



PATIENT

Black Cat Knowles

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 3 Months

WEIGHT

11.4 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Lovell

INVOICE

13873

DATE

2/10/22

PRESENTING CLINICAL SIGNS

History: Cat presented with weight loss over last several months. Cat is thin along back. No vomiting or diarrhea noted. Not grooming as well. Bloodwork essentially all WNL, including normal thyroid levels. Urinalysis shows SpGravity = 1.014. Ultrasound done for further dignostics

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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the left kidney. The kidneys measured 3.5 cm each.

Adrenal Glands

The **right adrenal gland** was 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 1.02 cm x 0.4 cm.

The region of the **left adrenal gland** revealed no evident pathology.

Spleen

The **spleen** revealed a hypoechoic nodule, measuring 0.33 cm with micronodular “honeycomb” type pattern and 1.2 cm in width. FNA of the spleen strongly recommended.

Liver

Subtle heterogeneous changes were noted in the **liver**. The gallbladder and common bile ducts were unremarkable.

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

Pancreas

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.

Free Abdomen



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The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 1.16 cm.

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ULTRASONOGRAPHIC FINDINGS

- Splenomegaly and micronodular changes
- Minor mesenteric lymphadenopathy
- The transdiaphragmatic view demonstrated comet tail lung pattern
- Minor renal pyelectasia
- Heterogeneous liver- FNA indicated to ensure an early neoplastic event is not present as well.

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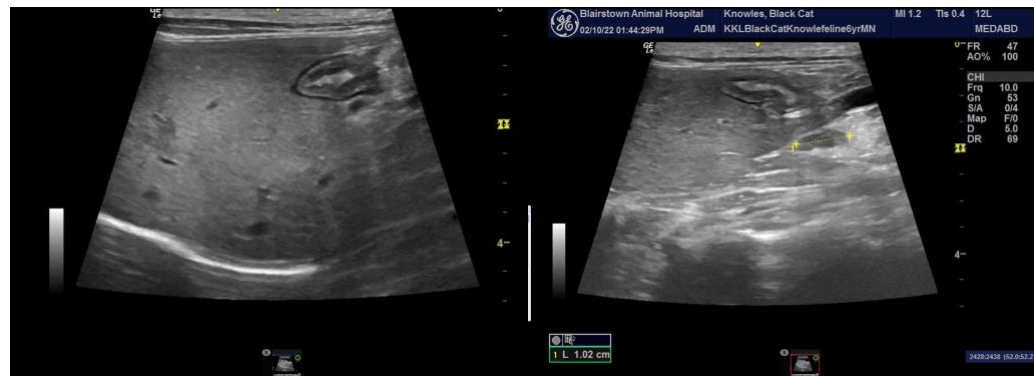
Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs or better yet, chest CT would be ideal to assess for any pulmonary lesions. FNA of the spleen strongly encouraged. Round cell neoplasia versus splenitis. Guarded prognosis. Assessment for any evidence of UTI indicated, if not already performed.

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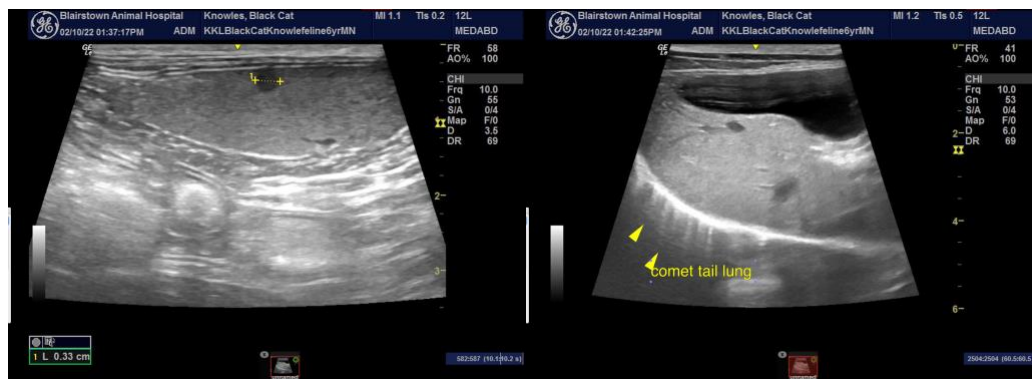
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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