



PATIENT

Sunny Fumero

SPECIES

Feline

BREED

Mix

SEX

Neutered male

AGE

3 years

WEIGHT

9.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Silas

INVOICE

71395

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Chronic diarrhea, lethargic, anorexia
- xrays - small bowels with gas and thicker

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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** were swollen and enlarged with thickened cortices and some loss of corticomedullary definition. The right kidney measured 4.9 cm. The left kidney measured 4.6 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 0.27 cm. The left adrenal gland measured 0.25 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 up to 1.4 cm.

Liver

The **liver** revealed mild coarse architecture and mild enlargement. The gallbladder and common bile duct were 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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. The epigastric lymph nodes were slightly enlarged. The mesenteric lymph nodes were slightly enlarged and reactive.



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Pancreas

The **pancreas** was prominent, hypoechoic and mildly irregular.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Prominent pancreas.
- Minor epigastric lymphadenopathy.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical signs inflammatory bowel and pancreatitis are suspected. However, given the splenic enlargement and lymphadenopathy emerging round cell neoplasia is possible. Ultrasound-guided FNA of the spleen is indicated especially if the clinical signs persist. Renal FNA can also be considered given the generalized enlargement even though structurally they appear unremarkable. Underlying infectious agents such as Toxoplasmosis and Bartonella should be considered. Prognosis is guarded.





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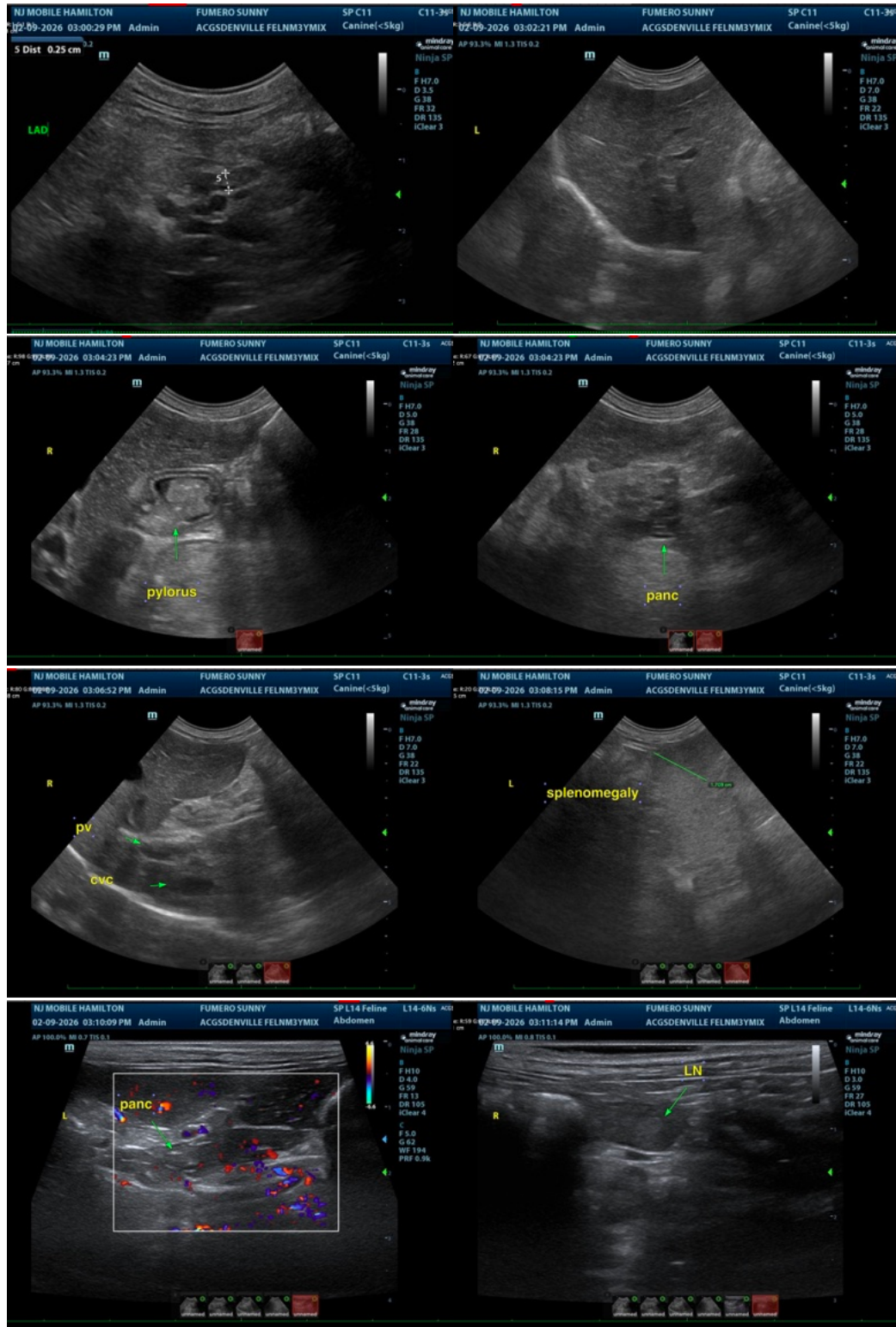
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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info@SonoPath.com

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