



PATIENT

Nemmy Moreman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

7.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

42786

DATE

11/29/22

PRESENTING CLINICAL SIGNS

History: Patient is feeling well, has occasional vomiting, the wbc count has been increasing since we started monitoring this summer when an increased wbc of 25% was noted on routine bloodwork and has continued to go up since

Abnormal PE/Chem/CBC/UA Results: Chronic increased WBC: 53% with 12 k/uL Neu, Lym 37k/uL, 1.33 k/uL, eos 2.45 k/uL This degree of lymphocytosis raises a strong suspicion for a lymphoid neoplasm, which could represent either a chronic lymphocytic leukemia or a leukemic phase of lymphoma. Immunophenotyping in patients with lymphocytosis is helpful to determine if there is a homogeneous lymphoid population consistent with lymphoid neoplasia or a heterogeneous population of lymphocytes compatible with reactive lymphocytosis. This test may be added on to a CBC within 72 hours of collection (test code 28801), or may be done in conjunction with a CBC at a later date (test code 2880). This test requires live cells for analysis, so collection of a sample prior to chemotherapy is recommended if you are interested in this test. Eosinophilia at this level is usually associated with parasitism, hypersensitivity reactions (e.g. flea bite, asthma, food allergy), or inflammation in mast cell-rich organs (e.g. skin, intestines, and respiratory or urogenital system). Less common causes include idiopathic eosinophilic conditions and paraneoplastic syndrome. CHEM: WNL Rads: No evidence of mass in chest or abdomen

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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys measured 4.0 cm each.

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 right adrenal gland measured 0.3 cm. The left adrenal gland measured 0.3 cm.

Spleen

The **spleen** was slightly enlarged, uniform and measured 0.96 cm.



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Liver

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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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" 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. The mesenteric lymph nodes measured up to 0.66 x 1.0 cm. The lymph nodes were reactive.

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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Diffuse intestinal thickening.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot rule out the GI being a pre-neoplastic state. Inflammatory bowel presentation with mesenteric lymphadenopathy. Full thickness intestinal and lymph nodes biopsies are warranted. FNA of the spleen +/- mesenteric lymph nodes is recommended +/- PCR for lymphoma, yet this is less likely.

