



PATIENT

Jimmy Hackney

PRESENTING CLINICAL SIGNS

PU/PD, spleen seen on lateral view of radiograph. Current meds: DKT
Abnormal PE/Chem/CBC/UA Results: Lymph 12%, Neut 82, RBC 10.3, PLT 73, Glu 211, Trig 263

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

SEX

Neutered male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.53 cm. The left kidney measured 4.22 cm.

AGE

10 years

WEIGHT

15.5 lbs

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 right adrenal gland measured 0.54 cm. The left adrenal gland measured 0.49 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Occasional, hyperechoic nodule was noted. A hyperechoic lipogranuloma is noted in the spleen and measured 0.49 cm at the caudal body. 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 up to 1.03 cm.

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Lepkowski

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.

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Gastrointestinal

Jimmy Hackney

The **stomach** was dilated with ingesta. This is consistent with post prandial presentation. The small intestines and colon were unremarkable. The mesenteric lymph nodes were reactive and measured up to 0.42 cm.

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Pancreas

BREED

Domestic Shorthair

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

Pancreatic remodeling.

Age related renal changes.

WEIGHT

15.5 lbs

Full stomach. Post prandial presentation.

Mild splenic enlargement with lipogranulomatous nodule.

Minor remodeling noted in the mesenteric root.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the spleen is warranted especially of the general parenchyma and nodule to ensure more significant disease is not present. If accessible, FNA of the mesenteric lymph nodes is warranted with cytology. Sampling is essential if any weight loss is present to rule out round cell neoplasia versus reactive spleen. The cause of PU/PD is unclear. The kidneys appear 30-40% compromised. Other causes for PU/PD should be considered such as UTI.

