



PATIENT

Patches Matthews

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

11 Years

WEIGHT

9.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Griffin

INVOICE

13644

DATE

10/8/21

PRESENTING CLINICAL SIGNS

History: Patient is vomiting. She is hyperthyroid and on methimazole. She also has a history of grade 3/6 heart murmur

Abnormal PE/Chem/CBC/UA Results: CBC: Lymphopenia, eosinophilia FPL: Abnormal SDMA: 16
CHEM:Glob 5.5, ALT 949, ALKP 288, GGT 12,T. Bili 1.0 TT4: 6.1

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** 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 3.5 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.41 cm.

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. The spleen measured 0.9 cm. Micronodular changes were noted in the spleen.

Liver

The **liver** was mildly swollen with slight subtle heterogeneous parenchymal changes. Minor gallbladder wall increased echogenicity and thickening. Hepatic lymph nodes were enlarged, measuring 1.5 cm x 1.0 cm.

Gastrointestinal

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.

Pancreas



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The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery.

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Free Abdomen

A mesenteric **lymph node** was enlarged and rounded, measuring 0.8 cm.

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ULTRASONOGRAPHIC FINDINGS

BREED

- Micronodular spleen
- Regional lymphadenopathy
- Swollen liver, inflammatory hepatopathy
- Low-grade pancreatitis
- Age-related renal changes
- Stressed adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

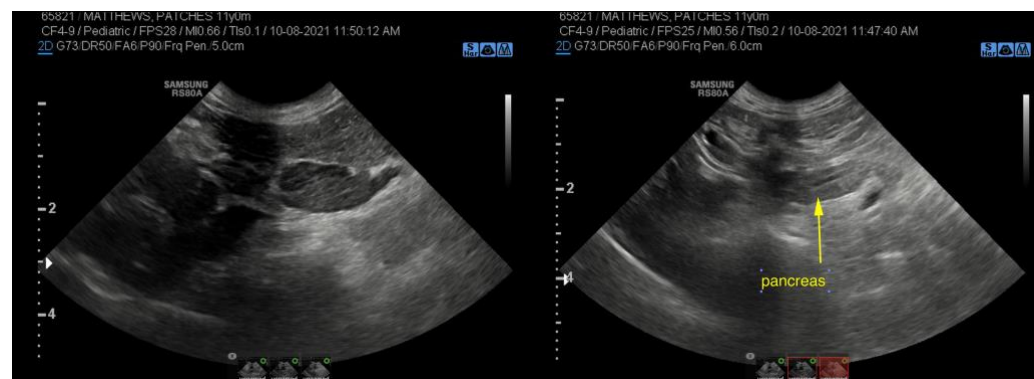
AGE

Chronic triad disease with reactive spleen and liver versus emerging round cell neoplasia. Ultrasound guided FNA of the spleen, accessible lymph nodes and liver indicated. Guarded prognosis depending upon cytology results. Concern for a transitional state between triad disease and round cell neoplasia.

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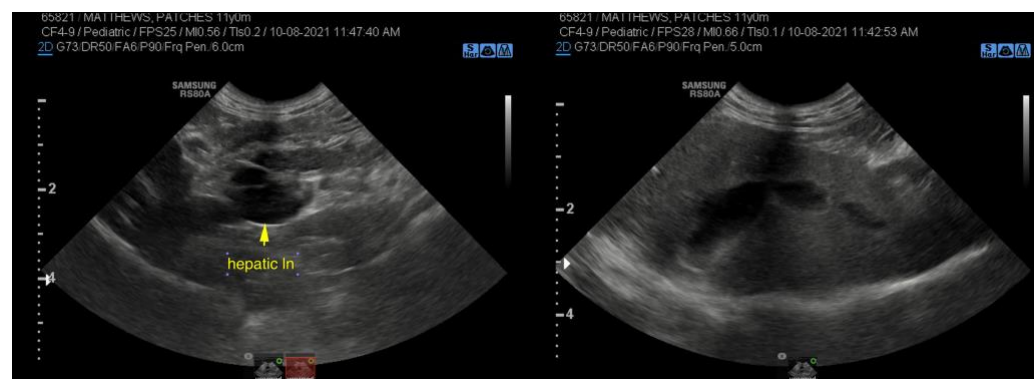
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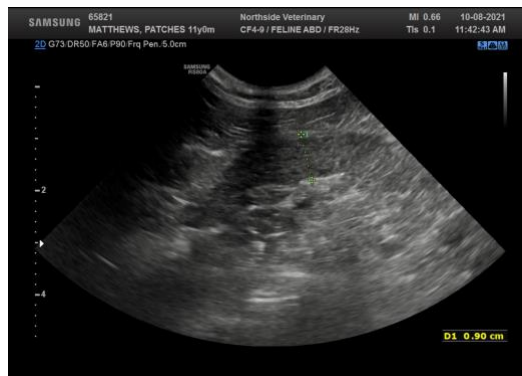
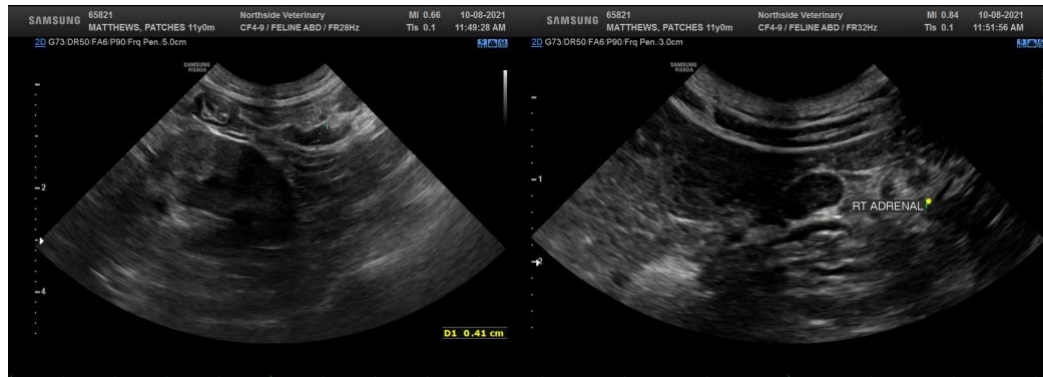
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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