



**PATIENT**

Henry Diebert

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

4.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Raski

**INVOICE**

92182

**DATE**

10/5/21

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for not eating or drinking for the past 3-5 days. He was previously seen for ADR and fever. Blood work at that time was overall normal but his neutrophils were slightly increased (16k). He was given SQ fluids and a carprofen injection and per owner did well for a few weeks. She noticed over the past few days that he's lethargic/weak. He has no interest in drinking/eating. She hasn't noticed any vomiting or diarrhea. He's not currently on any medications. Abnormal PE/Chem/CBC/UA Results: Rads: large mid abdominal mass with mild mass effect, normal detail throughout.

**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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Hyperechoic medullary rim sign was noted. The left kidney measured 3.91 cm. The right kidney measured 4.24 cm.

**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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.5 cm.

**Spleen**

The **spleen** was enlarged with scalloping contour measuring 1.3 cm in width. This is consistent with reactive of infiltrative state. Splenic lymph nodes were also mildly enlarged and measured 0.5 cm. .

**Liver**

The **liver** was non-specific with generalized enlargement. The gallbladder was unremarkable. Slight free fluid was noted between the liver lobes.



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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor, variable intestinal thickening was noted with areas of loss of detail. A mesenteric lymph node mass was noted and measured 5.0 x 6.0 cm with reactive surrounding fat. Other smaller lymph nodes were also enlarged.

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**Pancreas**

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.

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**Free Abdomen**

Reactive mesentery was noted around the pancreas.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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Multi-centric infiltrative lymphoma type pattern involving the lymph nodes, spleen, liver and intestine.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

FNA of the spleen, lymph node and liver is recommended for further definition and to assess for responsiveness to chemotherapy.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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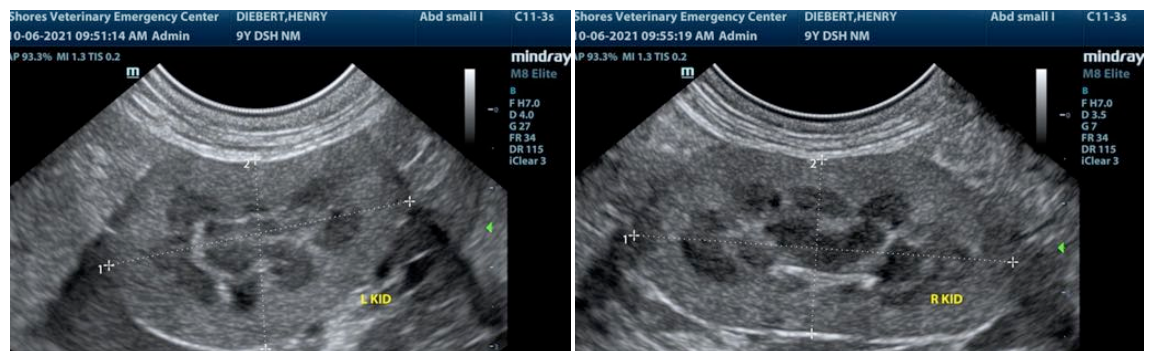
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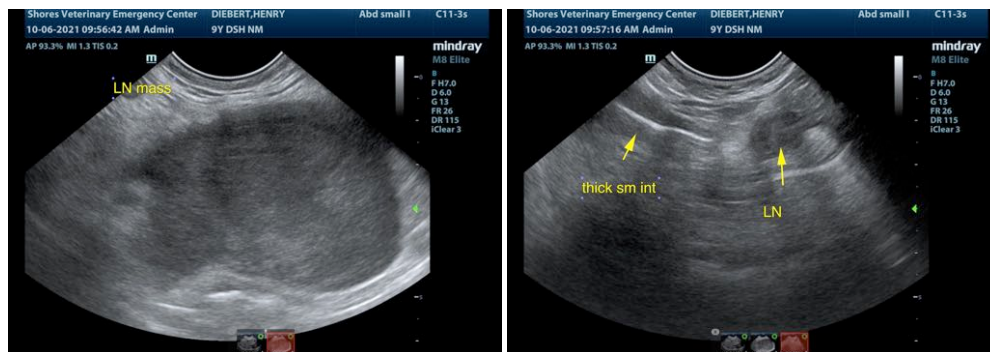
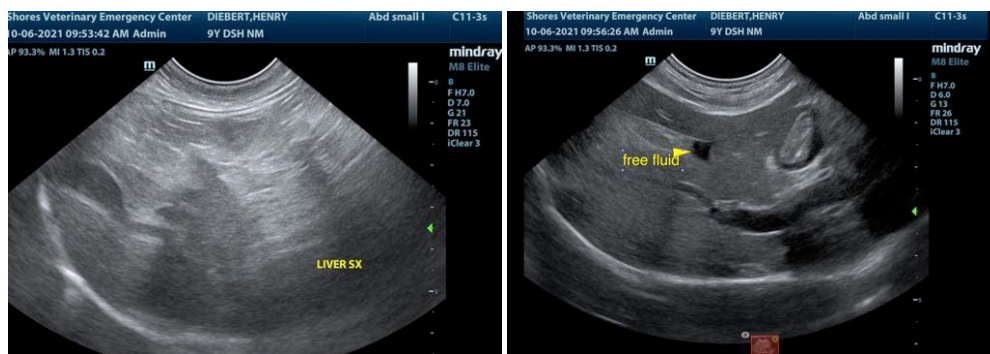
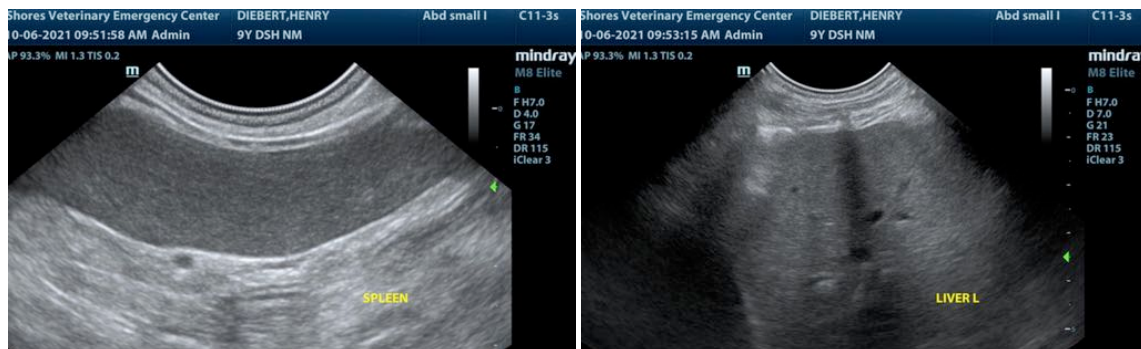
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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