



**PATIENT**

Rossi Cali

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

13.25 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Marti Williams

**HOSPITAL NAME**

Limestone VH

**REFERRING VET**

Marti Williams

**INVOICE**

13816

**DATE**

2/7/22

**PRESENTING CLINICAL SIGNS**

History: Decreased appetite since boarding two weeks ago. Cat has lost > 2 lbs over the past couple of years (was not weighed in between) No diarrhea but now vomits 1-2 times weekly. Slightly tender mid abdomen on palpation.

Abnormal PE/Chem/CBC/UA Results: NSF. UA pending.

**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 **kidneys** revealed moderate degenerative changes. Increased cortical echogenicity present in the left kidney. An infarct was noted at the caudal pole of the left kidney. The left kidney measured 3.5 cm. The right kidney measured 4.5 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 9.0 mm.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**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. No associated abnormal lymphatic activity was noted.

**Pancreas**



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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.

## SPECIES

Feline

### Free Abdomen

The mesenteric **lymph nodes** were enlarged. The pattern would suggest reactive nodes. regional hyperechoic enhanced mesentery was noted. A grouping of lymph nodes measured approximately 2.0 cm x 1.5 cm.

## BREED

DSH

## ULTRASONOGRAPHIC FINDINGS

## SEX

Spayed Female

- Moderate degenerative renal changes with left renal infarct
- Lymphadenitis pattern
- Minor splenic enlargement
- Age-related hepatic changes

## AGE

10 Years

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

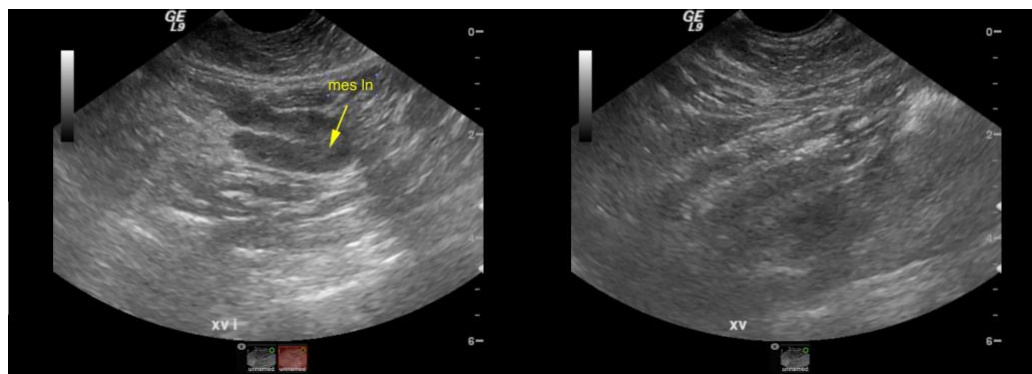
FNA of spleen and mesenteric lymph nodes to assess for early lymphoma, however, other causes of weight loss should be considered in this patient. Cytology and culture +/- PCR indicated. Possibility of emerging round cell neoplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

## WEIGHT

13.25 Lbs.

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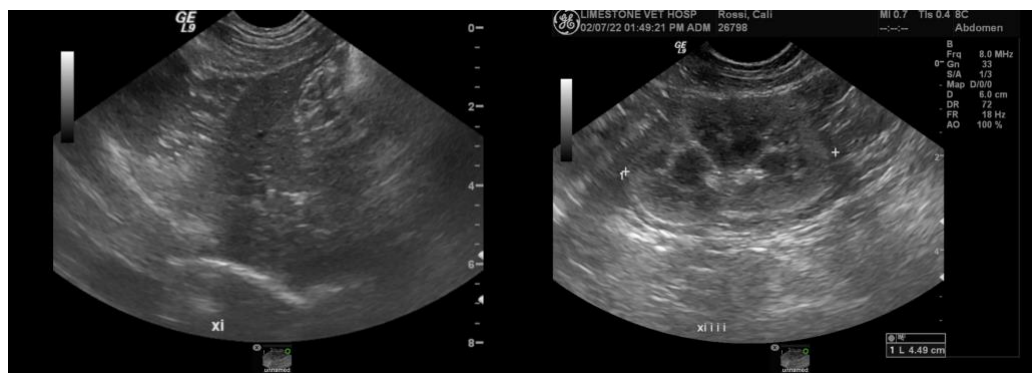


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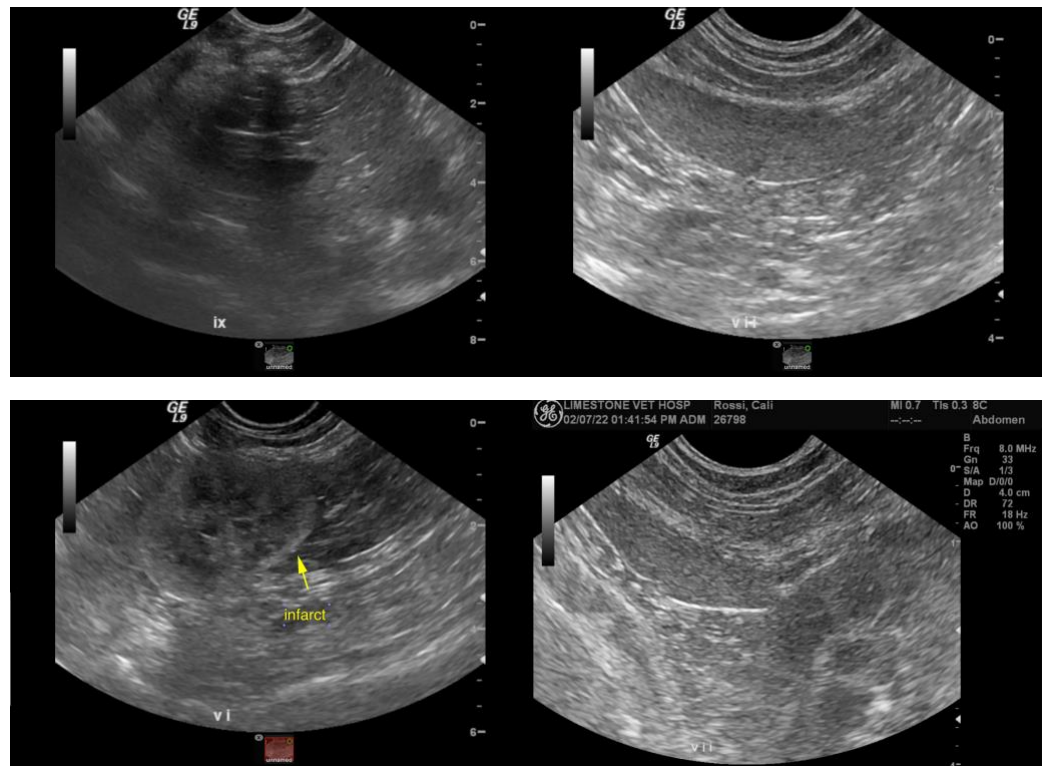
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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