**PATIENT**Sweet Pete Radant
48891A**SPECIES**

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Months

WEIGHT

3.14 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists**INVOICE**

35819

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Beginning 8 days ago, owners noticed Sweet Pete developing odd behaviors- climbing up furniture instead of jumping, slightly wobbly gait A week ago, owners brought him into primary care for evaluation, his gait had become more wobbly Primary care recommended activity restriction due to suspected leg injury, and prescribed Onsior and Buprenorphine 5 days ago, Sweet Pete's balance was even worse, he was very wobbly when walking, and falling over Primary care did x-rays, no fractures or abnormalities appreciated Began having twitching episodes 2 days ago, owners describe as swinging his head back towards his rear end, but flips his whole body as if he's lost control of himself These episodes occur intermittently throughout the day, today they have occurred at least 4 times that the owners have seen, they have noted occurrence about every 1-2 hours Today, Sweet Pete has progressed to dragging his back legs on the ground, has trouble getting in and out of the litterbox, and has jaundice- suspected to be result of NSAID medication Sweet Pete went back to primary care today, they did bloodwork and an urinalysis Primary care transferred here for further care Urinating and drinking water normally Appetite and stool production decreased for past 5 days- owners noted that he ate a decent amount more today than he has been the past 5 days Owners have 3 other cats in the house, all indoor only History of chronic "cough" that has been occurring inconsistently since the summer- coughs as if he is trying to cough up a hair ball, no production

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes ALP 362, ALT 584, T. bili 6.2

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 **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 right kidney measured 3.72 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 0.46 cm.

Spleen

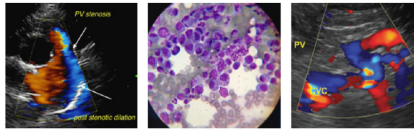
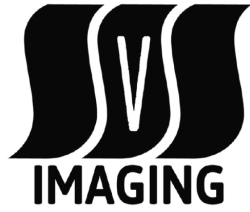
The **spleen** presented subtle micronodular changes, yet normal size at 8.0 mm in width.

Liver

The **liver** was enlarged, swollen and heterogeneous with increased portal markings. Multifocal hypoechoic nodular changes noted, strongly suggestive for an infiltrative disease. The gallbladder was deviated ventrally. A hepatic lymph node was enlarged at 1.9 cm x 1.04 cm. Other lymph nodes also enlarged and irregular. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

IMAGING PERFORMED BY

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Gastrointestinal

Some retention of ingesta was noted in the **stomach**. Jejunal infiltrative pattern noted with wall thickness measuring 0.34 cm and loss of mural detail. Other portions of intestine were unremarkable. A reactive mesenteric lymph node was noted measuring 0.76 cm. A separate lymph node was enlarged, heterogeneous, and moderately irregular, measuring 2.92 cm x 1.25 cm. An epigastric lymph node measured 1.15 cm x 1.6 cm, rounded, hypoechoic, and irregular. The colonic wall revealed a focal hypoechoic thickening measuring 6.0 mm.

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.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative hepatic pattern with multifocal lymphadenopathy and variable intestinal thickening meeting neoplastic criteria.
- Micronodular spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric lymphoma or similar suspected. FNA info of the larger lymph nodes, spleen and liver recommended. Given the patient history, CNS involvement may also be an issue.