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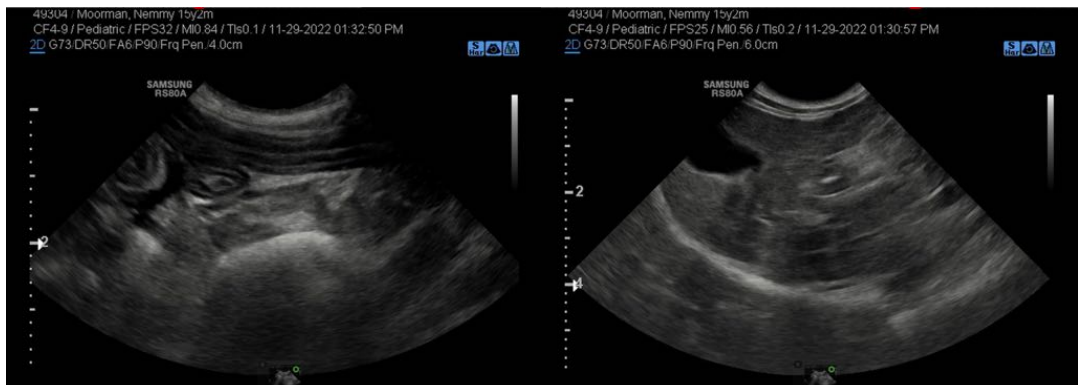
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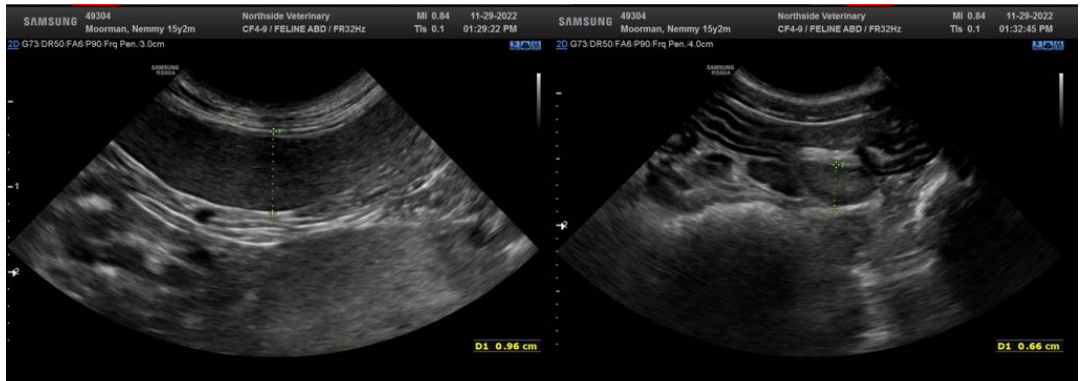
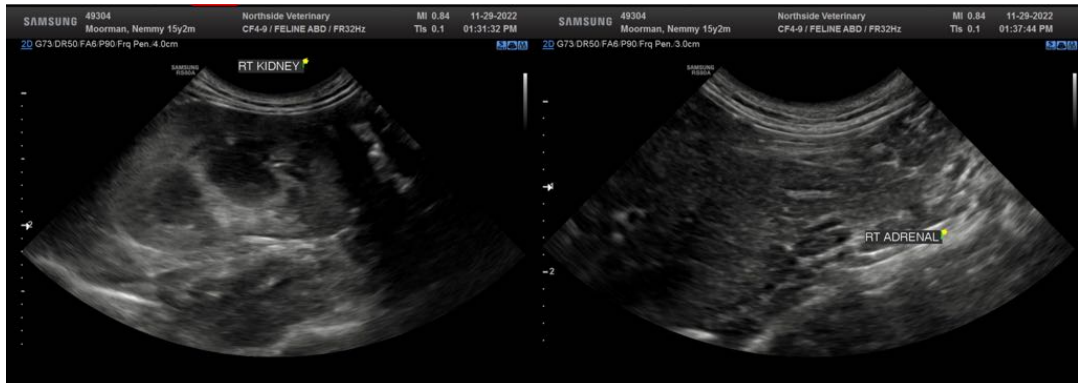
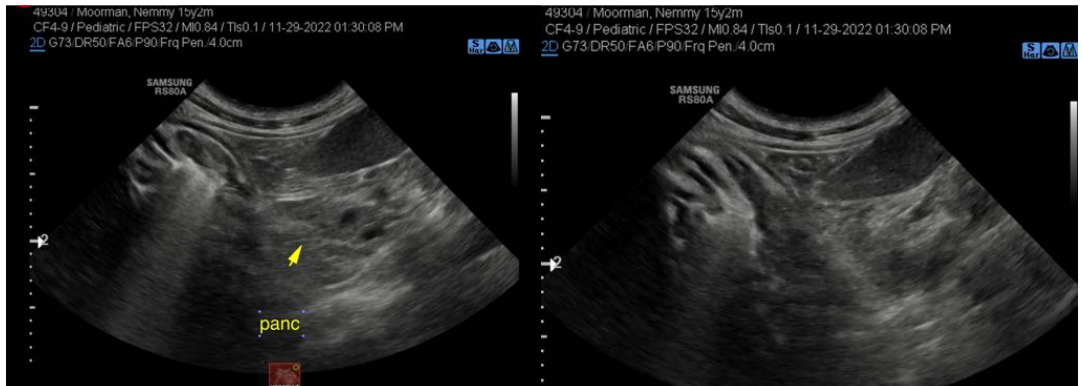
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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