



**PATIENT**

Hazelnut Ghanen

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

7.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. McCaughan

**HOSPITAL NAME**

Marina Village VIC

**REFERRING VET**

Dr. McCaughan

**INVOICE**

43060

**DATE**

3/1/23

**PRESENTING CLINICAL SIGNS**

History: \*S 14 yr old DLH presents for AUS for suspected lymphoma, due to weight loss and tender abdominal palpation (without obvious mass effect on palpation). \*O -General Appearance: Bright, alert and responsive -Hydration: Hydration appears normal -Eyes: Nuclear sclerosis - + PLRs OU on direct light examination -Ears: No exudate observed, no redness present -Oral Cavity: Tartar moderate; -Nasal Cavity: Abnormal: mucoid discharge both nares; crusting upper respiratory congestion -Cardiovascular: Regular rhythm; no murmur detected -Respiratory: Lungs auscultate clear bilaterally; trachea clear - Abdomen: Abdomen palpates normally; no pain, tenderness or masses on palpation -Rectal: Did not perform rectal exam -Musculoskeletal:Kyphosis of spine with dropped hocks; not severe, but likely there is back pain associated with arthritis. No known radiographs to my knowledge. -Integument: Abnormal: spiky hair coat, under grooming. -Lymph Nodes: Lymph nodes are all normal in size - Urogenital: External genitalia appears normal; bladder palpates normally -Neurologic: No apparent abnormalities \*A - weight loss; dehydration; concern for LSA \*P Recommendations 1, Sedation for AUS - 0.1 cc Torb IV + 0.05 cc Dexdormitor IV [X] 8:56am

**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 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. The right kidney measured 3.47 cm. The left kidney measured 3.6 cm with slight pyelectasia.

**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** 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 was noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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



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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.

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**Gastrointestinal**

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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.

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**Pancreas**

**AGE**

14 years

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.

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**ULTRASONOGRAPHIC FINDINGS**

Geriatric abdomen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of neoplasia. The changes are expected for this age and species.

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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.

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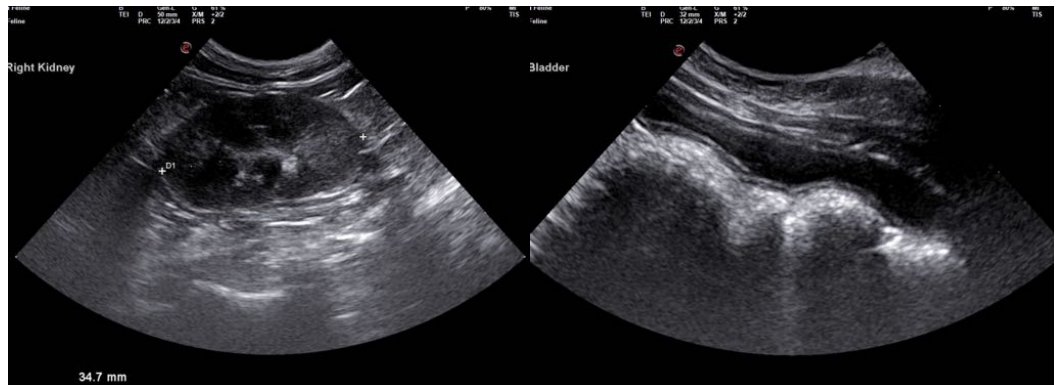
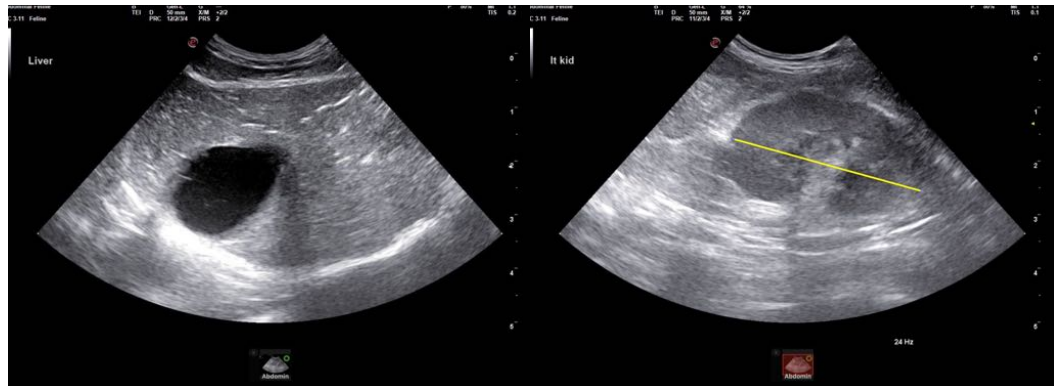
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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