyma was otherwise, uniform.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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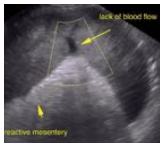
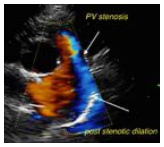
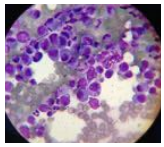
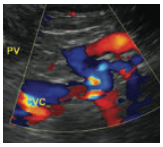

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Pancreas

The left **pancreatic** limb revealed a cystic nodule that measured 0.98 cm in the caudal aspect of the left limb. The remainder of the pancreas was unremarkable and uniform.

ULTRASONOGRAPHIC FINDINGS

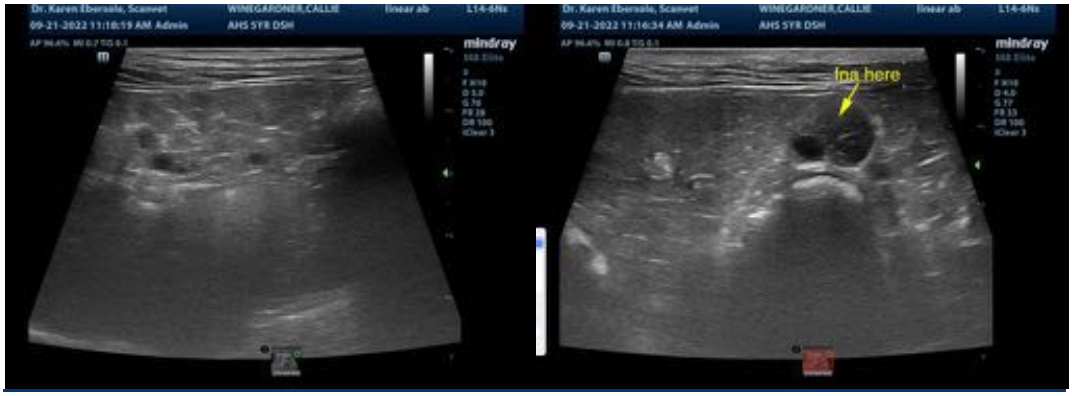
Mild splenic enlargement. Minor potential for round cell neoplasia.

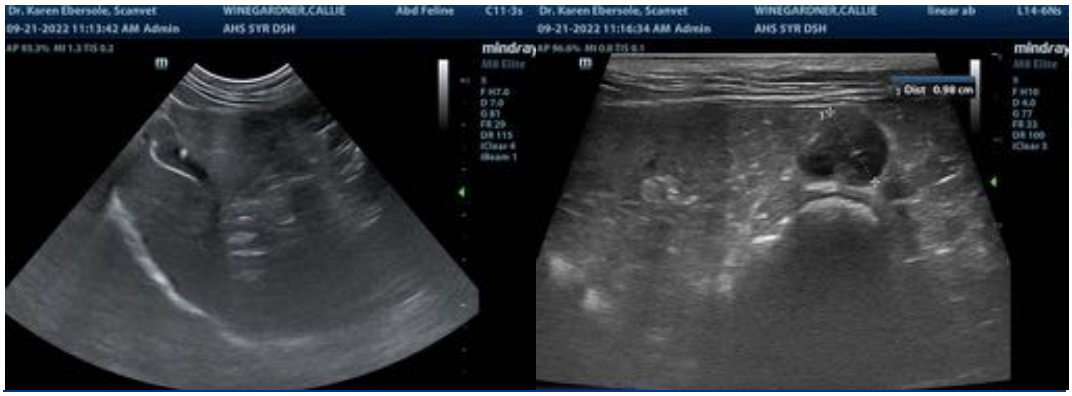
Left pancreatic nodule, hyperplasia versus microabscessation or possible emerging carcinoma are all potentials.

Minor gallbladder calculi, may dissolve with Ursodiol therapy, yet non-obstructive and non-clinical.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreatic nodule and spleen would be indicated, yet subjectively appear benign. Occasional hypoechoic, reactive lymph node was noted in the mesenteric root. The pancreatic nodule is resectable if surgical intervention is desired. However, other nodular changes or cystic changes were noted in this pancreas in the left limb, yet the remainder of the pancreas was unremarkable. Pancreatic nodules and focal nodule should be investigated with FNA. FNA of the spleen and pancreatic nodules are indicated.





