



**PATIENT**

Sweet Pea APW

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

7.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**HOSPITAL NAME**

Butler Vet Hospital

**REFERRING VET**

Dr. Sereda

**INVOICE**

35907

**DATE**

2/25/22

**PRESENTING CLINICAL SIGNS**

Weight loss, diarrhea, ravenous appetite.

**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 **left kidney** was mildly enlarged with thickened cortices and interstitial nephrosis pattern. Corticomedullary and pelvic mineralization noted. No severe loss of structural detail. The left kidney measured 5.0 cm. The **right kidney** measured 4.8 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 right adrenal gland measured 0.50 cm. The left adrenal gland measured 0.50 cm.

**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** was enlarged and mildly heterogeneous. The gallbladder presented a mild amount of excessive debris, slight overdistention and minor swelling.

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**Pancreas**

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**Free Abdomen**

Free fluid noted throughout the abdomen.



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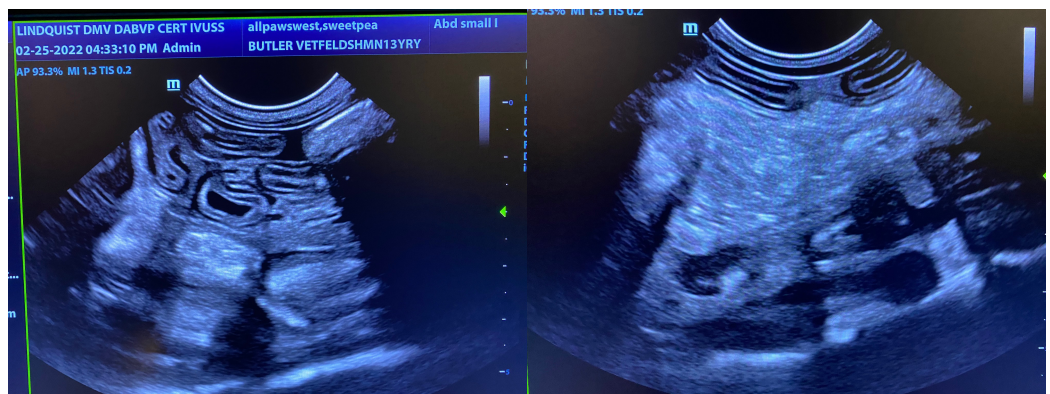
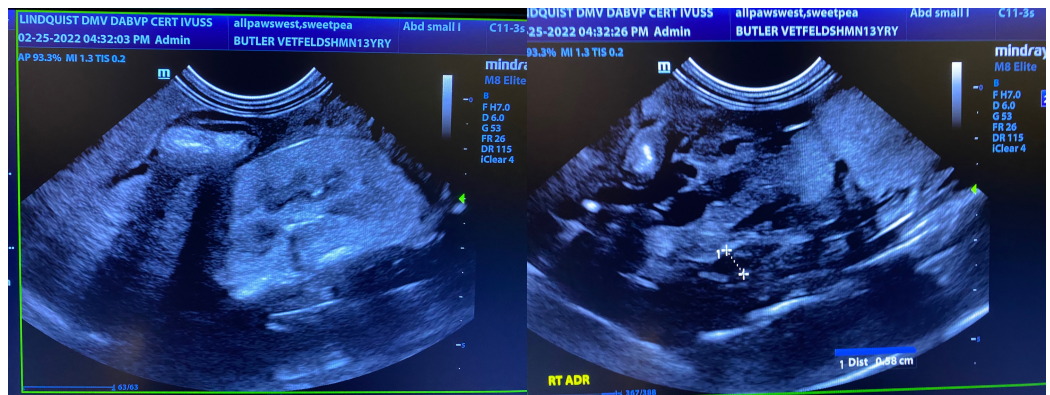
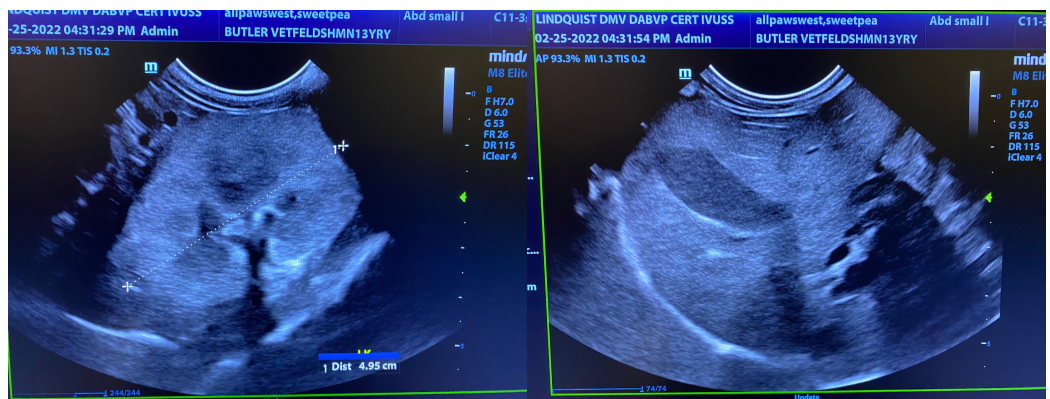
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**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly with non-specific minor heterogeneous changes – Strong suspicion for emerging hepatic lymphoma
- Free fluid
- Chronic interstitial nephrosis pattern, mild potential for renal lymphoma

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Coagulation panel and FNA of the liver indicated. Free fluid would suggest an obstructive process, possibly lymphoproliferative in nature.





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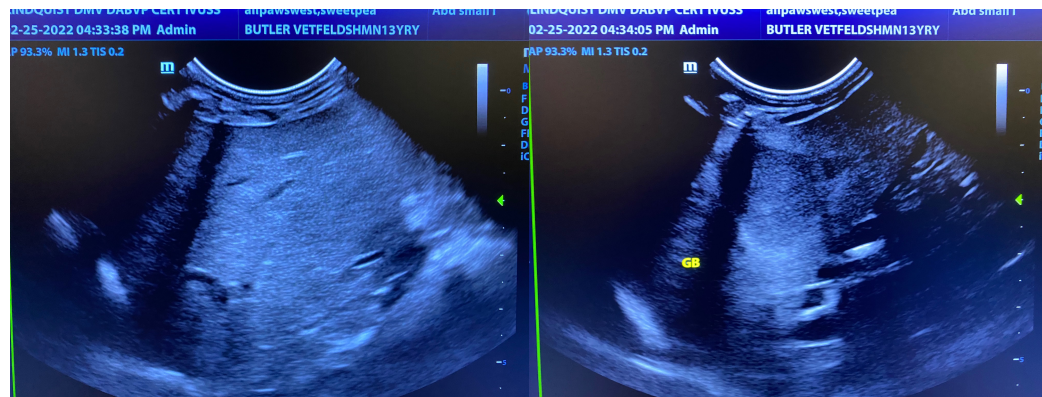
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)