

PATIENT PRESENTING CLINICAL SIGNS

Lily Pavlu History: Weight loss and weakness.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Domestic Shorthair

SEX

The left kidney has a normal shape and size (2.52 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There were several, non-obstructive nephroliths measuring 0.28 cm, 0.25 cm, 0.36 cm and 0.4 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Spayed Female

AGE

12 years

The right kidney has an irregular shape and size (2.52 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Non-obstructive nephroliths were noted and measured 0.28 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

HOSPITAL NAME

New Bridge VH

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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Dr. Glennon

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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PATIENT *Gastrointestinal*

Lily Pavlu The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Feline The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The jejunum measured 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Domestic Shorthair The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

SEX

Spayed Female

Pancreas

AGE

12 years The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

6.4 lbs

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenomegaly present. The mesenteric lymph nodes are prominent, enlarged in clusters particularly around the ileocecal junction measuring 0.37 cm, 0.42 cm and 0.54 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal echogenicity, but has increased echogenicity around the clusters of lymph nodes at the ileocecal junction. .

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Kelly Vazquez , CVT

PRIMARY FINDINGS:

HOSPITAL NAME

New Bridge VH

- Decreased corticomedullary distinction with non-obstructive nephroliths. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The hyperechoic mineralized foci observed at the corticomedullary junction of the kidneys are consistent with small, non-obstructive nephroliths.

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Dr. Glennon

- Heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

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- Subjectively thickened small intestine with some areas that have a prominent muscularis layers and some areas that have reduced detail in layering. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

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- Enlarged clusters of mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.



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SPECIES

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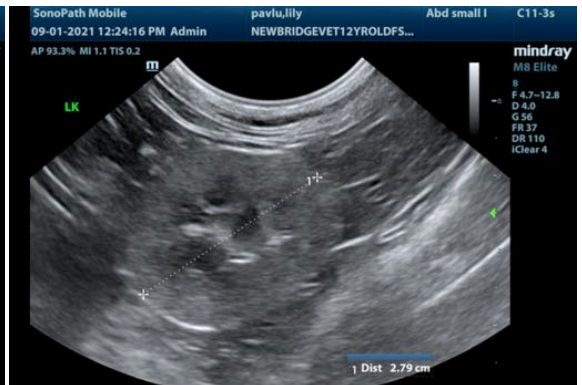
Dr. Glennon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most concerning lesion visualized in today's exam is a focal section of bowel, which has irregular thickened wall and reduced detail layering. Additionally, there is diffuse bowel thickening with prominent muscularis layer in other areas. These types of changes are most concerning for infiltrative change such as severe IBD or neoplastic change. Additionally around some of these areas of abnormal small intestine there are clusters of prominent lymph nodes. Recommendations moving forward include:

- GI panel to evaluate a fPLI level, B12 and folate levels to look for additional evidence of small intestinal disease.
- Possible FNA of a mesenteric lymph node. These nodes are relatively small and may be difficult to aspirate. If aspiration is not possible then surgical bowel biopsies are probably the best chance at obtaining a definitive diagnosis.
- Additionally the liver is heterogenous and hypochoic. You can consider FNA of the liver. If the liver values are abnormal you can consider a liver function test or biopsy of the liver.

The changes observed in the kidneys are consistent with chronic progressive renal disease. I recommend urinalysis, culture and blood pressure evaluation.

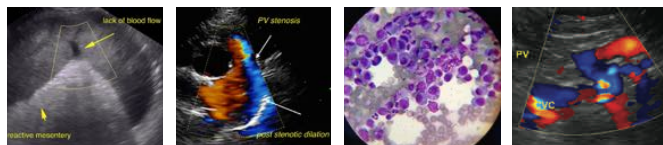


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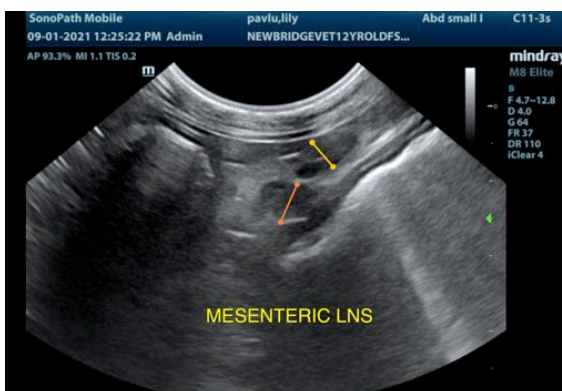
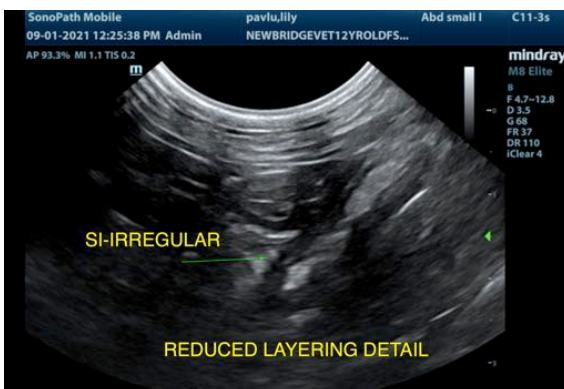
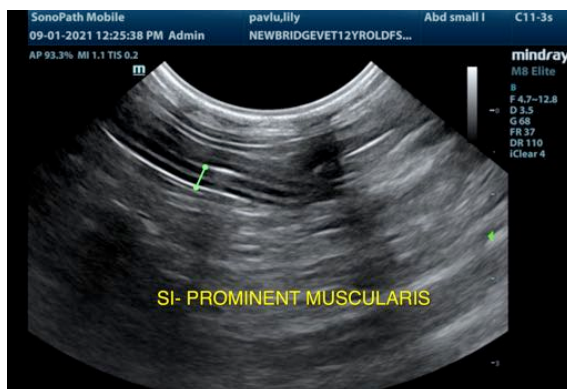
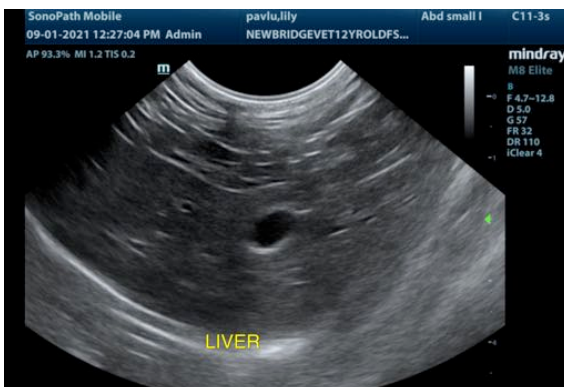
Dr. Glennon

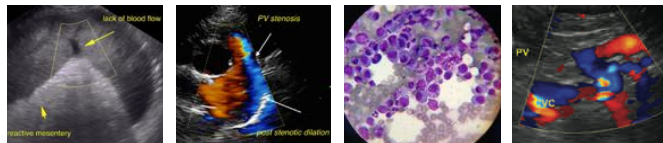
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PATIENT

Lily Pavlu

veterinarian. 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.

SPECIES

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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