



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Quincy Cat Advocated

Ongoing GI issues. Previously a stray, found in mid-December. Was in rough shaped initially, but has gained weight.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: RADS (attached): hepatomegaly, stomach and SI pushed caudally. BW (12/30): Hct 35%, WBC 24.1k, Lymph 8.3k, Monos 988, Eos 5.3k BW (1/14): Hct 27%, WBC 12.3k, BUN 42, Creat 0.6, SDMA 13. Felv/FIV Neg. Fecal Antigen testing: NEG

Feline

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic Longhair

**Urinary System**

**SEX**

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.

Male

**AGE**

5 years

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 4.21 cm. The right kidney measured 4.37 cm.

**WEIGHT**

10.7 lbs

**INTERPRETED BY**

**Adrenal Glands**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 0.41 cm. The left adrenal gland measured 0.49 cm.

**IMAGING PERFORMED BY**

Dr. Ebersole

**Spleen**

**HOSPITAL NAME**

Scanvet

The **spleen** was at the upper limits of normal and measured 0.9 cm with subtle micronodular changes. No overt masses were noted. The changes were minor and subtle.

**REFERRING VET**

Dr. Lane

**Liver**

**INVOICE**

95408

The **liver** was slightly enlarged. The hepatic contour and structure was normal. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

**DATE**

1/19/22

**Gastrointestinal**



**PATIENT**  
Quincy Cat Advocated

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The wall thickness measured 0.29 cm. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were reactive and measured up to 2.0 x 1.0 cm.

**SPECIES**  
Feline

**Pancreas**

**BREED**  
Domestic Longhair

The **pancreas** was enlarged, mildly heterogenous and hypoechoic with enhanced surrounding mesentery.

**SEX**  
Male

**ULTRASONOGRAPHIC FINDINGS**

Unremarkable abdomen.

**AGE**  
5 years

Prominent, irregular pancreas.

Mesenteric lymphadenopathy.

**WEIGHT**  
10.7 lbs

Minor micronodular splenic changes, likely reactive spleen, lymph nodes and pancreatitis.

IBD GI pattern.

Enlarged liver.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

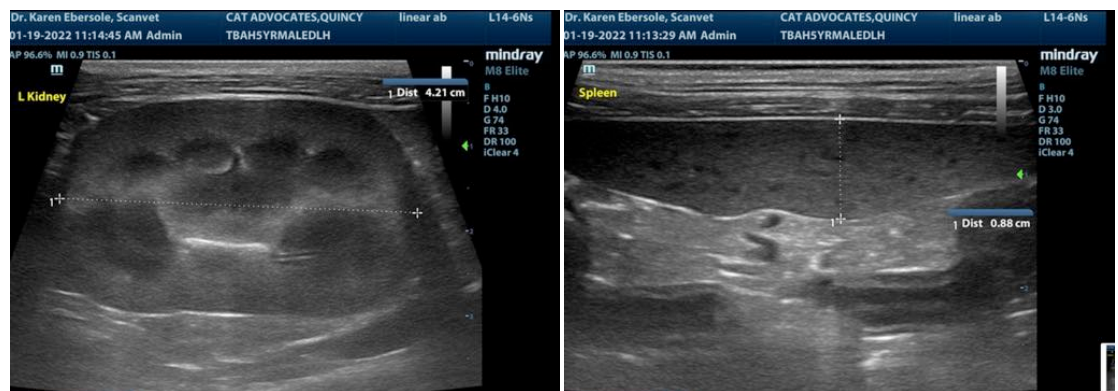
FNA of the left pancreatic limb can be considered to assess inflammatory cell type. There was no evidence of foreign bodies or neoplasia. Ultrasound-guided FNA of the liver and spleen were performed without complication. CBC path review +/- bone marrow aspirate is warranted if anemia persists. Chronic infectious disease such as Bartonella and Toxoplasmosis should be considered. There is minimal evidence of potential neoplasia.