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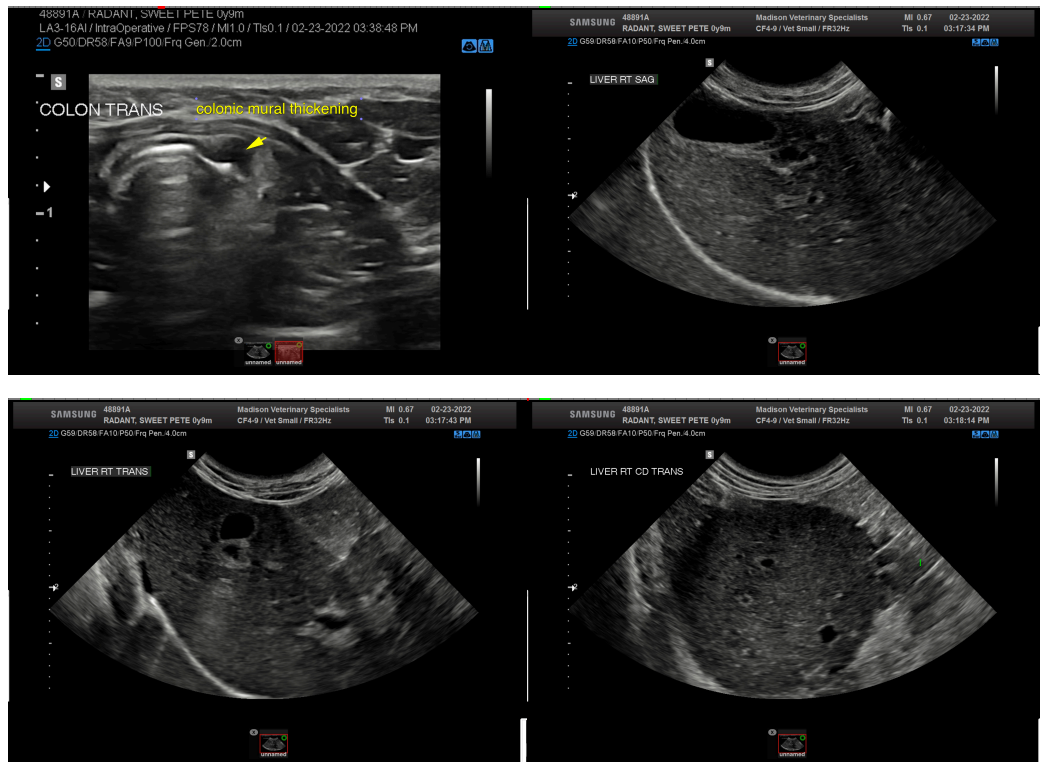
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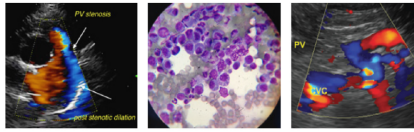
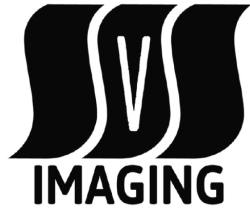
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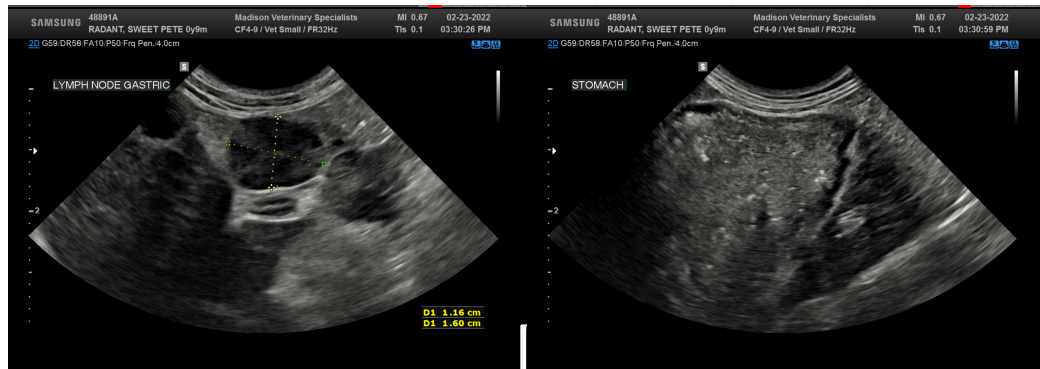
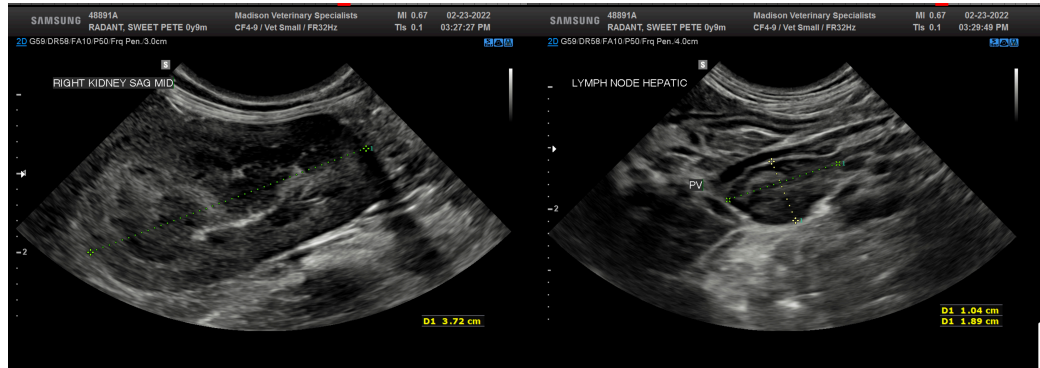
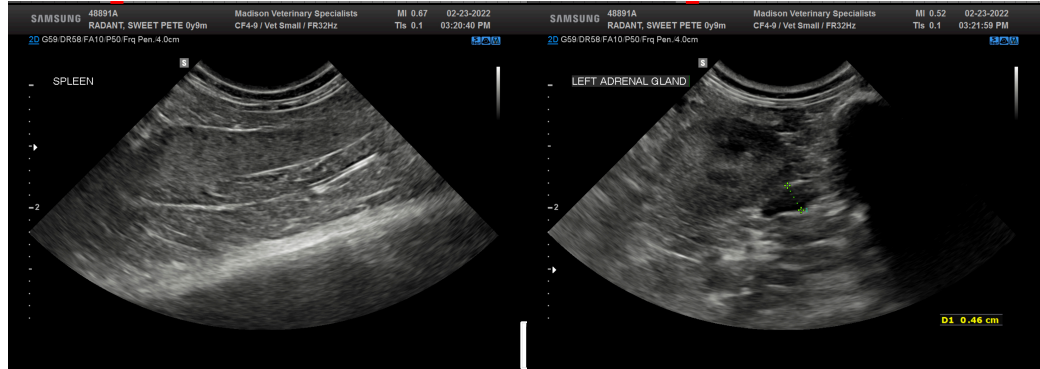
