



PATIENT

Milton Lorizzo/Buck

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

19 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jenni Tudini

HOSPITAL NAME

East Aurora VH

REFERRING VET

Dr. Sara Huckabone

INVOICE

45078

DATE

2/10/23

PRESENTING CLINICAL SIGNS

Patient has been experiencing intermittent vomiting. Owner states that it is a brown liquid. He vomited once on Saturday and once on Sunday. Since then, he is vomiting 1-2x daily. Typically, 3 to 4 hours after eating. No noticeable increase in thirst or urination. Owner is uncertain of patient's bowel movements. P will only eat about 20 pieces of kibble or a 1/4 can of the wet food. He will still vomit when he eats wet food. Patient is not acting lethargic. He is still active and is jumping. The only other thing O has noticed is that patient has become a little unsteady with his back end when jumping/landing. Supportive care of subcutaneous fluids and cerenia administration yielded no response

Abnormal PE/Chem/CBC/UA Results: - Patient is obese, 1lb weight loss recently but otherwise exam unremarkable CBC: - RBC 7.00 (7.12 - 11.46) M/ μ L - Hemoglobin 10.2 (10.3 - 16.2) g/dL - Monocytes 0.96 (0.04 - 0.53) K/ μ L H - Eosinophils 0.081 (0.09 - 2.18) K/ μ L L - Basophils 0.101 (0 - 0.1) K/ μ L H - Platelets 109 (155 - 641) K/ μ L Biochem: - Chloride 113 (114 - 126) mmol/L - ALT 22 (27 - 158) U/L - ALP 11 (12 - 59) U/L - Cholesterol 88 (91 - 305) mg/dL - Amylase high end normal

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. Minor amount of suspended debris present. No evidence of inflammatory or neoplastic changes were 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 left kidney measures 3.0 cm. The right kidney measured 4.5 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 0.40 cm. The right adrenal gland measured 0.30 cm.

Spleen

The **spleen** was enlarged with scalloping contour, measuring 2.0 cm in width, approximately twice normal size. Subtle granular appearance present.

Liver

The **liver** was mildly swollen with hypoechoic parenchyma. The gallbladder was unremarkable. Reactive mesentery noted around the liver. Hepatic lymph nodes were slightly enlarged.

Gastrointestinal

Variable upper **gastrointestinal** thickening noted with reactive mesentery. The remainder of the intestinal tract was unremarkable.



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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

Mild amount of free fluid noted in the abdomen.

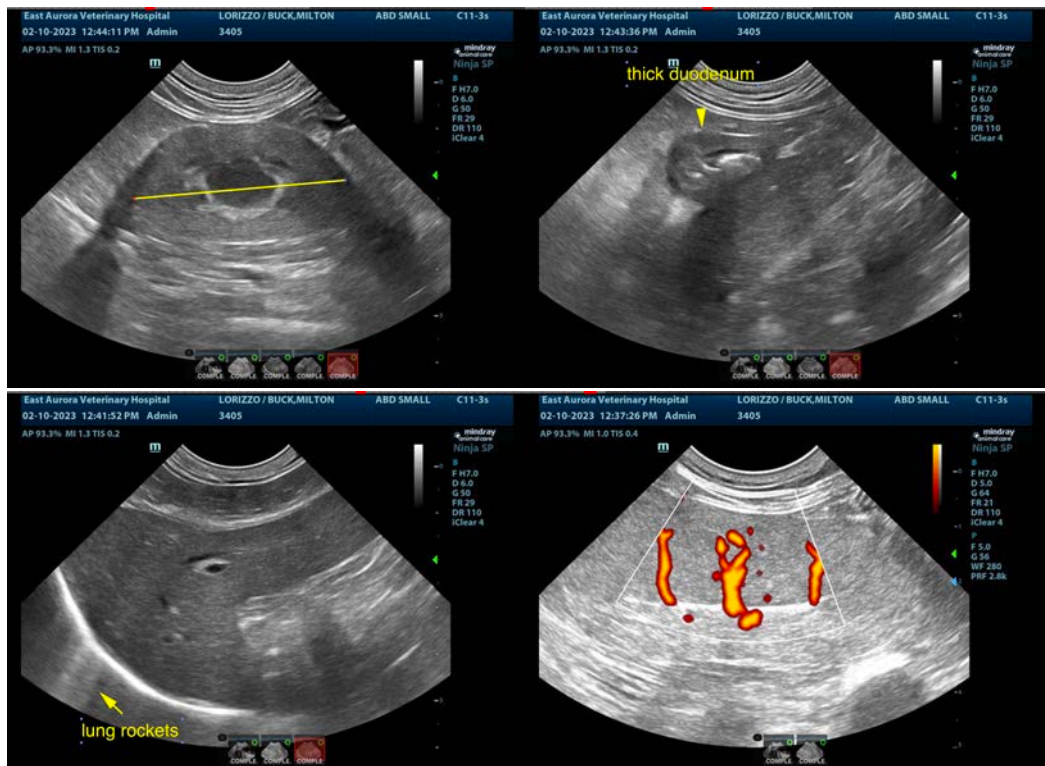
Lung rockets noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly, severe
- Mild hepatic enlargement
- Variable upper GI thickening
- Minor bladder debris
- Age related renal changes
- Mild free fluid
- Lung rockets noted through the diaphragm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend screening FNA spleen and liver in this patient. Round cell neoplasia is a strong concern versus splenitis and reactive liver (less likely). Chest radiographs warranted given the microalveolar consolidations/lung rockets.





