



PATIENT

Montecore Stanglein

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

13.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

INVOICE

42298

DATE

12/21/22

PRESENTING CLINICAL SIGNS

History: Lifelong history of vomiting every 3-4 months but now is 1-2x/week last month, more recently reduced appetite, concern for IBD/panc vs neoplasia vs other
Abnormal PE/Chem/CBC/UA Results: WNL, fPL abnormal, fecal pending. Rads: OA but no obvious abdominal pathology.. No current meds- occasional cerenia injections when vomiting.

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 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 right kidney measured 4.8 cm. The left kidney measured 4.93 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 0.3 cm and the right adrenal gland measured 0.47 cm.

Spleen

The **spleen** revealed focal, hypoechoic, expansive, irregular subcapsular nodule that measured 0.91 x 0.72 cm. FNA of this nodule is strongly encouraged. The remainder of the spleen was heterogenous and irregular measuring 1.3 cm.

Liver

The **liver** was slightly irregular and slightly heterogenous. There was no evidence of passive congestion that would suggest a thoracic origin. Regional, hypoechoic nodular changes were noted in the liver. The gallbladder and common bile duct were unremarkable. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Enhanced mesentery and free fluid was noted around the liver.

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



PATIENT
Montecore Stanglein

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Pancreas

Feline

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.

BREED

Domestic Shorthair

Free Abdomen

SEX

Slight areas of free fluid were noted in the abdomen. Enhanced mesentery was noted in the cranial abdomen around the spleen.

Neutered male

AGE

ULTRASONOGRAPHIC FINDINGS

15 years

Splenic and hepatic nodules with free fluid and enhanced mesentery, strong concern for round cell neoplasia involving the spleen, liver and lymphomatosis type presentation.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

13.6 lbs

There is a strong potential for mast cell disease. Benadryl injection, coagulation panel and 25-gauge FNA of the spleen, liver, abdominocentesis and cytospin is recommended. There is a minor potential for inflammatory based disease.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

