



**PATIENT**

Dutch Brown

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2019

**WEIGHT**

11.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

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**DATE**

02/08/22

**PRESENTING CLINICAL SIGNS**

History: Thickened intestines/weight loss 2 lbs – improved on Prednisolone

Lymph node enl – 2.0 x 1 cm

Hx poss lymphoma vs FIP

Follow up AUS

Weight gain 1 lb on Prednisolone

Labs + previous AUS attached

**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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.16 cm.

**Adrenal Glands**

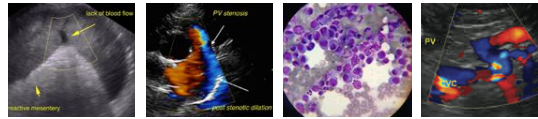
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**Spleen**

The **spleen** was hypoechoic and expansive with nodular changes. There were two separate nodules one measured 2.15 x 1.09 cm and the other measured 0.81 x 0.71 cm.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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## Gastrointestinal

The **gastrointestinal tract** is largely similar to the prior sonogram with minor intestinal wall thickening without loss of detail. The epigastric lymph node was persistently enlarged, hypoechoic and peripherally inflamed and measured 0.8 cm. The mesenteric lymph node measured 2.0 x 1.0 cm. This is similar to the prior sonogram.

## Pancreas

The **pancreas** revealed minor, heterogenous changes.

## ULTRASONOGRAPHIC FINDINGS

Persistent and progressive mesenteric lymphadenopathy.

Splenic nodules/mass formation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodules and lymph nodes are strongly encouraged if not already performed. There is a strong probability of lymphoma or similar neoplasia. This represents a negative progression from the prior sonogram.

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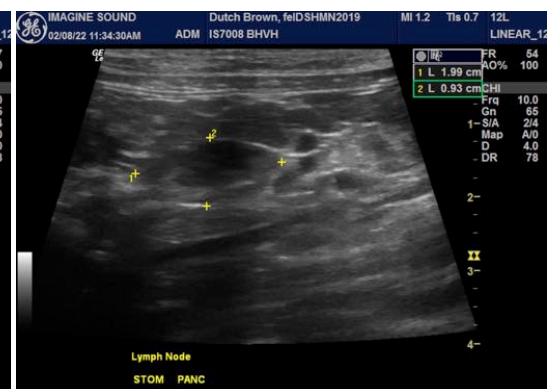
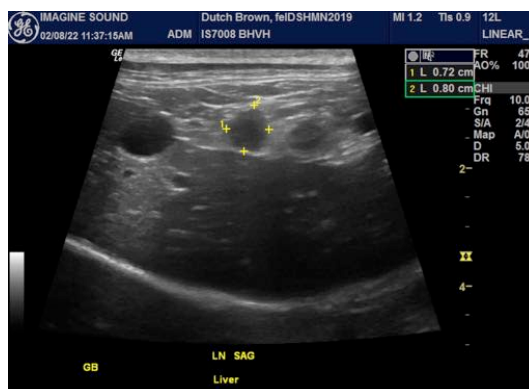
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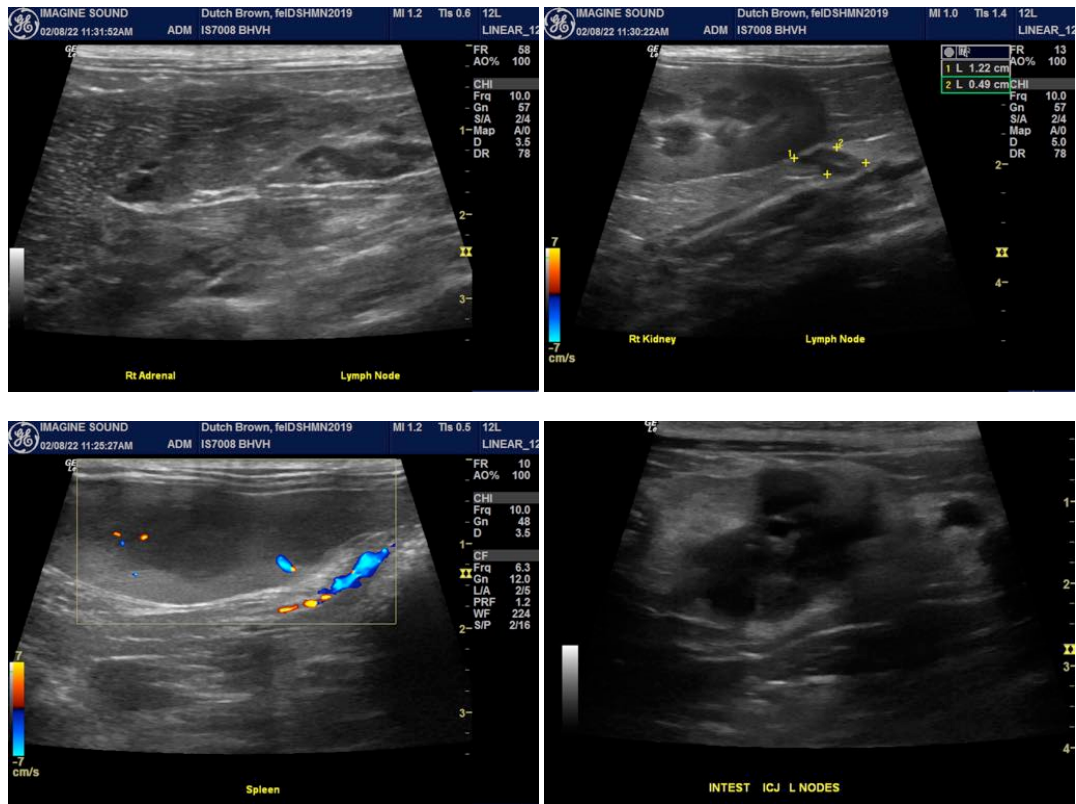
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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