

PATIENT PRESENTING CLINICAL SIGNS

Tipper John
Tipper was presented on early January for the severe jaundice and not eating. Blood work showed elevated liver enzymes. X-rays were normal. He was hospitalized and feeding tube was placed. Began to eat on his own on day 3. Week ago he stopped eating again and again severely jaundice sedated with TDK

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: elevated Alt, ggt, ast, bilirubin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minimal amount of urine was present. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SEX

Neutered Male

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 measured 4.25 cm.

AGE

12 Years

WEIGHT

4 kg

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 0.22 cm. The left adrenal gland measured 0.25 cm.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Spleen

The **spleen** was volume contracted and hypoechoic, mild undulating contour.

Liver

The **liver** was swollen and hypoechoic with scalloping contour and minor increased portal markings. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.

IMAGING PERFORMED BY

Kelly Reschny

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. A mesenteric lymph node was enlarged, hypoechoic and undifferentiated, measuring 2.5 cm x 1.5 cm with enhanced surrounding mesentery. Other smaller lymph nodes were mildly enlarged.

HOSPITAL NAME

Hespeler AH

REFERRING VET

Dr. Bhinder

Pancreas

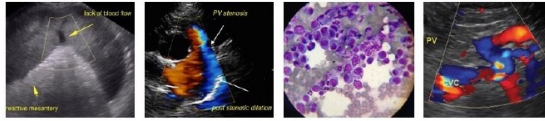
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

INVOICE

35461

DATE

2/4/22



PATIENT **ULTRASONOGRAPHIC FINDINGS**

- Tipper John
- Hepatic enlargement
 - Multifocal lymphadenopathy

SPECIES **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Feline Strong suspicion for hepatic and lymph node based lymphoma. Ultrasound guided FNA of the liver warranted after coagulation panel. FNA of mesenteric lymph nodes ideal as well. Prognosis is guarded to poor. Minor potential for lymphadenitis and cholangiohepatitis.

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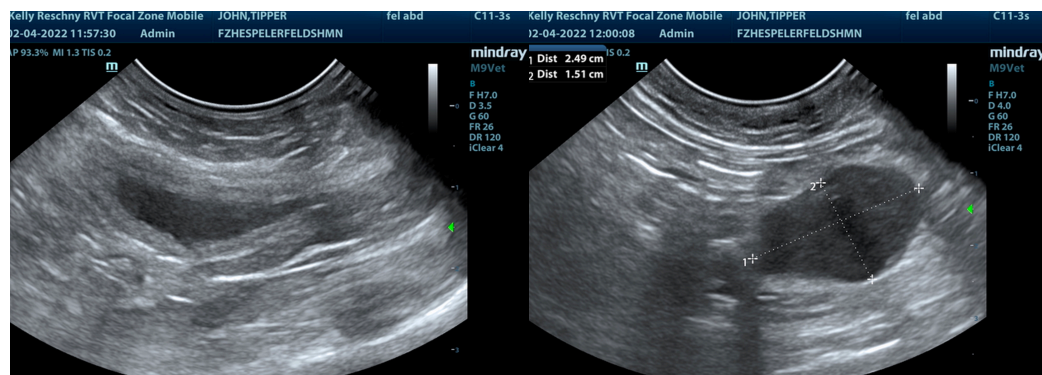
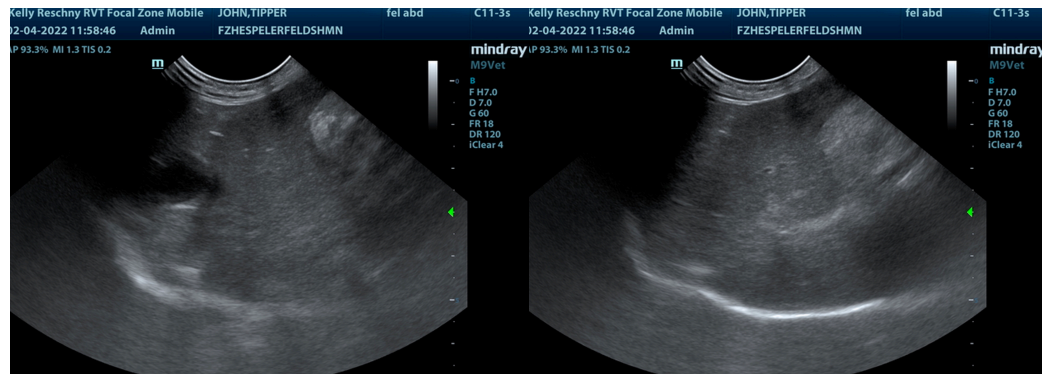
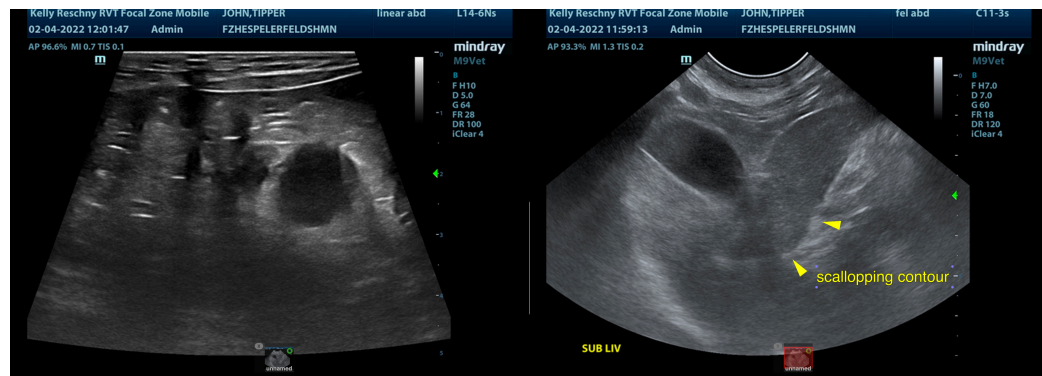
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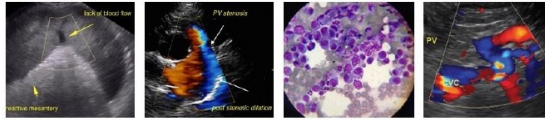
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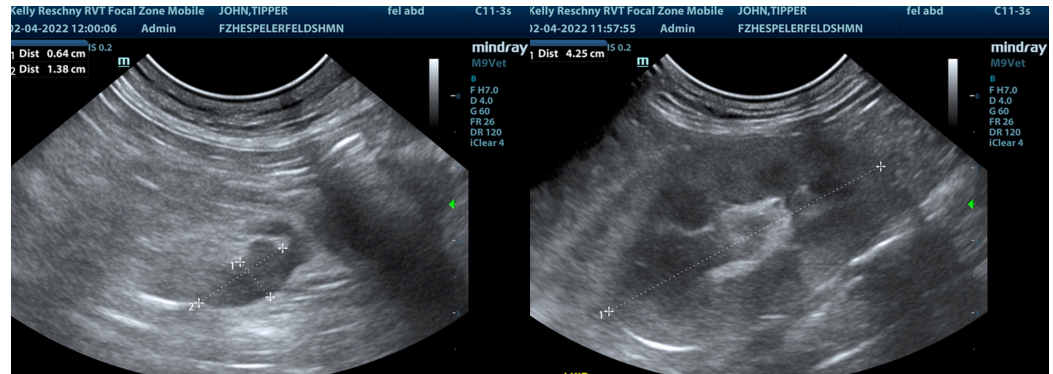
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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