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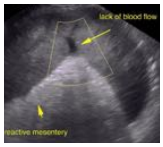
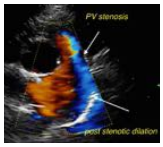
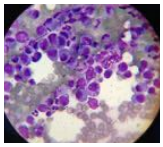
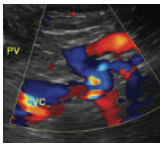

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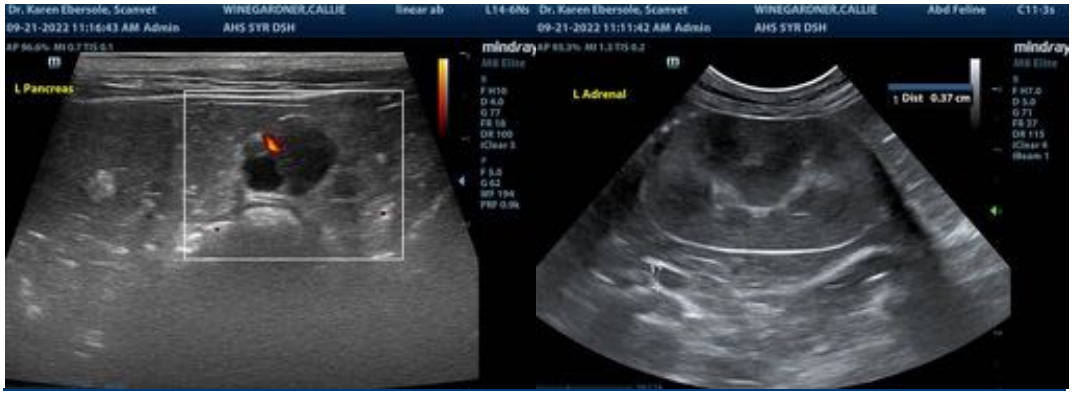

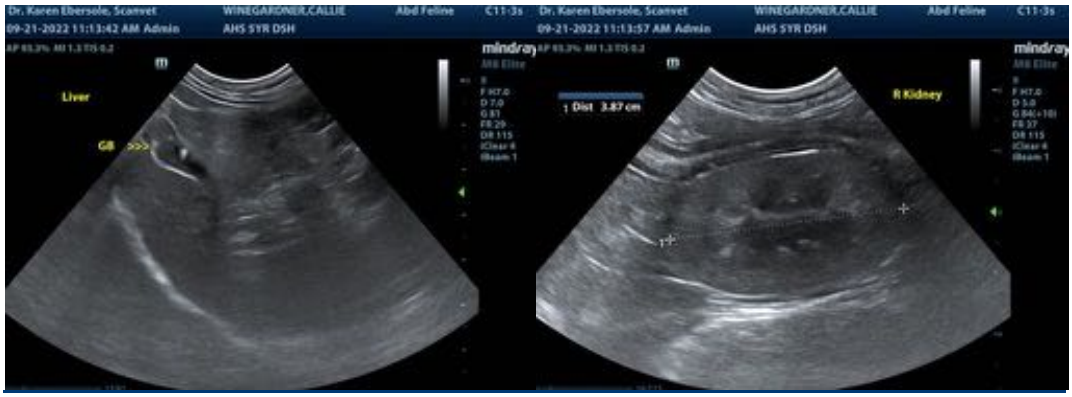

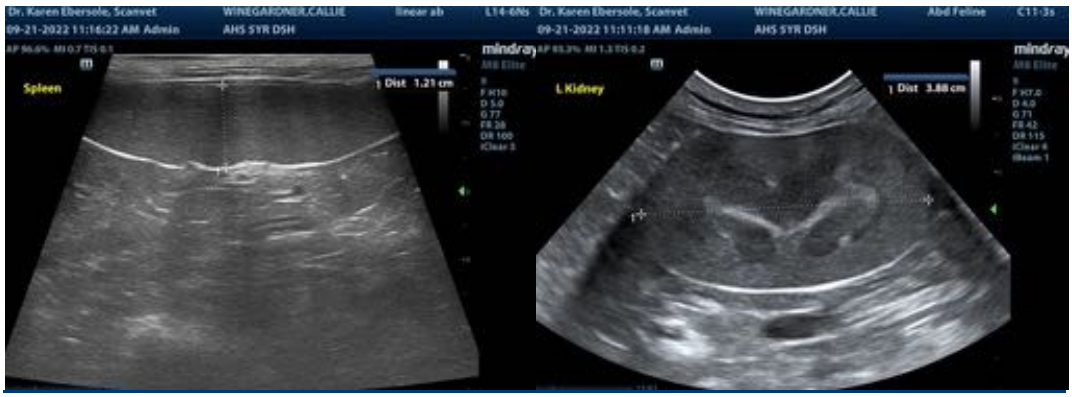

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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