



**PATIENT**

Dee Dee Summers

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

4.35 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Van Nieuwal

**HOSPITAL NAME**

Animal Emergency  
Hospital, Volusia

**REFERRING VET**

Van Nieuwal

**INVOICE**

20415

**DATE**

1/7/23

**PRESENTING CLINICAL SIGNS**

Owner states patient intermittently vomits since they have had him (his entire life), just seemed "off" today, decreased drinking but normal appetite. Had small BM today and not using litter box as much as normal. Went to rDVM today - had BW and rads done. Showed liver disease and mild anemia (BW abnormalities below), nothing obvious on radiographs noted. Blood smears sent to pathologist.

BW: CBC: LYM 0.68, RBC 7.41, HCT 29% CHEM: ALP 116, TBIL 1.2 T4 and cholesterol WNL Blood smear at rDVM: anisocytosis, rare schistocytes, +- hemoparasites

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 3.0 cm. The right kidney measured 3.0 cm.

**Adrenal Glands**

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

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. This is a mild change.

**Liver**

The **liver** revealed increased portal markings with mild irregular swelling. A cystic lesion, measuring 2.0 cm was noted in the in the left cranial liver consistent with cystadenoma. The gallbladder (small) and common bile duct were unremarkable.

**Gastrointestinal**

The **stomach** itself was unremarkable. A portion of intestine revealed loss of mural detail, adjacent to the mesenteric lymph nodes. The section of loss of detail measured approximately 2.0 cm x 1.0 cm.

**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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Feline

**Free Abdomen**

A hypoechoic (2.0 cm x 1.4 cm) peripherally inflamed **lymph node** was noted in the mid abdomen.

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DSH

**ULTRASONOGRAPHIC FINDINGS**

- Mesenteric lymphadenopathy
- Thickened jejunum (meets neoplastic criteria)
- Mildly swollen liver with cystadenomatous liver lesion
- Mildly swollen spleen
- Age-related urinary bladder and renal changes

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

13 Years

FNA of the mesenteric lymph nodes, spleen and liver are recommended. Strong concern for round cell neoplasia. Cytology and culture of the lymph nodes is recommended.

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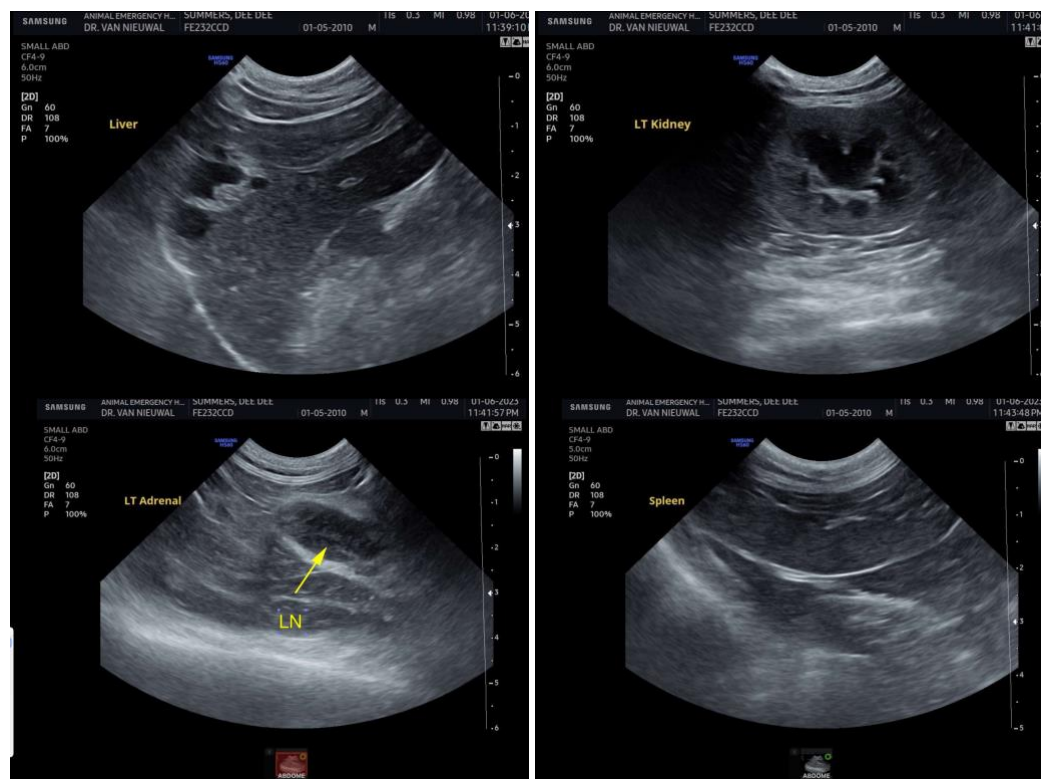
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com