IMAGING PERFORMED BY

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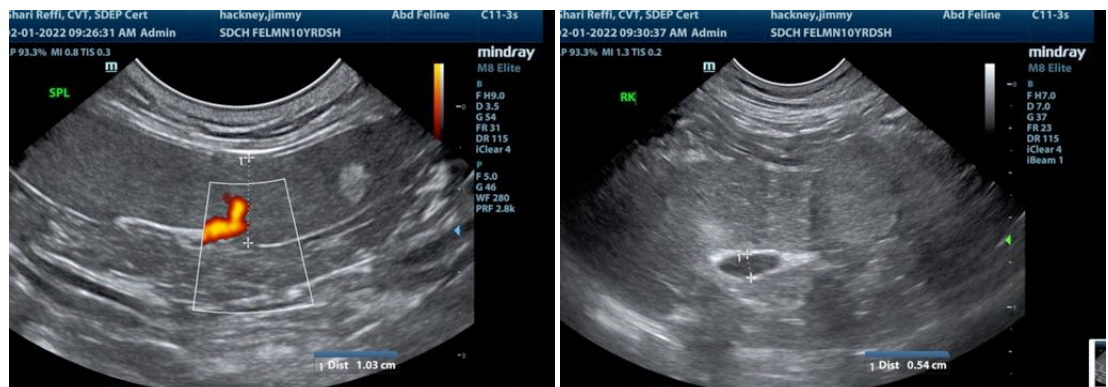
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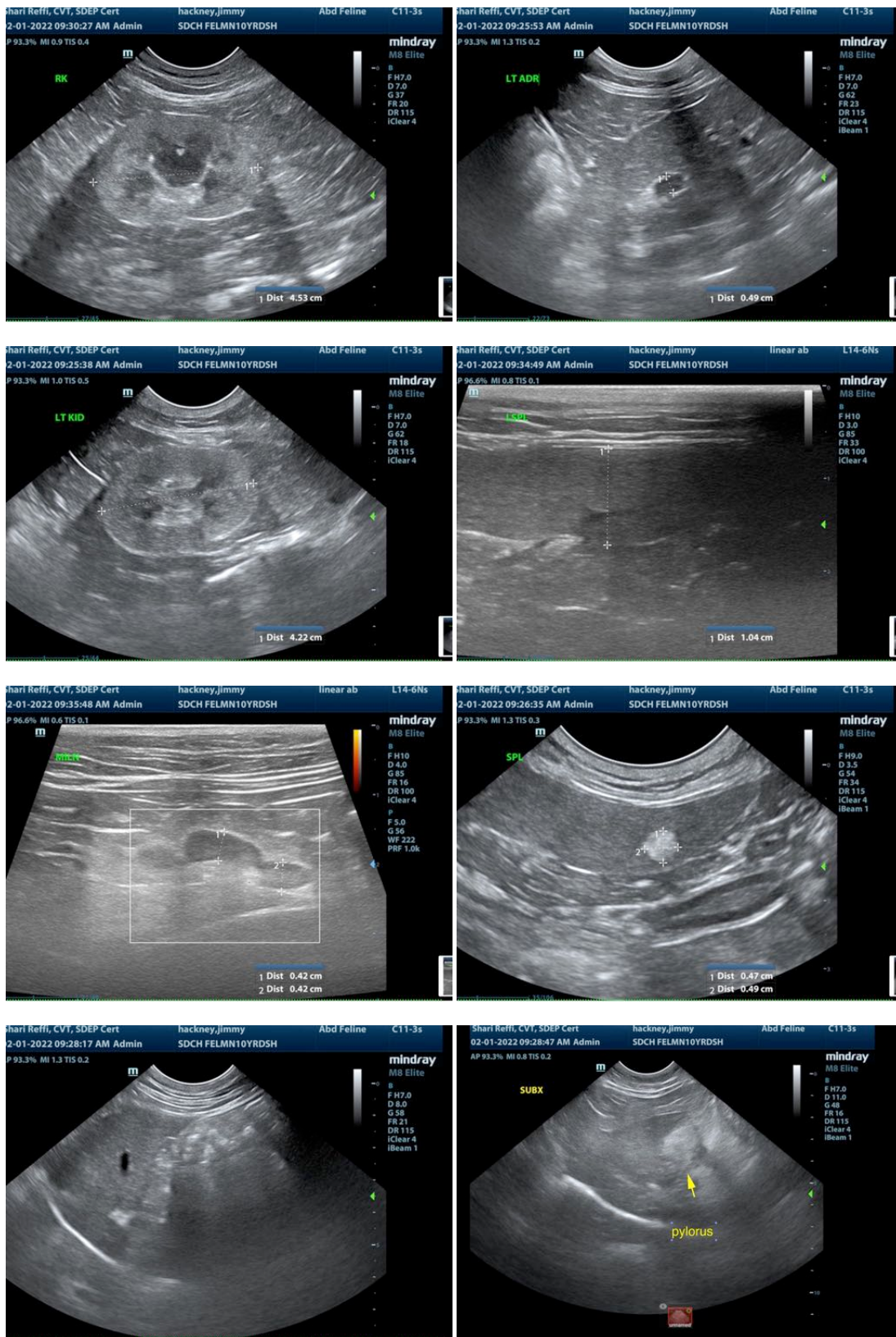
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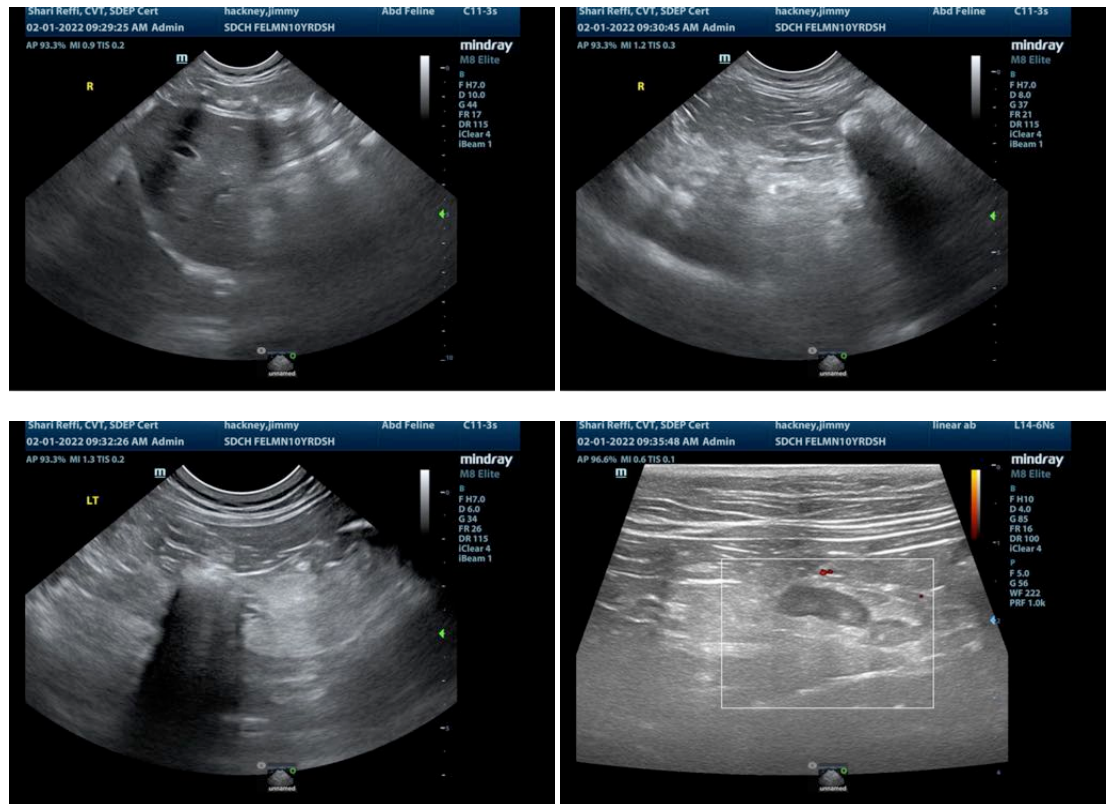
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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