



PATIENT

PRESENTING CLINICAL SIGNS

Newton Berkowitz

History: anorexia, vomiting – has history of intestinal thickening + triaditis

Currently on Pred 5mg SID, famotidine 5mg Bid, Cerenia 4mg Sid, Convenia, Zeniquin 25mg ½ Sid

SPECIES

Spec fPL – Neg. ProBNP – Neg

Feline

Evaluate for Lymphoma vs other

BREED

Labs, Radiographs + previous AUS attached

DSH

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Neutered Male

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.

AGE

12 Yrs 4 Mos

WEIGHT

13.06 lbs

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 right kidney measured 4.01 cm. The left kidney measured 3.74 cm.

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 0.29 cm. The left adrenal gland measured 0.41 cm.

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

Spleen

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.

REFERRING VET

Dr. Thomson

INVOICE

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,

DATE

01/25/22



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

Feline

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

BREED

DSH

SEX

Pancreas

Neutered Male

The **pancreas** revealed a dilated duct with irregular contour and heterogenous parenchyma. This is suggestive for a history of pancreatitis. Some low-grade inflammation may be present.

AGE

12 Yrs 4 Mos

ULTRASONOGRAPHIC FINDINGS

Prominent, irregular pancreas.

WEIGHT

13.06 lbs

Gastrointestinal tract is structurally unremarkable.

Otherwise, age related abdominal changes are noted.

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.

IMAGING PERFORMED BY

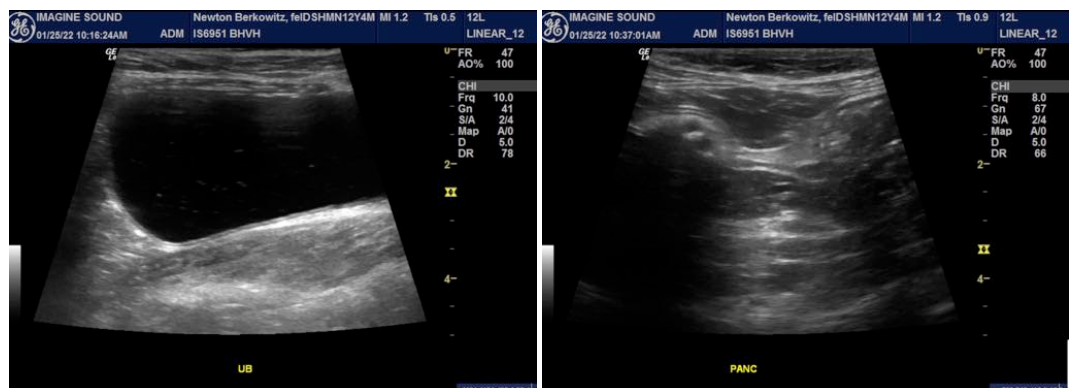
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SPECIES

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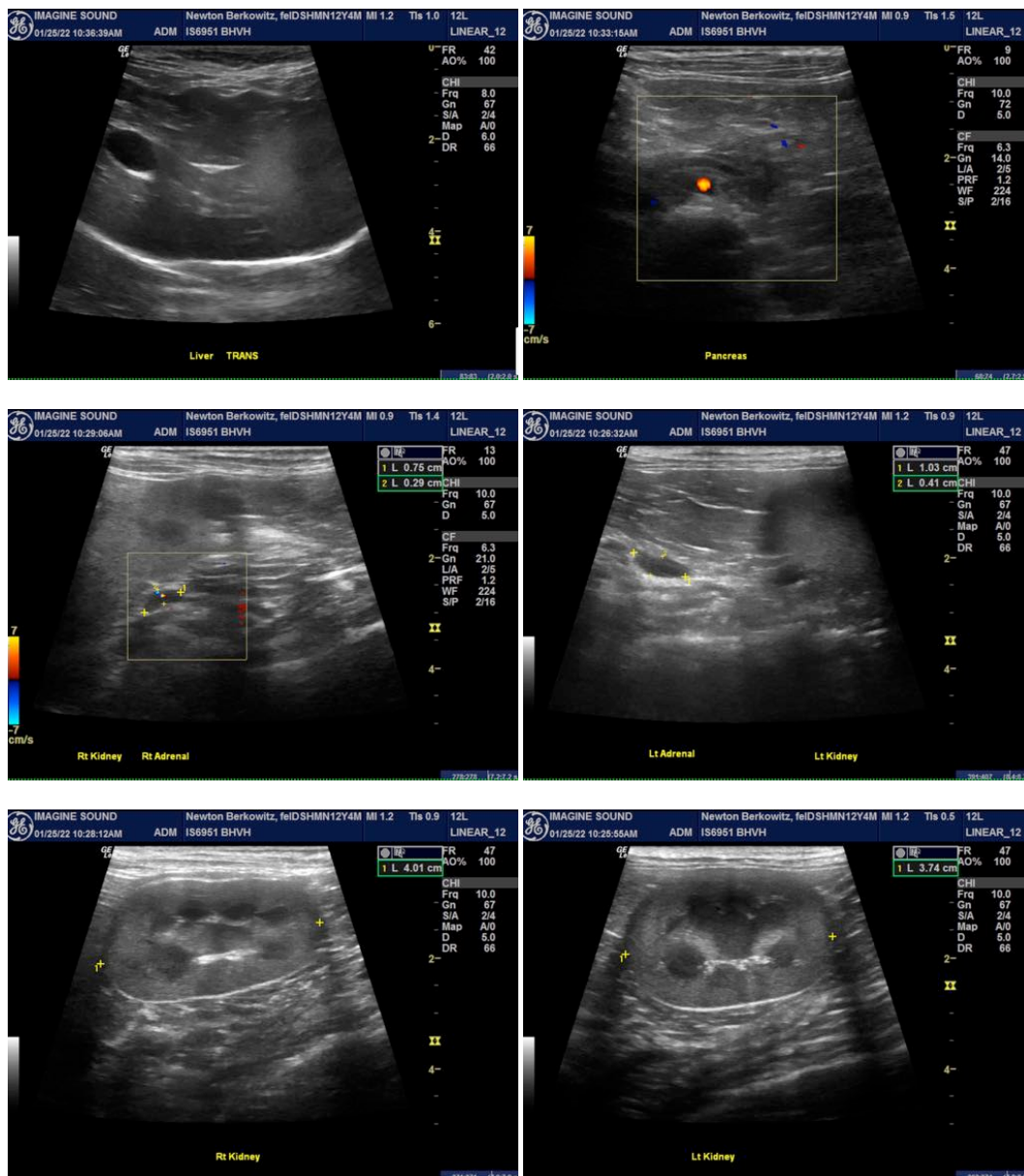
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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