



PATIENT

Archer Ventura

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Ramberg

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Gowda

INVOICE

42835

DATE

12/1/22

PRESENTING CLINICAL SIGNS

History: P presented on 10/29 for inappetence. Was found to have high liver values (ALT 671/ALP 308) and elevated TBili (0.9) on that day. Xrays also showed gastritis and a rounded appearance to liver (rad report attached). P was sent home on medications and has been doing better but still hyporectic so O opted for ultrasound. Sent out liver aspirates and lymph node aspirates to Antech.
Abnormal PE/Chem/CBC/UA Results: Elevated ALT/ALP on 10/29 - 671/308 respectively

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 left kidney measured 3.0 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.

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 1.1 cm.

Liver

The **liver** revealed increased portal markings and the liver revealed generalized enlargement. Occasional hypoechoic nodule was noted in the liver. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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The gastric lumen was mildly fluid filled without structural detail loss. The small intestines and colon were unremarkable. The mesenteric lymph nodes were reactive and measured up to 1.0 cm. A mesenteric lymph node mass was noted and measured 2.0 cm.

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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. 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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ULTRASONOGRAPHIC FINDINGS

AGE

7 years

Non-specific hepatomegaly with lipidosis and inflammatory disease or possible underlying lymphoma.

Mesenteric lymphadenopathy.

Minor cecal stasis.

WEIGHT

5 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and hepatic Splenic and mesenteric lymph node FNA is indicated.

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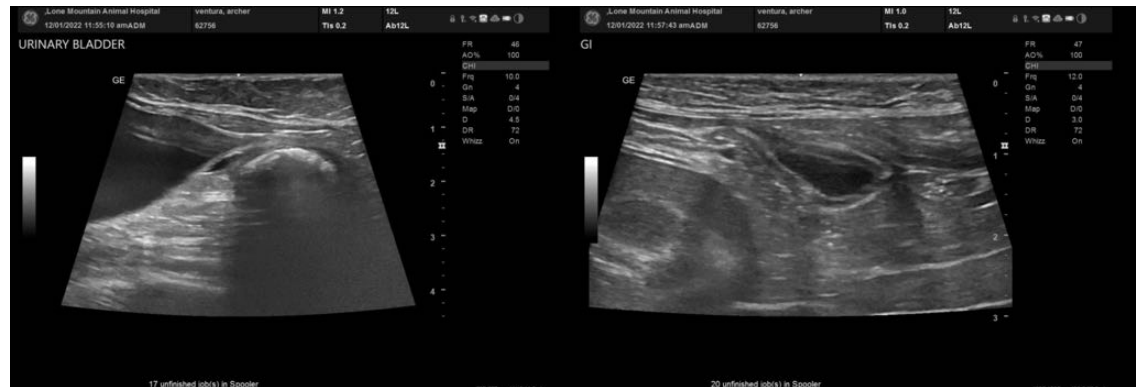
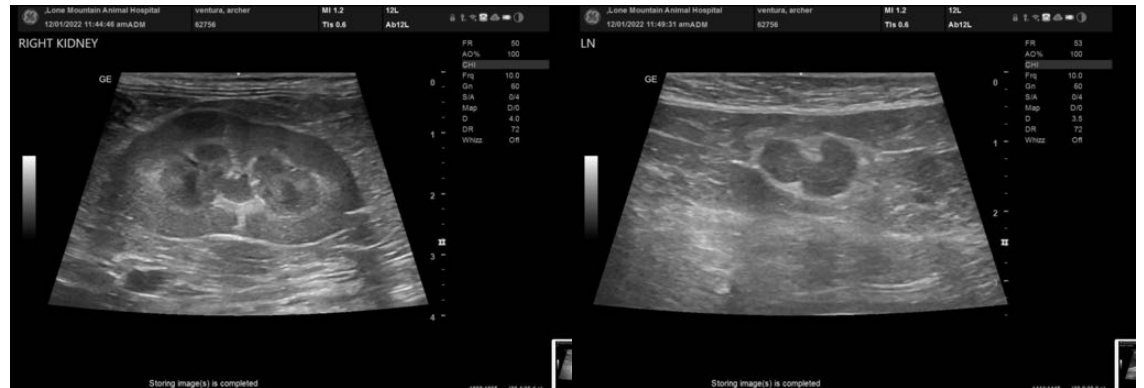
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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