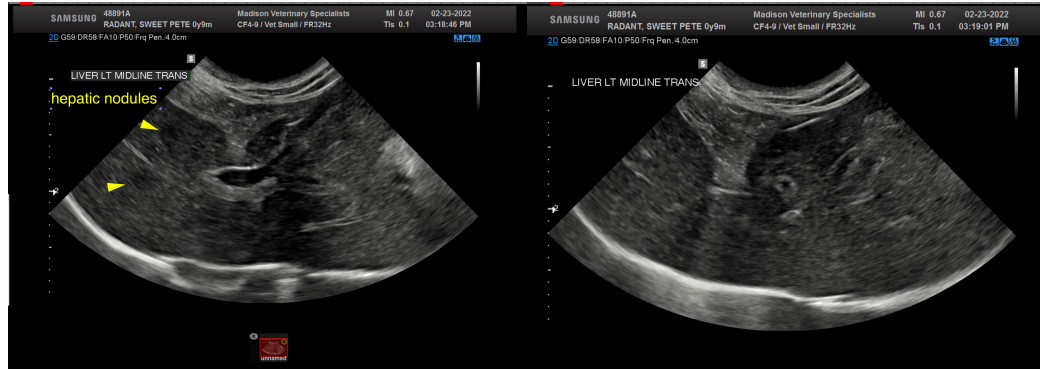
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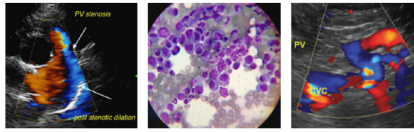
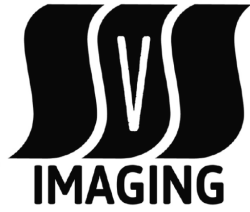
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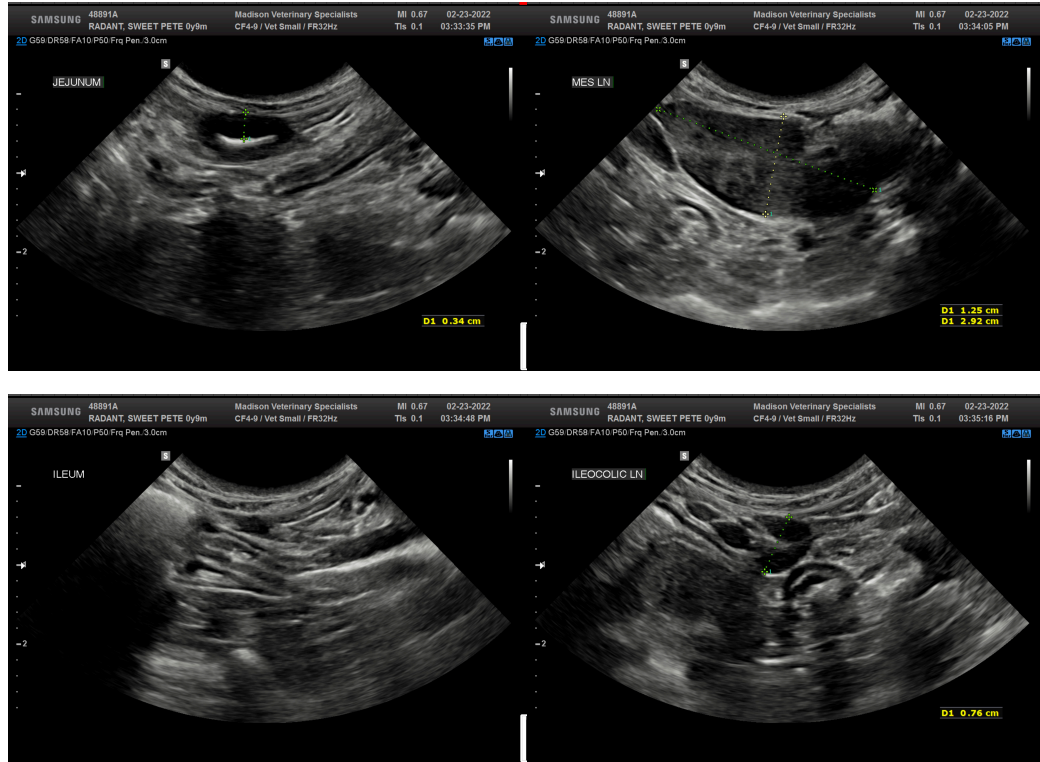
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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