



PATIENT PRESENTING CLINICAL SIGNS

Oliver Meulendyks acute azotemia, lethargy

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

12 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Millen Road AH

REFERRING VET

Dr. Sandhu

INVOICE

35476

DATE

2/4/22

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 swollen, irregular and enlarged at 5.8 cm. Pericapsular inflammatory pattern noted. The **right kidney** was enlarged and irregular with disrupted architecture and multifocal cortical masses and regional inflammation.

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 0.42 cm. The left adrenal gland measured 0.48 cm.

Spleen

The **spleen** was irregular with micronodular changes. Regional free fluid noted.

Liver

The **liver** was enlarged, irregular and hypoechoic to falciform fat with coarse architecture and scalloping contour. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. Variable intestinal thickening noted with regional enhanced mesentery.

Pancreas

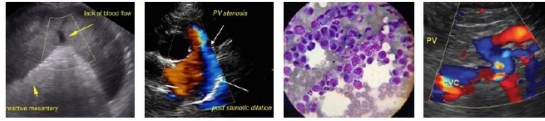
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal lymphoma pattern with probable splenic and hepatic involvement - Lymphomatosis type presentation emerging.
- Variable intestinal thickening with regional enhanced mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of either kidney, liver and spleen indicated for staging purposes.



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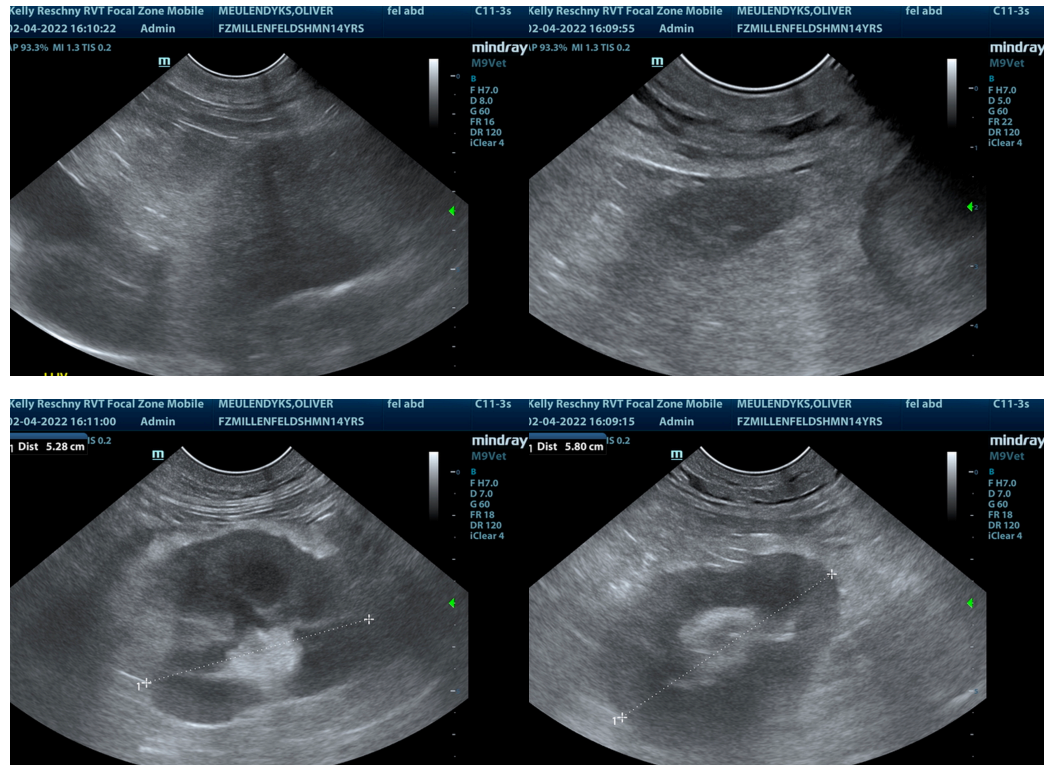
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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