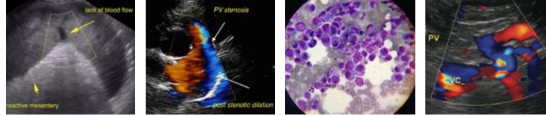


PATIENT

Marley Lundquist

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

11 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

DATE

12/14/22

Invoice

43103

PRESENTING CLINICAL SIGNS

History: loss of appetite, jaundiced Current Medications Mirataz
Abnormal PE/Chem/CBC/UA Results: AST = 434, ALT = 543, Alk Phos = 775, GGT = 12, T Bili = 5.9 (12/13/22) had Blood work done 2 weeks ago and was nearly the same. (so no change in spite of antibiotics, SQ fluids, Mirataz use) lab work is otherwise normal.

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. Slight cortical infarcts were noted in both kidneys. The left kidney measured 4.75 cm with slight hyperechoic medullary rim sign noted. The right kidney measured 4.72 cm.

Adrenal Glands

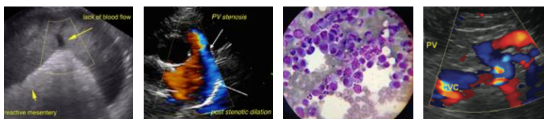
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.56 cm. The left adrenal gland measured 0.31 cm.

Spleen

The **spleen** was enlarged and irregular with scalloping contour. Subtle micronodular changes were noted. The spleen measured up to 1.5 cm and is distinctly hypoechoic to the surrounding fat.

Liver

The **liver** was distinctly hypoechoic to the surrounding fat with slightly increased portal markings. The gallbladder and common bile duct were unremarkable. The hepatic lymph nodes were slightly enlarged.



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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. The wall measured 0.26 cm. 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.

Pancreas

The **pancreas** was heterogenous with mixed, hypoechoic parenchymal changes with enhanced surrounding mesentery. Some level of pancreatitis is present.

ULTRASONOGRAPHIC FINDINGS

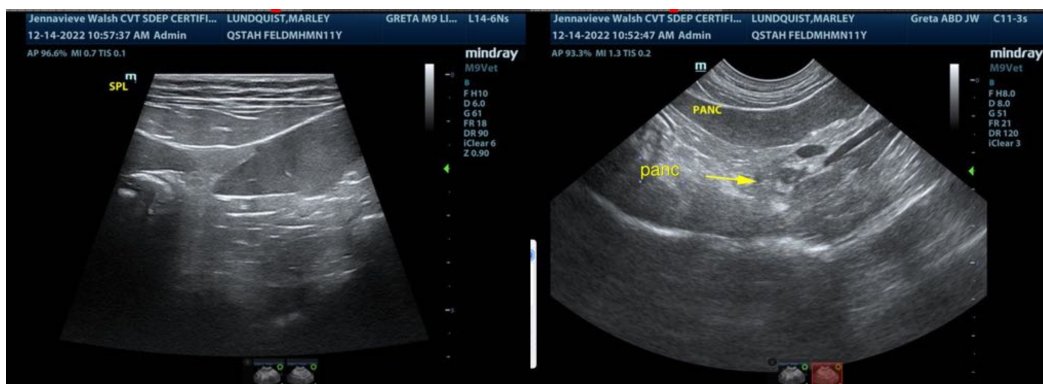
Strong concern for infiltrative disease in the spleen and liver.

Mild, concurrent pancreatitis.

Moderate degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is essential in this patient. Acute hepatitis, pancreatitis, splenitis and reactive spleen is possible versus round cell neoplasia. The prognosis is guarded depending upon cytology results. If neoplasia is not evident underlying infectious disease such as Toxoplasmosis and Bartonella should be considered.



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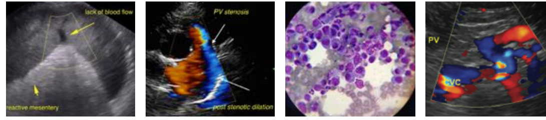

ANIMAL SOUNDS NW
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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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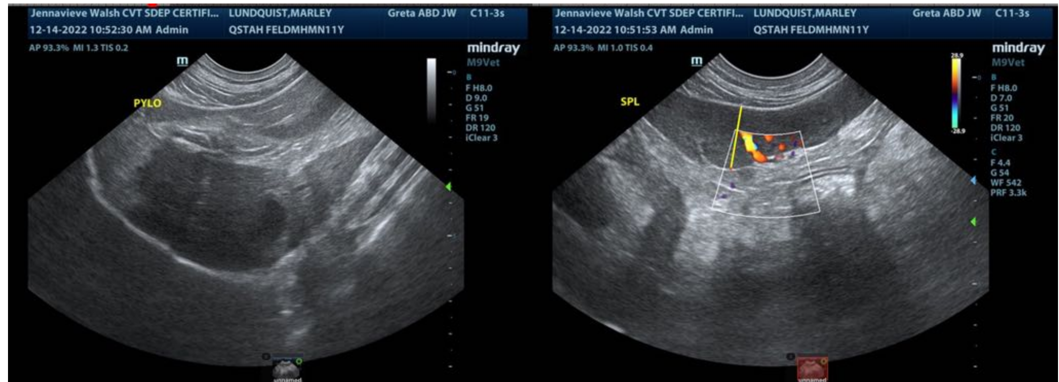

