



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Olive Roberts
SPECIES Feline
Presented for lethargy and low appetite for several days. No V/D. Indoor/outdoor, not known to hunt or eat things she shouldn't. - Physical exam: weight loss (2 lbs), pale mucous membranes, 5-7% dehydrated. No masses, lymphadenopathy, organomegaly noted Current Medications Cerenia, Convenia, Mirataz Primary Question/Differential to Be Answered in This Exam Primary differentials: lymphoma, liver/triad disease, pancreatitis, FIP, FIV/FeLV.

BREED DSH
Abnormal PE/Chem/CBC/UA Results: Monocytosis (2376, n=0-600) with circulating large immature lymphoid cells, elevated total bilirubin (1.3, n=0.1-0.4), elevated CPK (987, n=56-529)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Spayed Female
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.

WEIGHT 8.4 Pounds
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.1 cm. The right kidney measured.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.26 cm x 0.44 cm. The left adrenal gland measured 1.2 cm x 0.53 cm.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

The **spleen** was enlarged, hypoechoic, and irregular with scalloping contour, measuring up to 1.2 cm.

HOSPITAL NAME

Q Street AH

Liver

The **liver** presented swollen, irregular contour with hypoechoic parenchyma. The gallbladder was unremarkable. Slight increased portal markings noted. Hepatic veins were not dilated. Hepatic lymph nodes were enlarged, rounded, and hypoechoic, measuring up to 6.0 mm.

REFERRING VET

Dr. Cone

Gastrointestinal

INVOICE 44220
Variable **gastrointestinal** thickening noted with reactive mesentery and areas of loss of mural detail.

Pancreas

DATE 1/13/23
The **pancreas** was hypoechoic and irregular with undulating contour.



PATIENT *Free Abdomen*

Olive Roberts Reactive mesentery noted throughout the cranial abdomen.

SPECIES Mesenteric lymph nodes were enlarged, irregular and disrupted architecture.

Feline Trace amount of ascites noted between the liver and diaphragm.

BREED Caudal lung consolidations noted through the diaphragm in the caudal thorax.

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.4 Pounds

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening
- Swollen spleen and liver
- Hypoechoic, irregular pancreas
- Reactive mesentery
- Ascites
- Enlarged mesenteric and hepatic lymph nodes
- Age related kidneys
- Caudal pulmonary consolidations – strong concern for metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric round cell neoplasia suspected. Ultrasound guided FNA spleen, liver, and mesenteric lymph nodes all indicated to confirm suspicion of round cell neoplasia. Aggressive splenitis, hepatitis, lymphadenitis, enteritis all technically possible yet unlikely.

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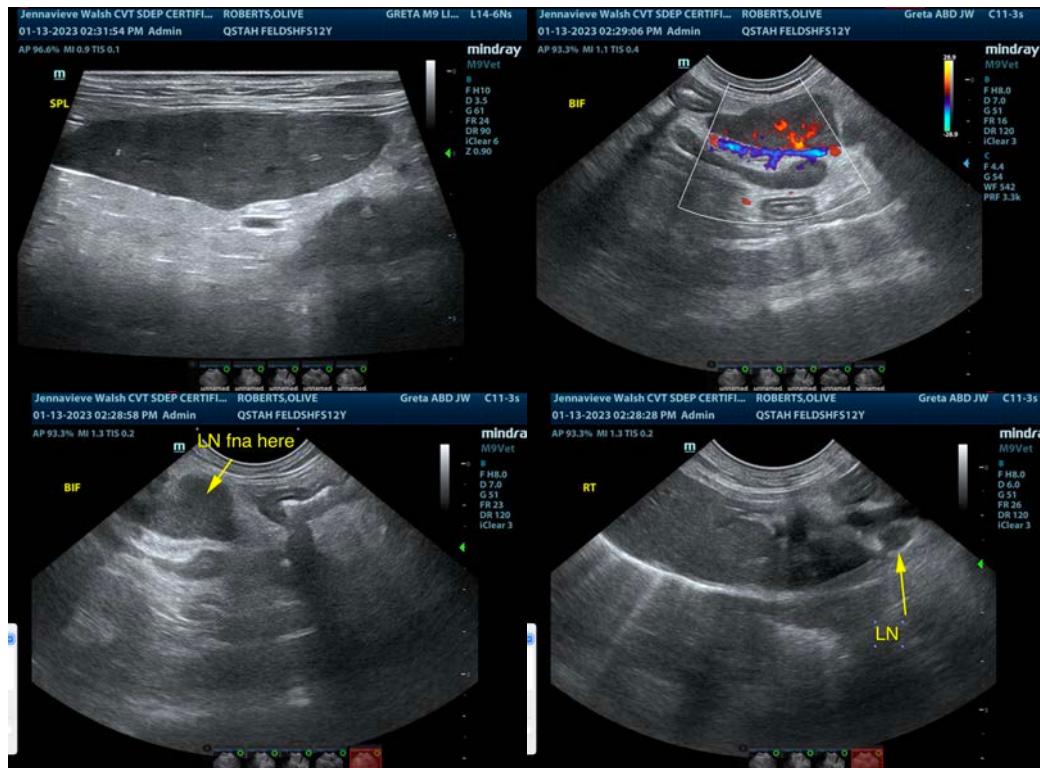
Dr. Cone

