



PATIENT

Scooter Robbins

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Bennett

INVOICE

20264

DATE

12/26/22

PRESENTING CLINICAL SIGNS

History: P presented 12/25 for acute large bowel diarrhea, vomiting, hiding, and anorexia/lethargy since Thurs 12/22. Indoor only, but did get outside for a few hours on Wednesday, no symptoms until Thurs.

Abnormal PE/Chem/CBC/UA Results: 12/25: On presentation, P was dehydrated, tense on abd palpation, febrile at 103. 12/25: -CBC: HCT 29.9%, Mono 0.68K (H), PLT 25K (manual: adequate w/ moderate clumping) -Chem 10: Glu 236 (H), otherwise WNL -Electrolytes: Na 148 (L)

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 2.0 cm beyond the cystourethral junction.

The **right kidney** was mildly enlarged with mild increased cortical echogenicity. Corticomedullary definition was maintained, measuring 5.4 cm. Cortical striations were noted in the right kidney with pericapsular inflammatory pattern.

The **left kidney** was subnormal in size with increased cortical echogenicity, measuring 2.8 cm. Slight corticomedullary mineralization was noted. Pyelectasia was present. The patient has likely been passing calculi with secondary obstructive disease. A pelvic calculus measured approximately 2.0 mm.

Adrenal Glands

The **right adrenal gland** was unremarkable, measuring 5.0 mm.

A hypoechoic nodule was noted at the cranial pole of the **left adrenal gland**, this may be a recent infarct, unlikely to be neoplastic. The left adrenal gland was unremarkable otherwise, measuring 5.0 mm.

Spleen

The **spleen** revealed generalized enlargement (up to 1.6 cm) 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.

Liver

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.

Gastrointestinal



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The **stomach** itself was unremarkable. Variable intestinal thickening was noted with increased submucosal layering and echogenicity.

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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Free Abdomen

The mesenteric **lymph nodes** were mildly enlarged, rounded and hypoechoic, measuring up to 1.0 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Nephritis pattern with right renomegaly
- Dystrophic left kidney with cortical infarct and pelvic mineralization
- Splenic enlargement- round cell neoplasia versus splenitis
- Left adrenal nodule
- Variable intestinal thickening
- Mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend, ideally, splenic and right renal FNA to rule out underlying neoplasia/lymphoma. Mesenteric lymph node FNA would also be ideal, however, may be difficult to exfoliate given the 1.0 cm size. Full urinary work up is indicated to assess for inflammatory sediment. Palpation of the right kidney is warranted to assess for any pain related to the renal presentation. Prognosis is guarded depending upon cytology results. Treatment for nephritis, splenitis and enteritis is warranted until cytology can be evaluated.