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet



**REFERRING VET**

Dr. Lane

**INVOICE**

95408

**DATE**

1/19/22



**PATIENT**

Quincy Cat Advocated

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Male

**AGE**

5 years

**WEIGHT**

10.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

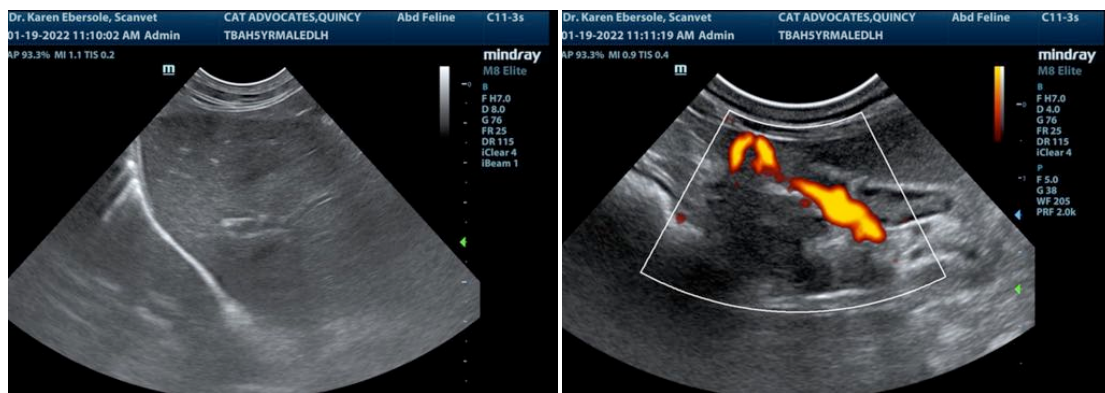
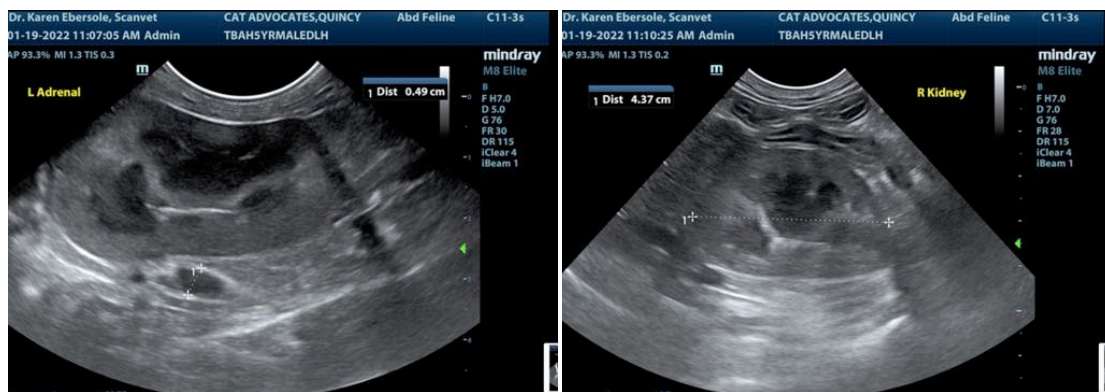
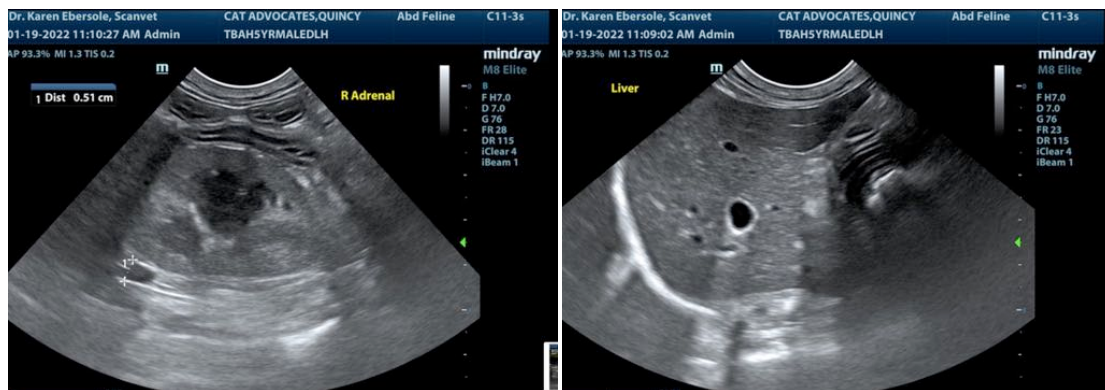
Dr. Lane

**INVOICE**

95408

**DATE**

1/19/22





**PATIENT**

Quincy Cat Advocated

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Male

**AGE**

5 years

**WEIGHT**

10.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Lane

**INVOICE**

95408

**DATE**

1/19/22



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**  
info@SonoPath.com