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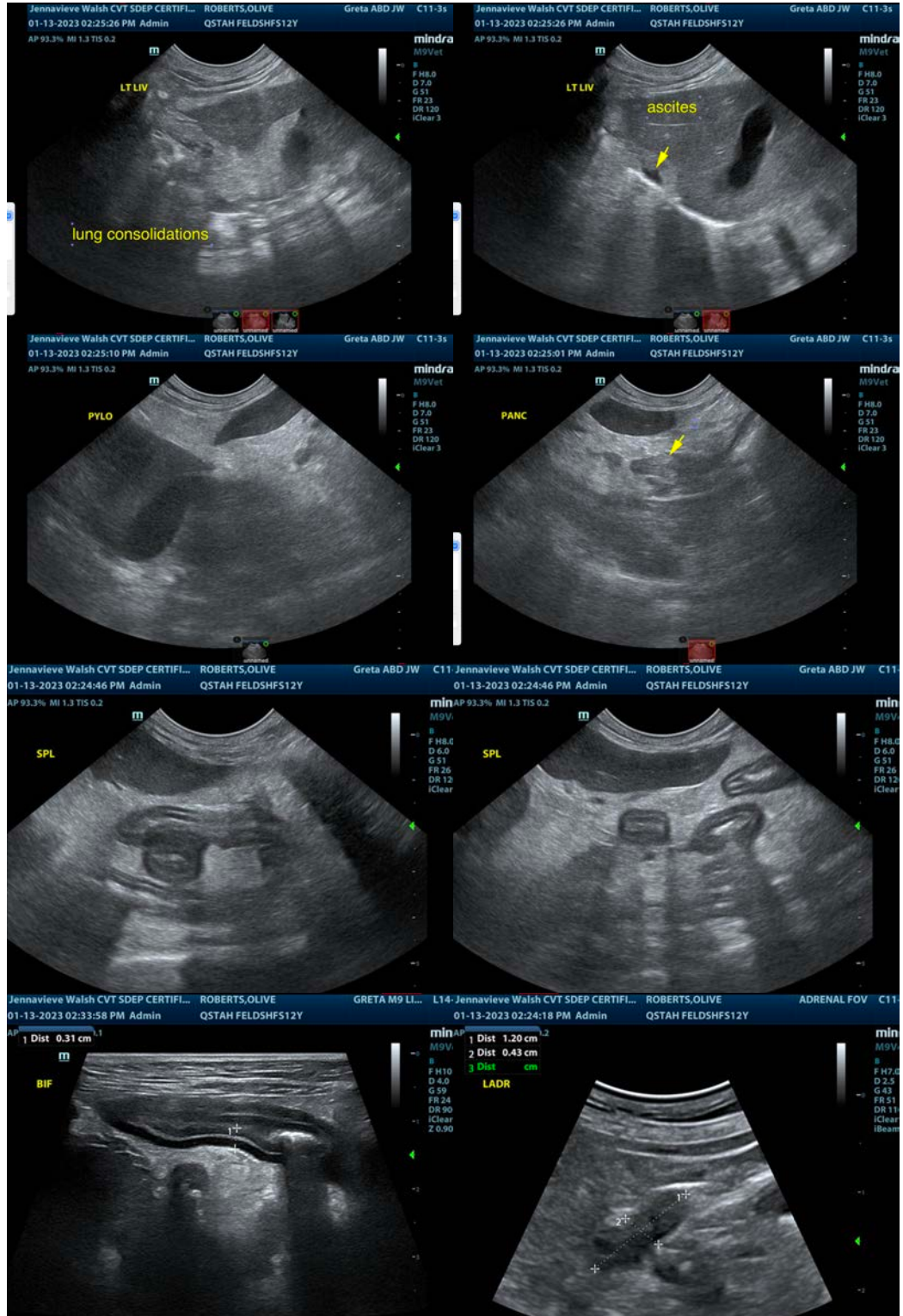
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com