



PATIENT

Ducky Hammer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 11 Months

WEIGHT

18.94 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Dr. Katie Freson

HOSPITAL NAME

Kings Vet Hospital

REFERRING VET

Dr. Ellen Puthoff

INVOICE

36050

DATE

3/10/22

PRESENTING CLINICAL SIGNS

Ducky presents today for decreased appetite and gastrointestinal signs. He has not been eating well for the past five days or so. He would initially eat some wet food but now has progressed to not eating anything - wouldn't even eat tuna or catlax which normally loves. He was drinking up until yesterday. He has vomited about four times in the past five days - retching followed by some fluid material. Doesn't have a history of vomiting. He had diarrhea a couple of weeks ago but nothing since. He does have intermittent bouts of diarrhea when he receives new food. He is salivating excessively. Does have a tendency to chew things up - will chew on cardboard boxes. Last time saw in the litterbox was 2-3 days ago.

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 thickened cortices and were mildly irregular. Interstitial nephrosis pattern. The kidneys measured 4.0 cm each.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged (1.3 cm) 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.

Liver

The **liver** was swollen and hypoechoic with undulating contour. The gallbladder was deviated.

Gastrointestinal

The **stomach** itself was unremarkable. Variable intestinal thickening noted with loss of structural detail. Mesenteric lymph nodes were enlarged, rounded and hypoechoic with distorted architecture, measuring up to 2.0 cm with regional hyperechoic surrounding fat.

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.

Free Abdomen

Free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Multicentric lymphoma pattern involving lymph nodes, spleen and liver



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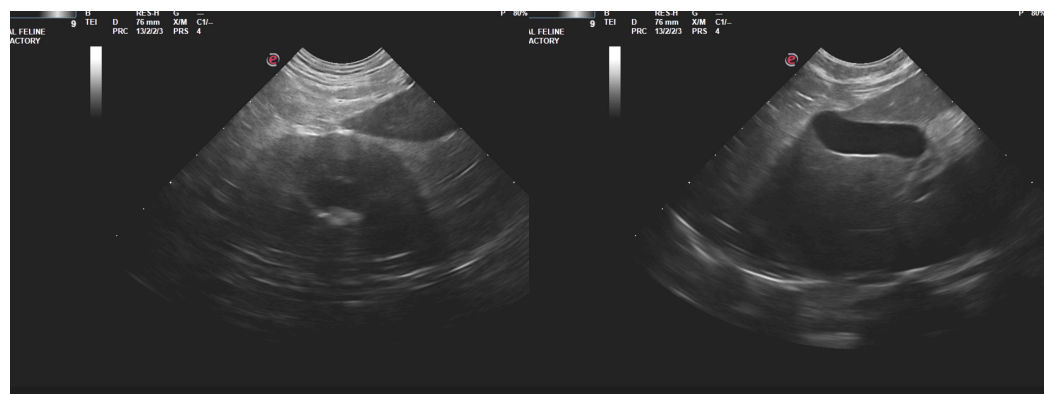
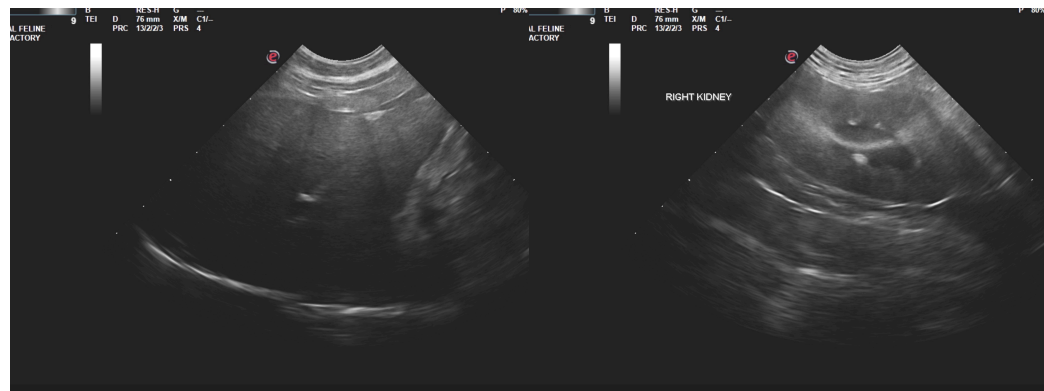
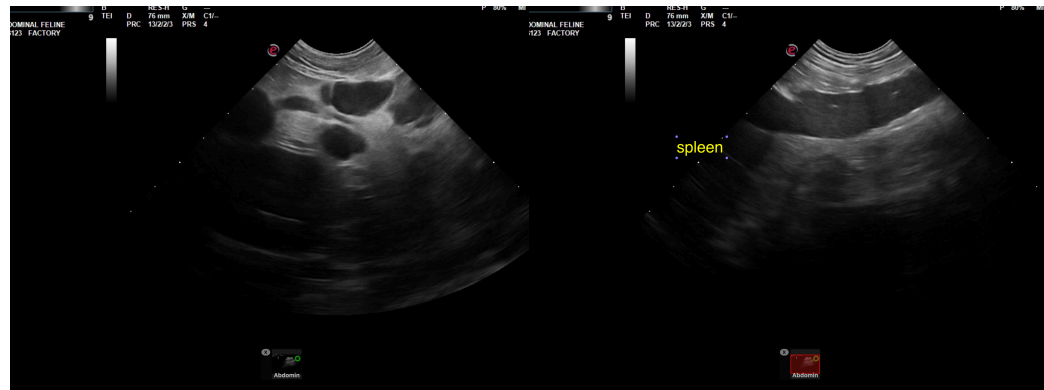
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of all three of these structures would be ideal to confirm suspicion of lymphoma or similar neoplasia, followed by immediate chemotherapeutic intervention.



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.

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