



**PATIENT**

Cosmos Collins

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

9.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

Dr. Scairpon

**INVOICE**

13832

**DATE**

10/18/21

**PRESENTING CLINICAL SIGNS**

History: PU/PD, frequent vomiting, weight loss, diarrhea. No current meds.

Abnormal PE/Chem/CBC/UA Results:USG 1.016, trace protein, Bld 3+, wbc 2-5, rbc >100. cbc/chem all normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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.

The **kidneys** presented a Chronic interstitial nephritis pattern with a hyperechoic medullary rim sign. The left kidney measured 4.04 cm. The right kidney measured 4.3 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 left adrenal gland measured 0.47 cm.

The region on the **right adrenal gland** revealed no evident 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.

**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.

**Gastrointestinal**

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 intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by



**PATIENT**

Cosmos Collins

intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

**Pancreas**

**SPECIES**

Feline

The **pancreas** was hypoechoic with undulating irregular contour. The duct was dilated to 0.16 cm.

**Free Abdomen**

**BREED**

DSH

The mesenteric **lymph nodes** were enlarged, hypoechoic and irregular with enhanced surround mesentery.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- Diffuse intestinal thickening
- Splenic enlargement
- Irregular pancreas
- Mesenteric lymphadenopathy
- Chronic interstitial nephritis pattern- subjectively near end stage

**AGE**

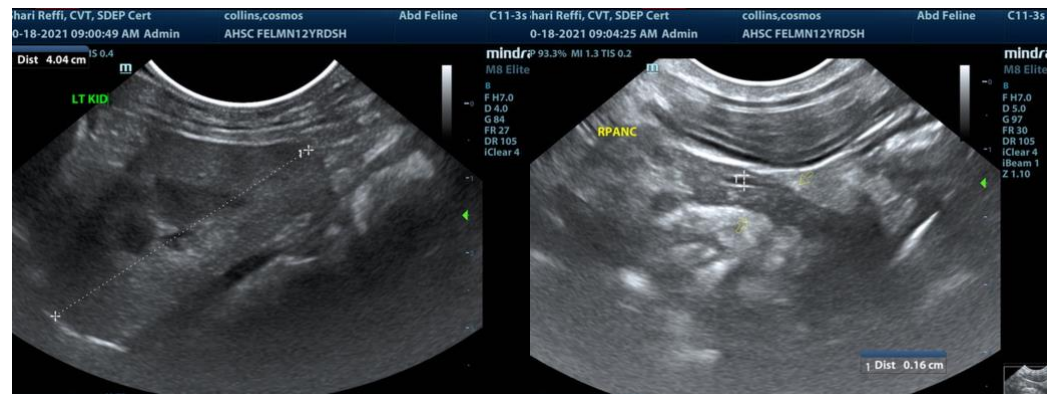
12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I'm concerned for emerging round cell neoplasia in the midst of the chronic triaditis presentation. FNA of the mesenteric lymph nodes and spleen would be recommended. Otherwise, full thickness biopsies of the intestinal tract, pancreas and kidneys would be appropriate. Concerned for long term viability of the kidneys in this patient. Renal values should be monitored carefully.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

Dr. Scairpon



**INVOICE**

13832

**DATE**

10/18/21



**PATIENT**

Cosmos Collins

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

9.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Animal Hopsital of  
Sussex County

**REFERRING VET**

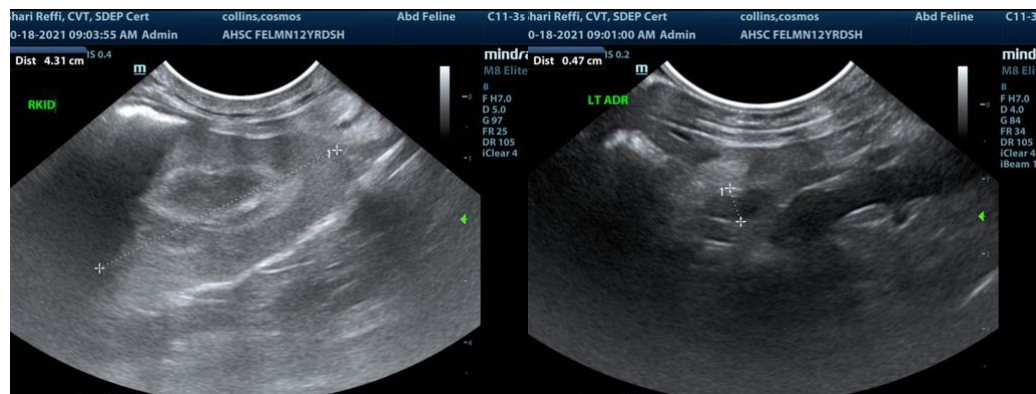
Dr. Scairpon

**INVOICE**

13832

**DATE**

10/18/21



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