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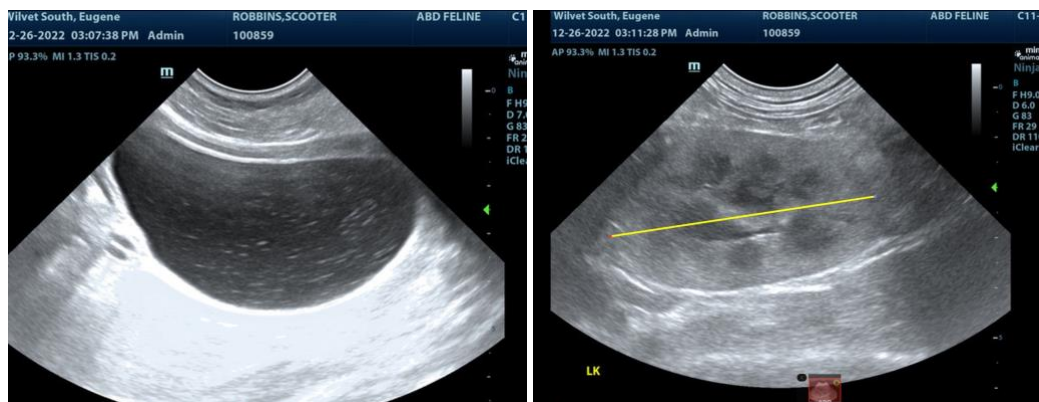
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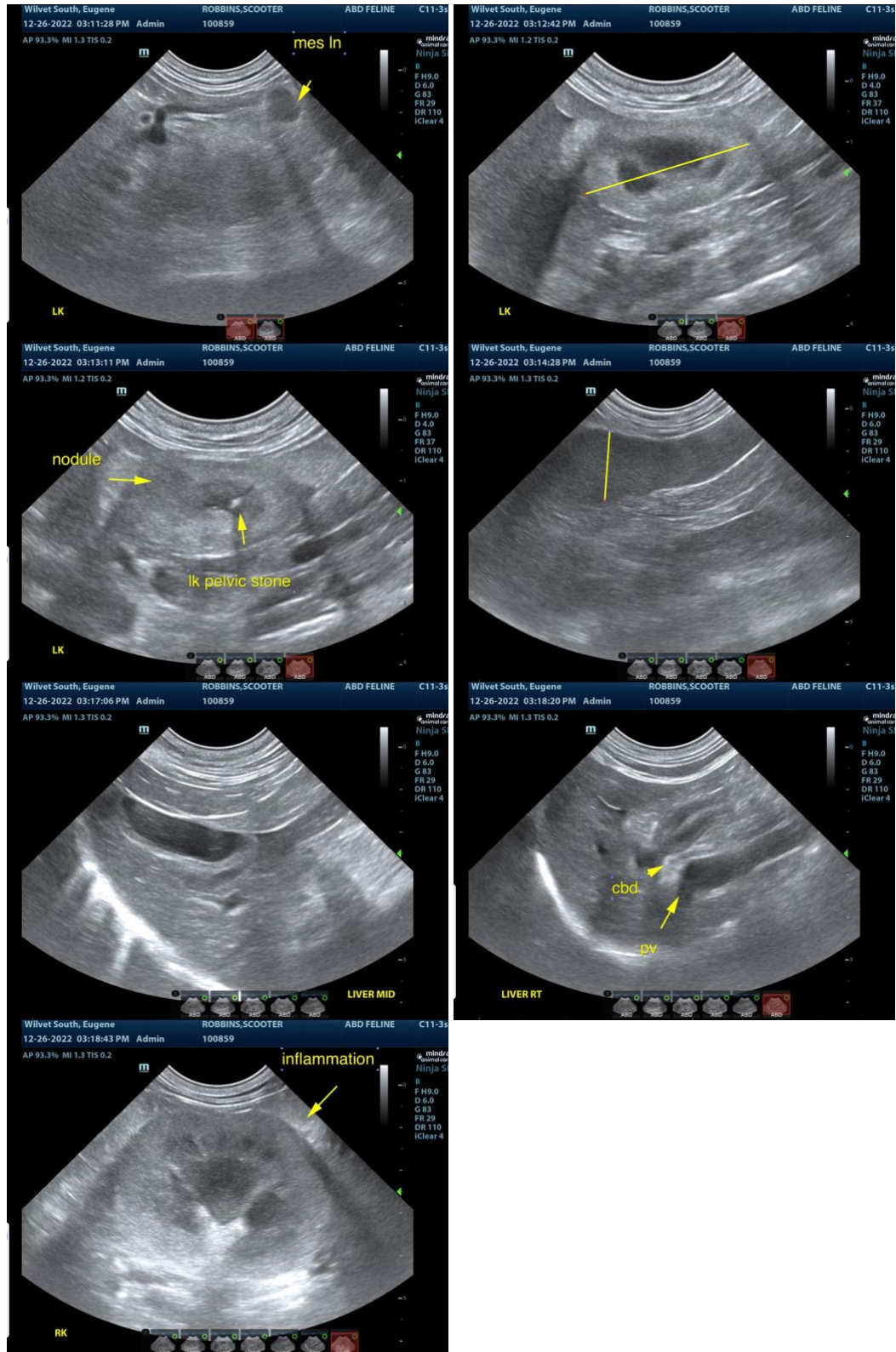
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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.

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info@SonoPath.com

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