



**PATIENT**

Laura Gallo

**PRESENTING CLINICAL SIGNS**

History: V/D/Weight loss, B12<150 Current meds: Prednisolone 7mg BID, Cerenia 4mg SID eod  
Abnormal PE/Chem/CBC/UA Results: WNL in feb

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Medium Hair

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.

**SEX**

Spayed female

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 3.64 cm. The right kidney measured 4.03 cm.

**AGE**

16 years

**WEIGHT**

8.8 lbs

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Valeryia Shumskaya

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**HOSPITAL NAME**

Budd Lake AH

**Liver**

**REFERRING VET**

Dr. Hom

The **liver** was mildly enlarged. Hepatic swelling was noted. Minor, subtle, lobar biliary calculi noted. Gallbladder calculi were noted and non-specific.

**INVOICE**

45028

**Gastrointestinal**

**DATE**

6/26/23

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Minor areas of the small intestine revealed early loss of mural detail. Wall thickness of the jejunum measured 0.42 cm with reactive surrounding mesentery. This area meets neoplastic criteria and is partially obstructive. The remainder of the intestinal tract was thickened.



**PATIENT**

**Pancreas**

Laura Gallo

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

Non-obstructive gallbladder calculi.

**SEX**

Hepatic swelling. Potential emerging hepatic neoplasia.

Spayed female

Chronic pancreatic changes.

**AGE**

16 years

Age related GI changes.

**WEIGHT**

8.8 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The Prednisolone may be suppressing a more significant presentation. However, I am strongly concerned for underlying lymphoma in this patient. Hepatic FNA is warranted if liver enzymes are elevated. Repeat CBC, chem and UA. The prognosis is guarded. Otherwise, full thickness intraoperative ultrasound-guided biopsies of the affected portions of the jejunum is warranted as the surgeon would not be able to see the intramural changes that are noted sonographically in the jejunum to obtain precise biopsies.

**INTERPRETED BY**

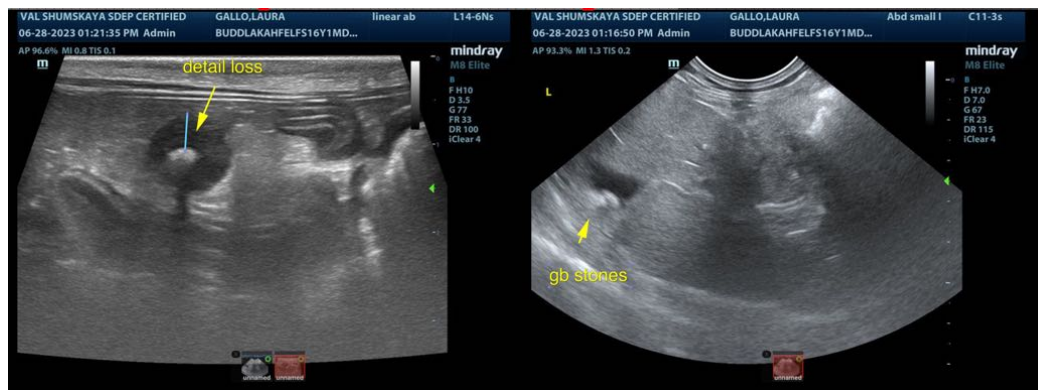
Eric Lindquist, DMV  
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**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Budd Lake AH



**REFERRING VET**

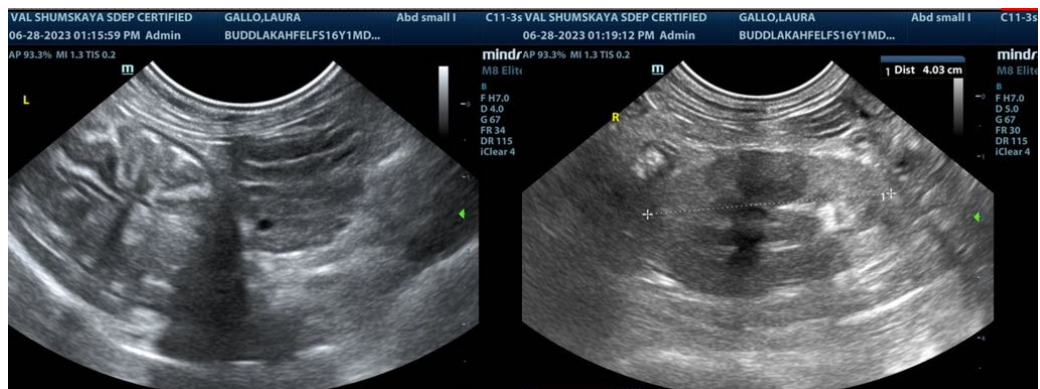
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**SEX**

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**AGE**

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**WEIGHT**

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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  
info@SonoPath.com

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