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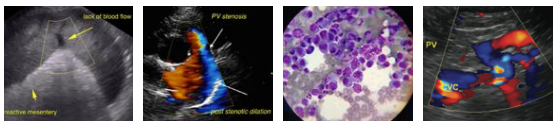


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Leia Gordon

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
4 years

WEIGHT
5.25 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Companion Pet Clinic

REFERRING VET
**

DATE
3/7/23

Invoice
43162

PRESENTING CLINICAL SIGNS

History: Wt loss since September, p was missing for 2 weeks, came back 3 weeks ago. Diarrhea - on-going issue Current Medications Metronidazole Primary Question/Differential to Be Answered in This Exam reason for diarrhea/wt loss.

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. A minor amount of non-obstructive sand accumulation was noted. . 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.

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 1.28 x 0.4 cm at the caudal pole and 0.34 cm at the cranial pole. The left adrenal gland measured 1.04 x 0.24 cm.

Spleen

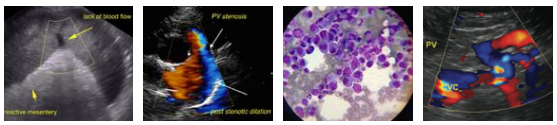
The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.13 cm.

Liver

The **liver** was slightly enlarged with uniform parenchyma. The gallbladder and common bile duct was unremarkable.

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. An infiltrative mass effect was noted upon the jejunum and measured 1.4 cm in width x 5.0 cm in length with a tapering, infiltrative



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pattern. The ileocecal junction in this patient revealed intestinal thickening that was partially obstructive. Soft stool noted in the colon. Regional lymph nodes were enlarged.

Pancreas

The **pancreas** was mildly enlarged with slight irregular contour.

Free Abdomen

A minor amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

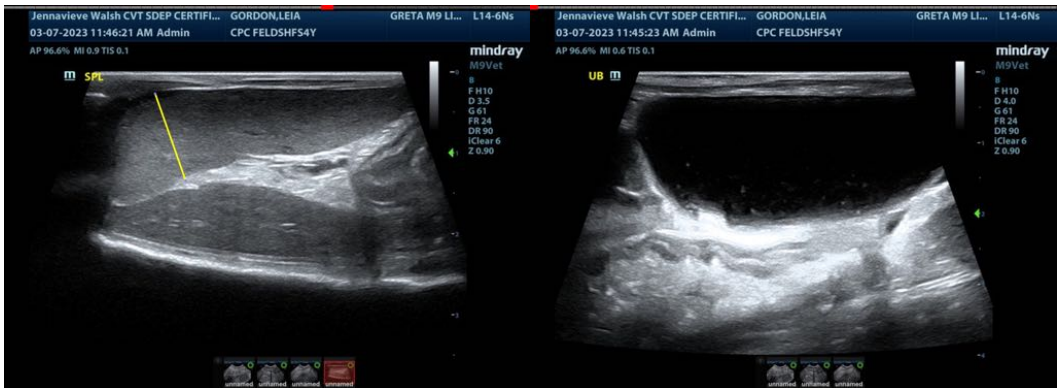
Obstructive intestinal pattern owing to intestinal mass/infiltrative lesion.

Enlarged spleen.

Bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention can be considered; however, I cannot rule out micrometastasis in this patient. Aggressive resection and anastomosis is warranted; however, ultrasound-guided FNA can be considered with screening FNA of the spleen and liver. The intestinal lesion may be difficult to exfoliate on FNA; however, if the spleen and liver are free of evident pathology then surgical intervention with aggressive resection and anastomosis is warranted. Round cell neoplasia is suspected. Dry form FIP and carcinoma are less likely. Complicated inflammatory bowel with mass type lesion is possible, yet less likely.



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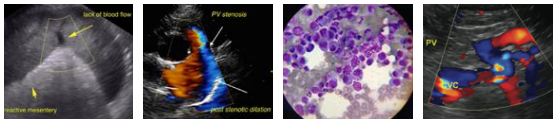

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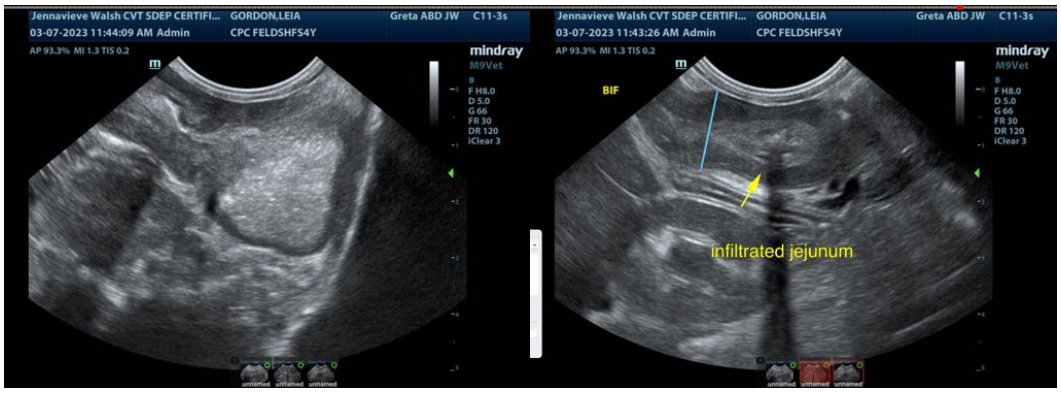

