



PATIENT

Mattie Mead

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

11 years

WEIGHT

12.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Allen

INVOICE

94975

DATE

1/4/22

PRESENTING CLINICAL SIGNS

Presented for vomiting and inappetence 11/24/21. Resolved on Cerenia, Mirtazapine. Attempted hypoallergenic diet, but stools were soft. Acute recurrence of vomiting and poor appetite. Doesn't seem herself per owner.

PE: tense and uncomfortable in cranial abdomen. BW (11/24): Hct 27%, Neutropenia w/suspected Bands. Lipase 1693. BW (recheck, 12/15): Hct 41%, WBC normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.78 cm and 3.69 cm on the left.

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.

Spleen

The **spleen** was enlarged and measured 1.63 cm with scalloping contour. The splenic parenchyma was uniform.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. 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. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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The **gastric** wall presented concentric thickening, loss of mural detail and periserosal inflammatory pattern measuring 1.09 cm in wall thickness. Regional inflammation was solicited. Positive Murphy's sign was noted upon imaging. The small intestine and colon were 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. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

Splenic infiltrative pattern with mural gastric lesion.

AGE

11 years

Age related abdominal changes elsewhere.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is warranted. Gastric wall thickening may not allow for adequate exfoliation on FNA. However, gastric wall FNA could be considered. I suspect early lymphoma or similar neoplasia in the spleen and liver.

INTERPRETED BY

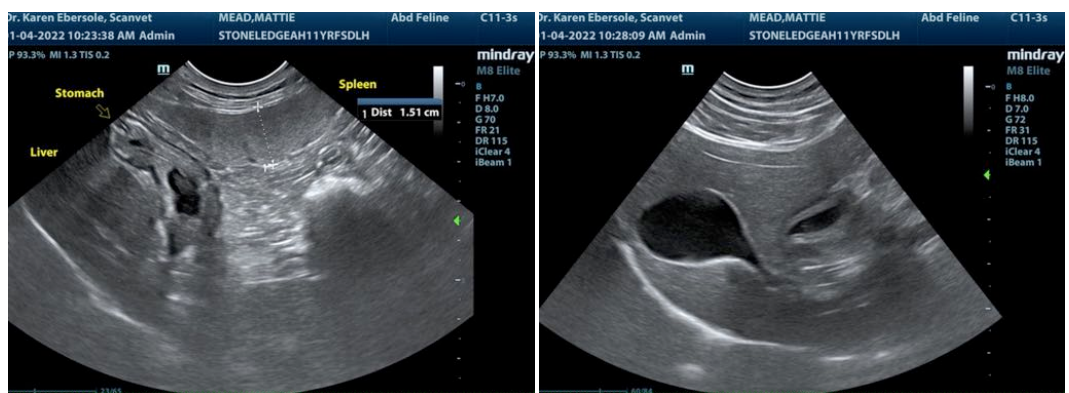
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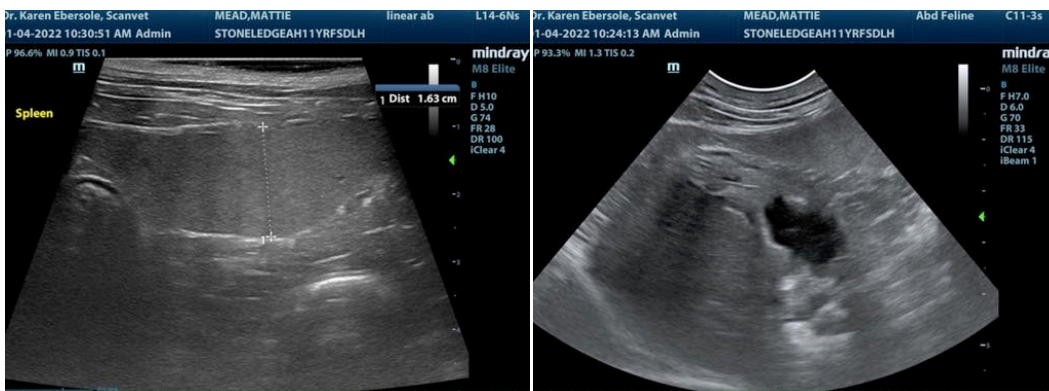
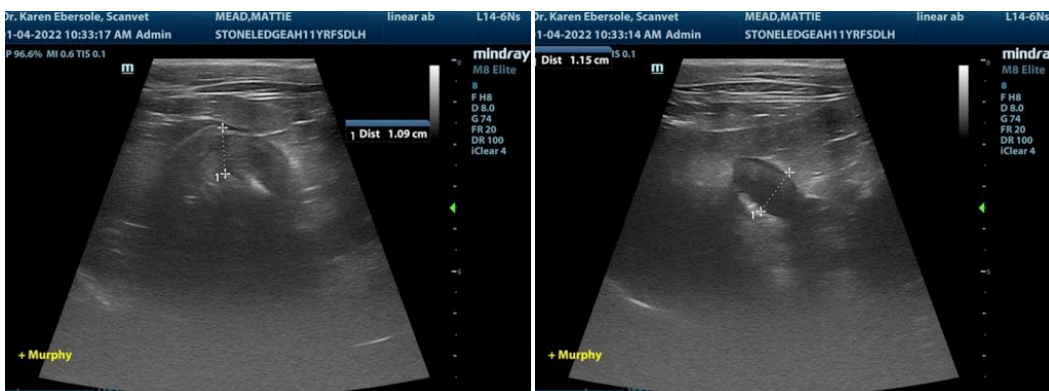
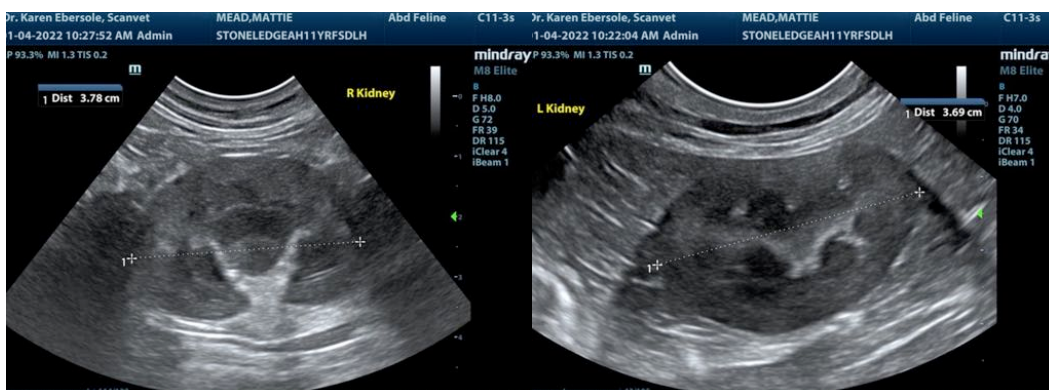
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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