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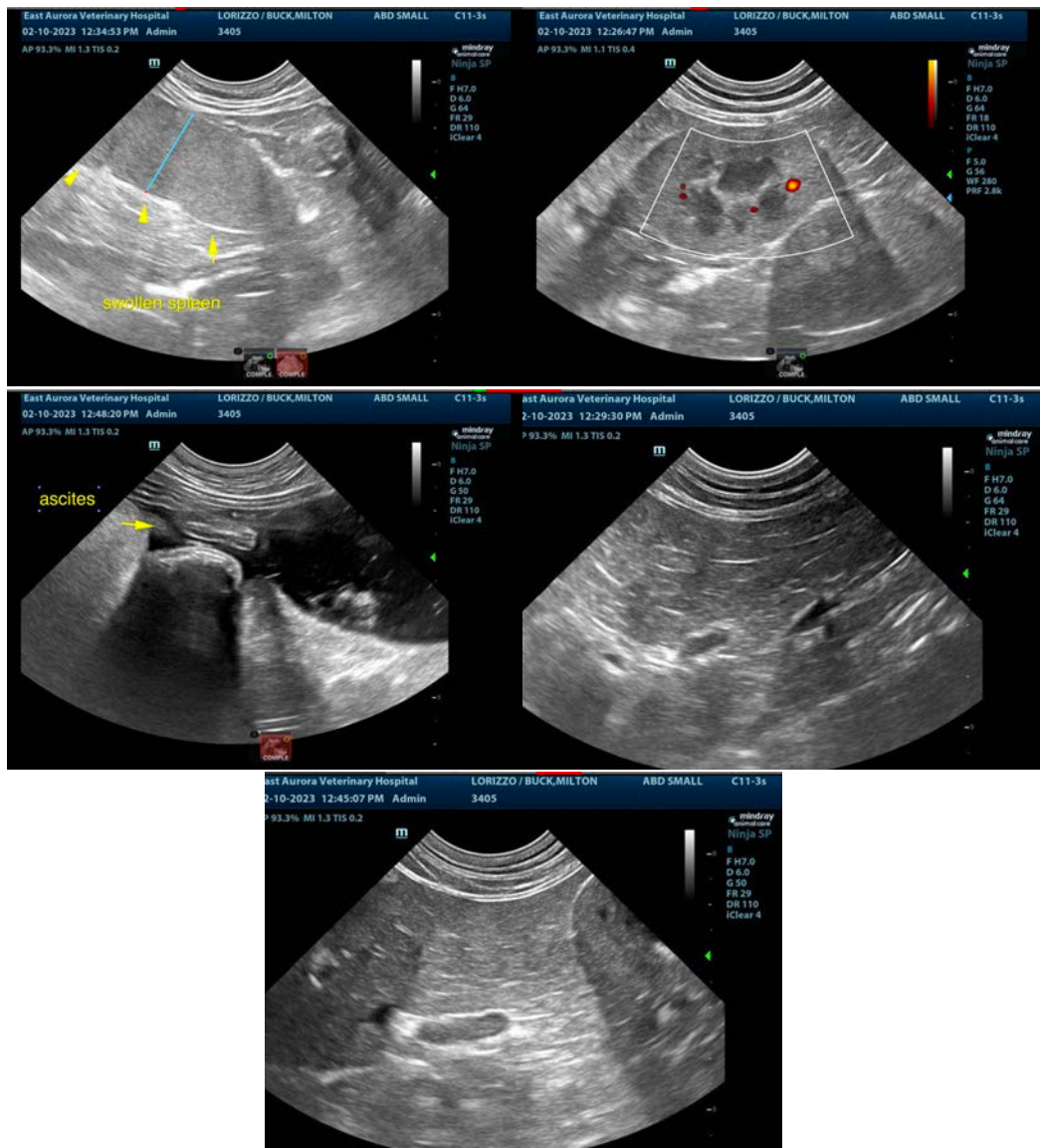
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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