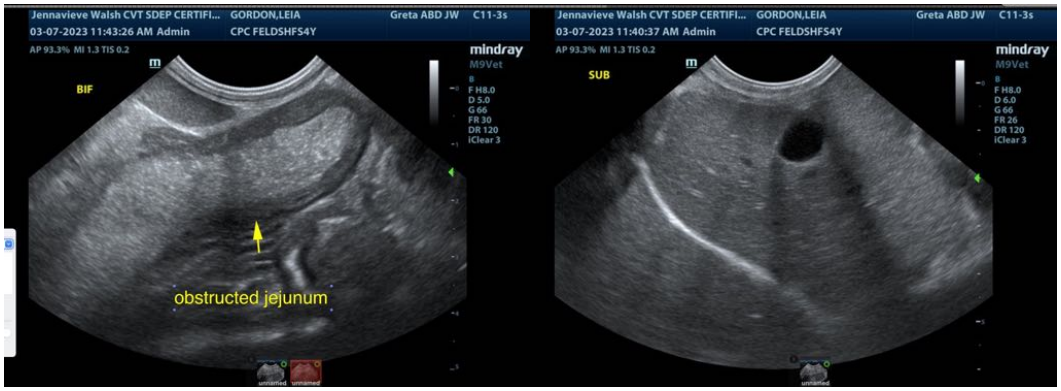

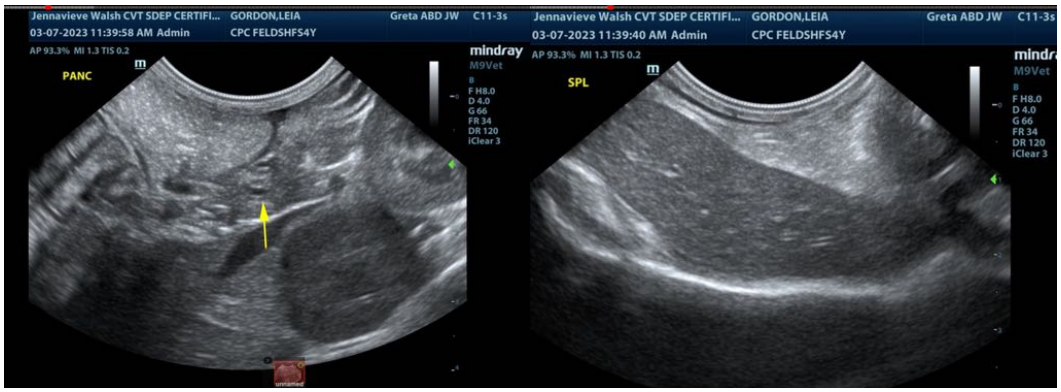

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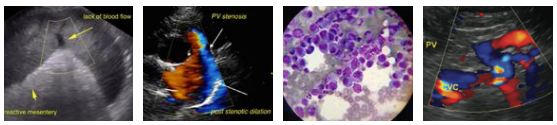

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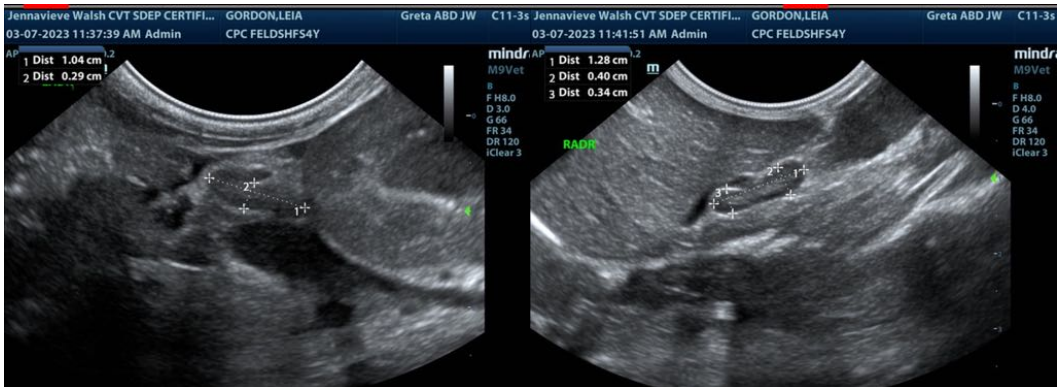

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com