



**PATIENT**

Goose Miller

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2.5 Years

**WEIGHT**

5.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Matt McGee

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Michelle Bateman,  
DVM

**INVOICE**

13159

**DATE**

12/27/21

**PRESENTING CLINICAL SIGNS**

History: Not eating for multiple days, lethargic. Vomiting - eating parts of the Christmas tree. Hx of GI sensitivity with food flavor changes. No diarrhea. Hx of cardiomyopathy- heart slightly bigger than it should be; very minor.

**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 **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 3.5 cm. The right kidney measured 3.5 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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** 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**

The **gastric wall** presented slight mural thickening with no evidence of luminal foreign body. The duodenum revealed a minor fluid filled lumen and curvilinear patterns were maintained. Variable distal small intestinal thickening noted.

**Pancreas**

The **pancreas** revealed coarse architecture.

**Free Abdomen**



## PATIENT

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The mesenteric **lymph nodes** (up to 2 cm x 0.8 cm) were enlarged and hypoechoic, consistent with reactive nodes.

## SPECIES

Feline

- Mesenteric lymphadenitis/gastritis pattern. Possibility of emerging round cell neoplasia/lymphoma. No evidence of foreign matter.

## BREED

DSH

- Pancreas, coarse architecture

## SEX

Neutered Male

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. FNA with cytology and culture of the mesenteric lymph nodes would be ideal +/- PCR of the mesenteric lymph nodes with ultrasound guidance would be recommended. If surgical intervention for GI, mesenteric lymph node biopsies would also be appropriate, however, patient may readily respond to medical therapy.

## AGE

2.5 Years

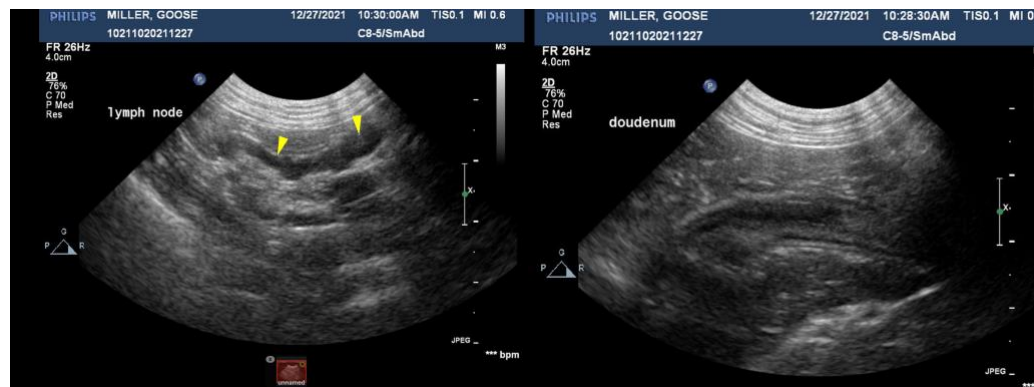


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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