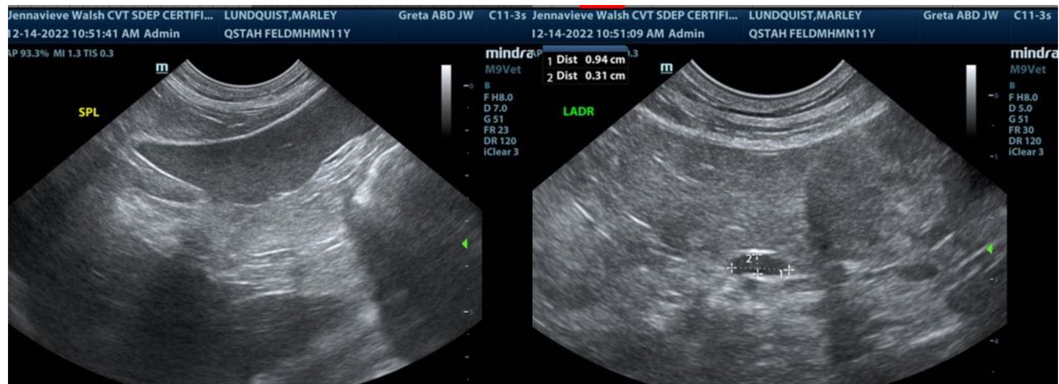

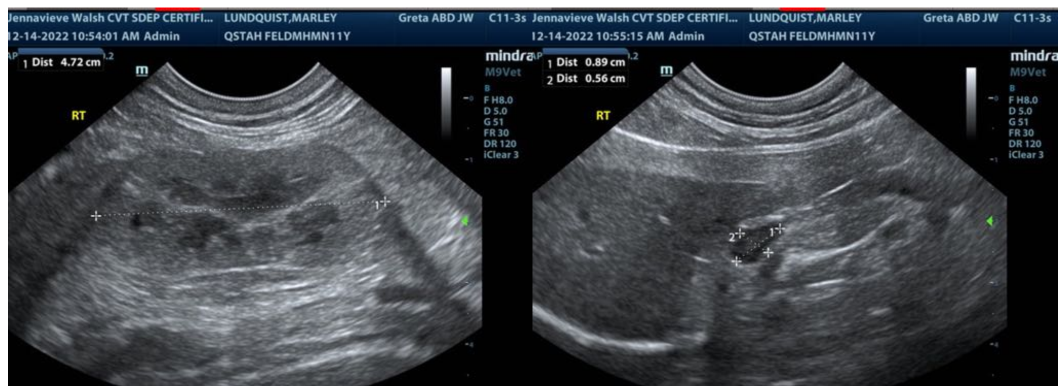

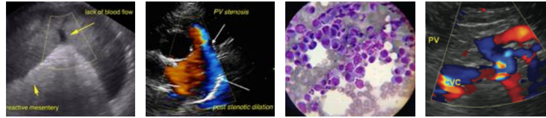

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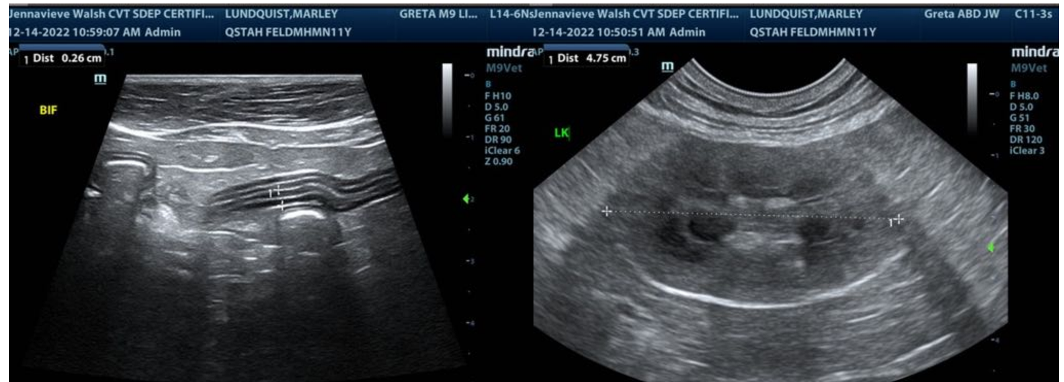

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com