



PATIENT

Gabiano Schrader

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

4.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

33179

DATE

12/2/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for AUS. Has always vomited occasionally, but has recently gotten worse. Owners were away end of October and when they came home there was vomit everywhere. Took to rdvm, had lost a lot of weight, tried appetite stim and increased appetite which increased the vomiting. Bloodwork was normal per owner, rec AUS. Lip smacking. Crying before vomiting. Previous Health Concerns: no
Abnormal PE/Chem/CBC/UA Results: fpL normal RBC 12.32; MCH 11.8; ABS LYMPHS 719; ABS RET 62; Retic HGB 14.1; Chem wnl T4 2.6

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 4.54 cm. The right kidney measured 4.22 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was mildly swollen. Slight free fluid noted between the liver lobes. Mild increased portal markings noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** presented concentric wall thickening with some lumina material consistent with hair or similar. The small intestine and colon were unremarkable. Multiple lymph nodes were enlarged, hypoechoic and irregular with pericapsular inflammation. The largest node measured 1.5 cm x 1.0 cm.

Pancreas

The caudal aspect of the left limb of the **pancreas** revealed hypoechoic nodular changes, the largest of which measured 1.5 cm x 1.0 cm.



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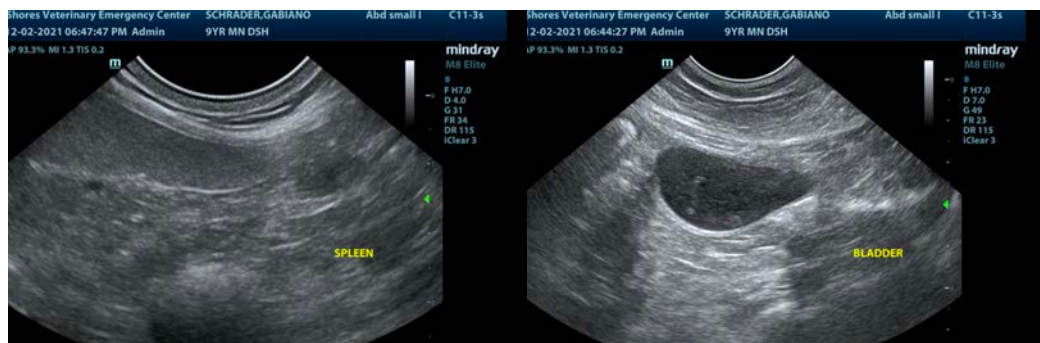
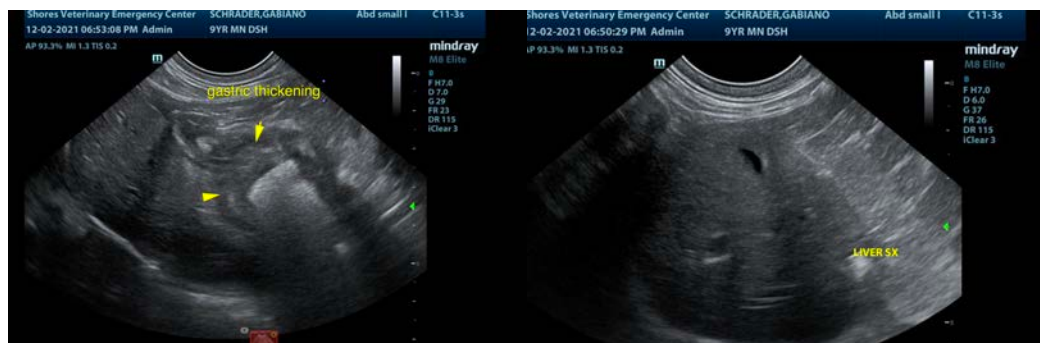
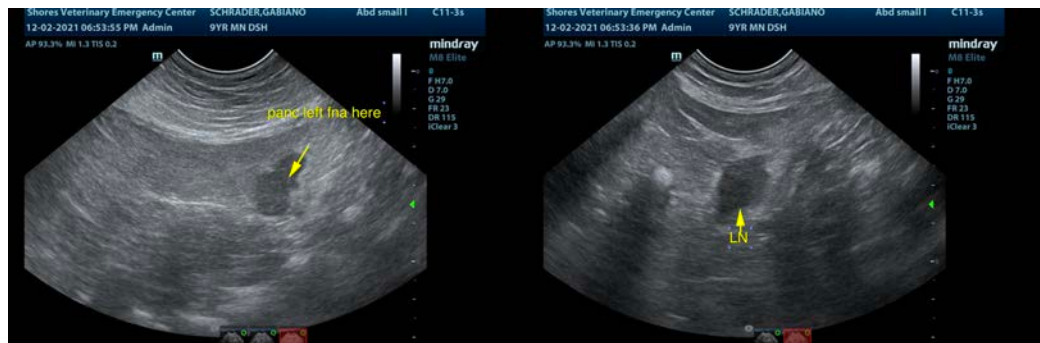
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ULTRASONOGRAPHIC FINDINGS

- Gastric thickening
- Mesenteric lymphadenopathy
- Nebulous hepatic changes
- Nodules at the left pancreatic limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph nodes, left pancreatic limb and liver all indicated. Gastritis and nodular hyperplasia versus emerging round cell neoplasia/lymphoma. Prognosis is guarded depending upon cytology or histopathology results.





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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