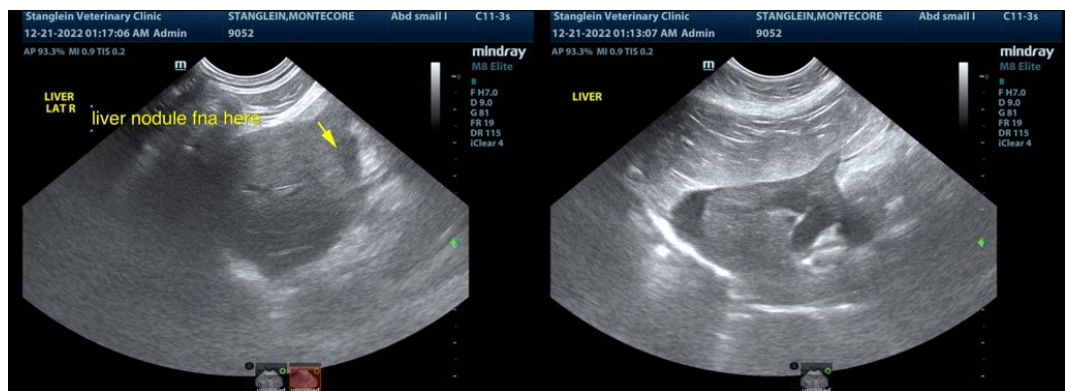
Dr. Stanglein

INVOICE

42298

DATE

12/21/22





PATIENT

Montecore Stanglein

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

13.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

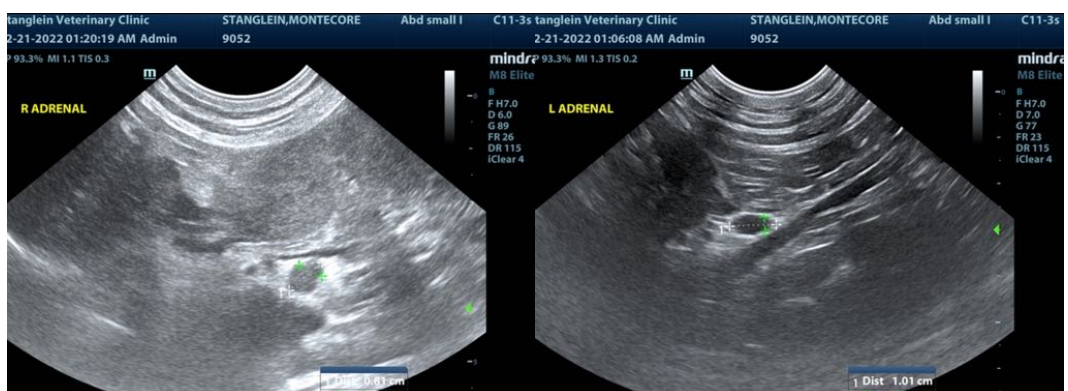
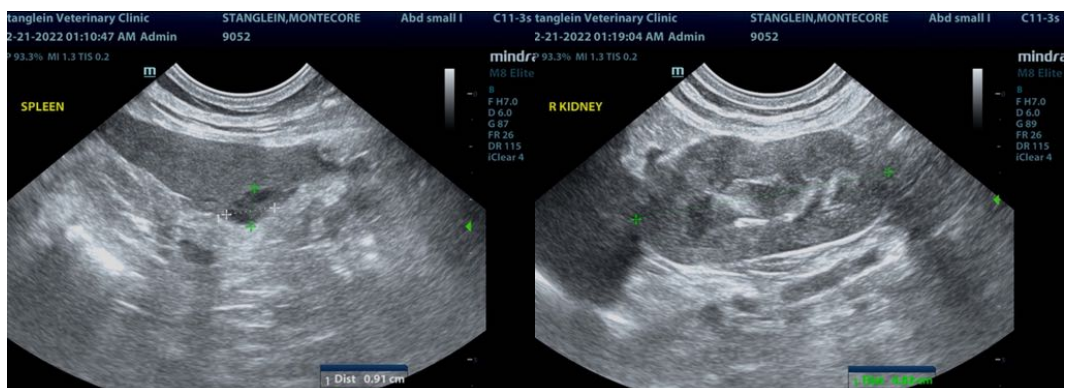
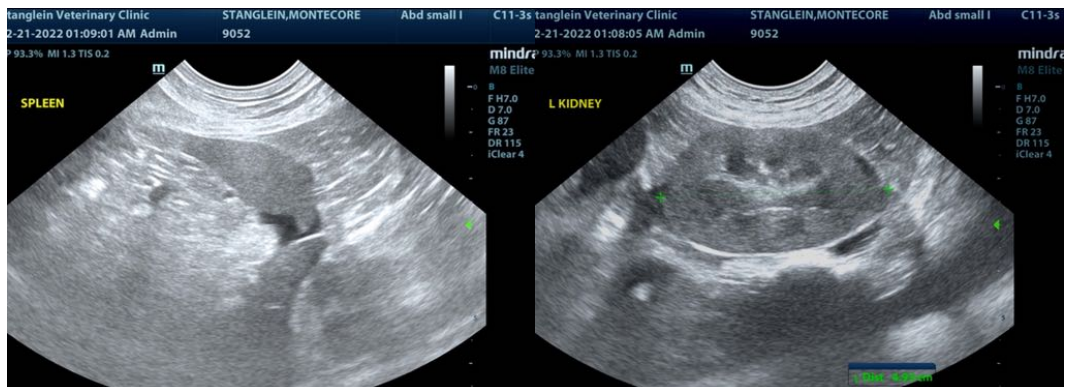
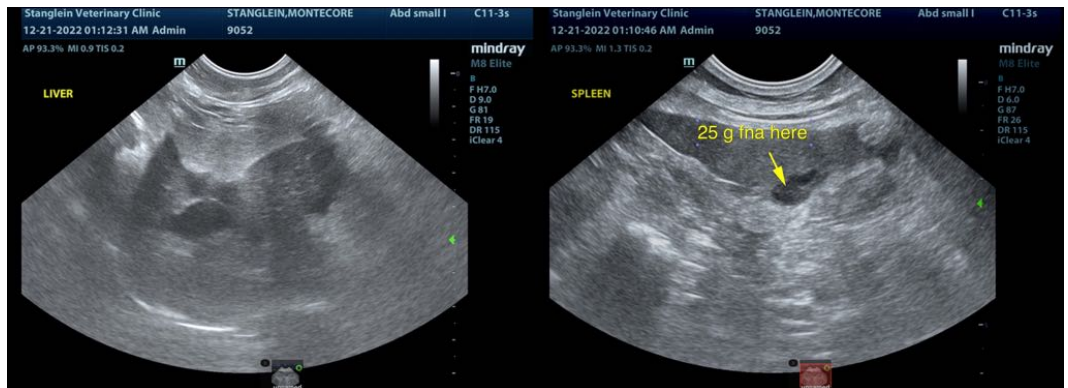
Dr. Stanglein

INVOICE

42298

DATE

12/21/22





PATIENT

Montecore Stanglein

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.

SPECIES

Feline

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.

BREED

Domestic Shorthair

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

SEX

Neutered male

AGE

15 years

WEIGHT

13.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

INVOICE

42298

DATE

12/21/22