



PATIENT

Galahad Lukima

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

8.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

20538

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for not eating well for 4days, not acting himself. Went to rDVM today and they noticed he was jaundice and so sent him to the ER Previous Health Concerns: arthritis Current Medications: cosequin daily

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Grade 2/6 sternal heart murmur, est 8-10% dehydration Abdominal: tense on palpation; difficult to palpate due to large intra-abdominal fat but subjectively thickened intestinal feel and suspect mid abdominal mass- reactive on palpation Radiographs: empty stomach, large amount falciform fat, large urinary bladder- no radio-opaque stones noted, formed stool in colon, loss of detail mid abdomen, possible ST mass mid abdomen associated with small intestines, no evidence of obstruction Chemistry: Globulin 4.9 H, Total cholesterol 286 H, ALP 240 H, GGT 67 H, Total bilirubin 17 H CBC: Mono 8.6% H, Hgb 15.4 H EPOC: K+ 3.1 L, Ca 1.19 L, Lactate 3.45 H FeLV/FIV/HW: negative x 3

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are mild and most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.61 cm. The left kidney measured 4.52 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was enlarged with irregular parenchyma creating a mass effect, measuring approximately 2.5 cm.

Liver

The **liver** was mildly swollen, hypoechoic and irregular with trace amounts of free fluid noted between the liver lobes. The hepatic veins were slightly dilated. The gallbladder wall was mildly echogenic, non-obstructed.

Gastrointestinal

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. No obvious neoplastic patterns were noted and luminal content as unremarkable.



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Pancreas

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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

A mesenteric **lymph node** mass was noted, measuring approximately 3.5 cm. Ultrasound guided FNA is indicated. Surrounding mesentery was reactive.

Other

Pleural effusion was noted through the **diaphragm**.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric and splenic masses
- Possible hepatic infiltrative pattern with minor passive congestion liver pattern
- Pleural effusion
- Intestinal nephritis pattern
- Age-related GI and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is recommended. Round cell neoplasia is suspected.

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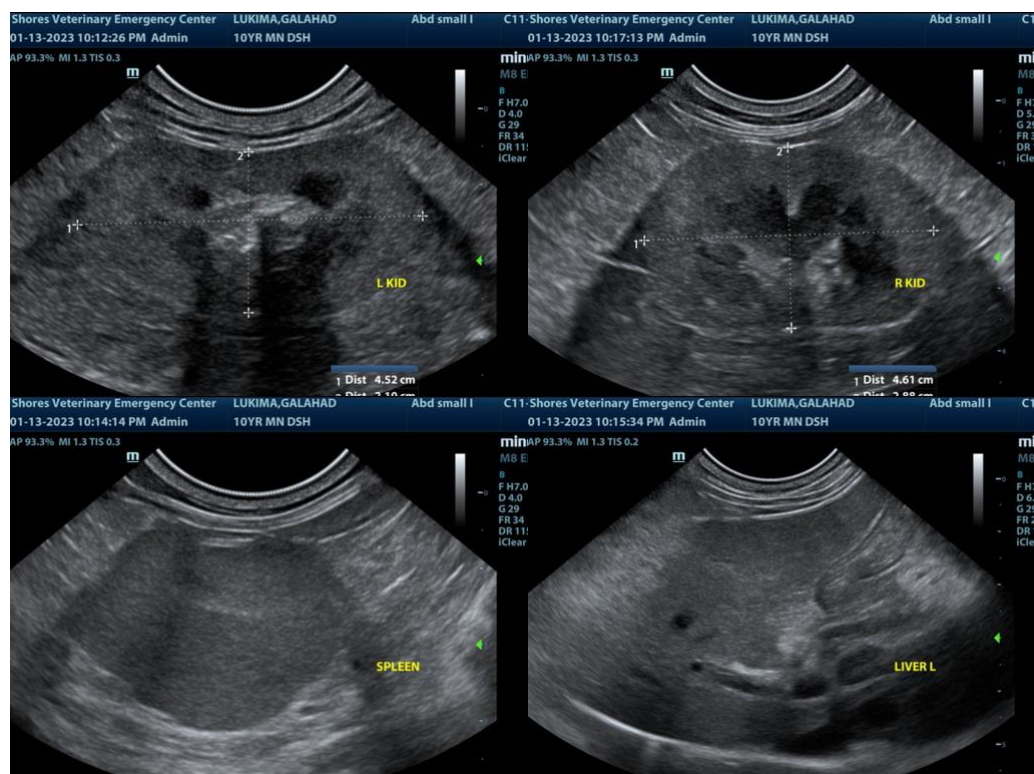
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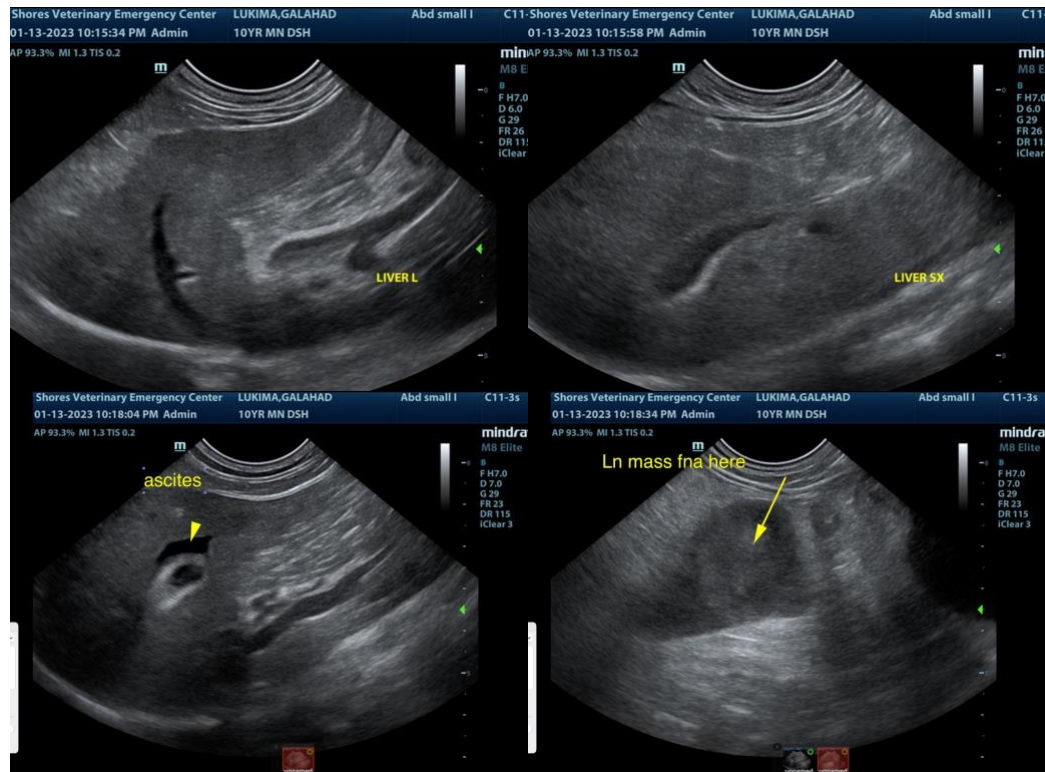
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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