



**PATIENT PRESENTING CLINICAL SIGNS**

Nola Riccio History: Frequent vomiting Current meds: cerenia tablets 16mg  
 Abnormal PE/Chem/CBC/UA Results: Alb 4.1, PSA LIPA 42, Lymphs 14%, abs lymphs 826, PLT 93x10<sup>3</sup>

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Domestic Shorthair

**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.

**SEX**

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.05 cm. The right kidney measured 4.46 cm.

**AGE**

12 years

**WEIGHT**

15.8 lbs

**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 0.45 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**Spleen**

The **spleen** is severely enlarged at 2.12 cm with swollen contour.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**Liver**

The **liver** parenchyma was uniformly hyperechoic to falciform fat without disruption of architecture. No masses were noted. The gall bladder and common bile duct were unremarkable. This presentation is most consistent with hepatic lipidosis with the minor potential for underlying lymphoma or inflammatory hepatopathy. The potential for these latter pathologies would be based on hepatic enzyme elevations and clinical profile. A 25-gauge US-guided FNA is warranted if any elevation in SAP or bilirubin is present or if anorexia is present to assess cytological disease (lipidosis or round cell neoplasia). Biopsy is warranted if an elevation in ALT is present to assess hepatic portal infrastructure yet should be done with caution owing to parenchymal fragility in these presentations.

**HOSPITAL NAME**

Summit Dog and Cat Hospital

**REFERRING VET**

Dr. Lepkowski

**INVOICE**

96922

**DATE**

3/16/22



**PATIENT** *Gastrointestinal*

Nola Riccio The upper duodenum/pyloric outflow revealed a 1.51 x 0.84 cm hypoechoic mural lesion. The common bile duct was normal and measured 0.15 cm. Variable intestinal thickening was noted elsewhere. Regional inflammation was noted associated with the intestinal thickening.

**SPECIES**

Feline

*Pancreas*

**BREED**

Domestic Shorthair

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

Severe splenomegaly.

12 years

Mural infiltrative upper duodenal/pyloric outflow lesion. Other areas of intestinal thickening were also present.

**WEIGHT**

Hepatic lipidosis.

15.8 lbs

Age related pancreatic changes.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Splenic +/- intestinal lymphoma is suspected. FNA of the spleen is indicated. FNA of the upper duodenal lesion, but may be difficult to exfoliate. If the splenic aspirates reveal lymphoma or similar neoplasia it can be presumed that the pathology is also in the intestinal tract. Three view chest radiographs are warranted if not already performed. Guarded prognosis.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

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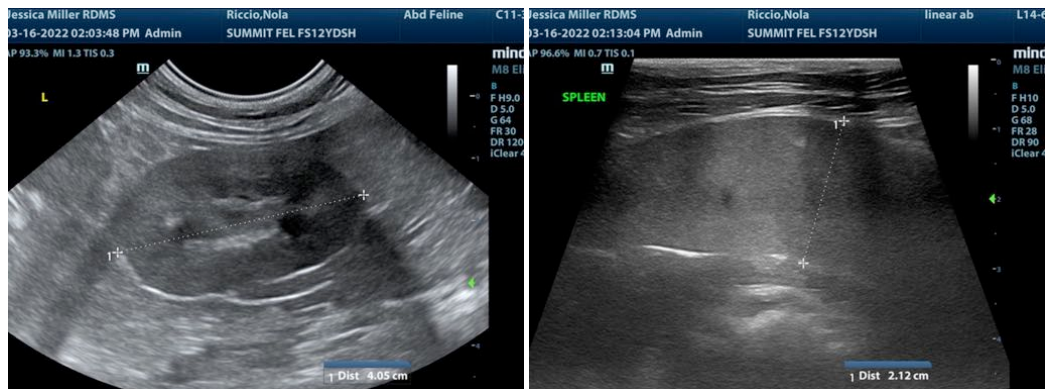
Dr. Lepkowski

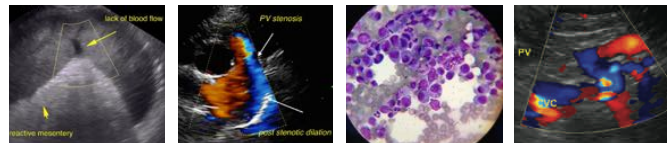
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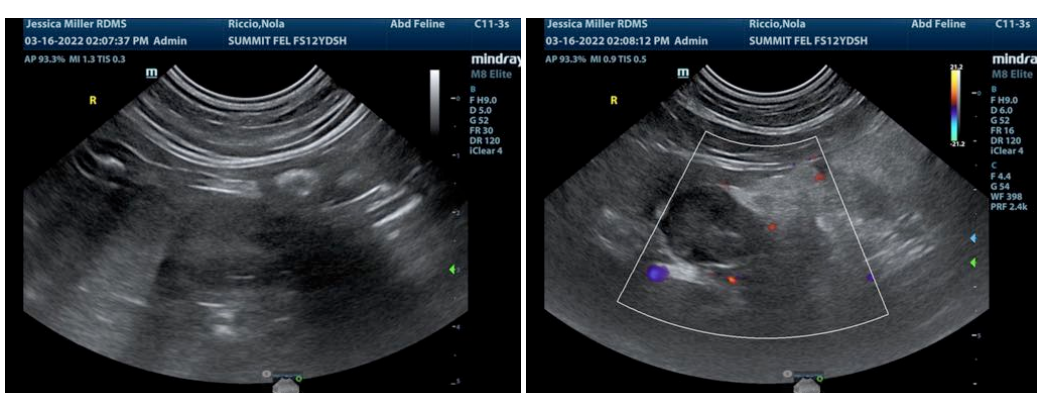
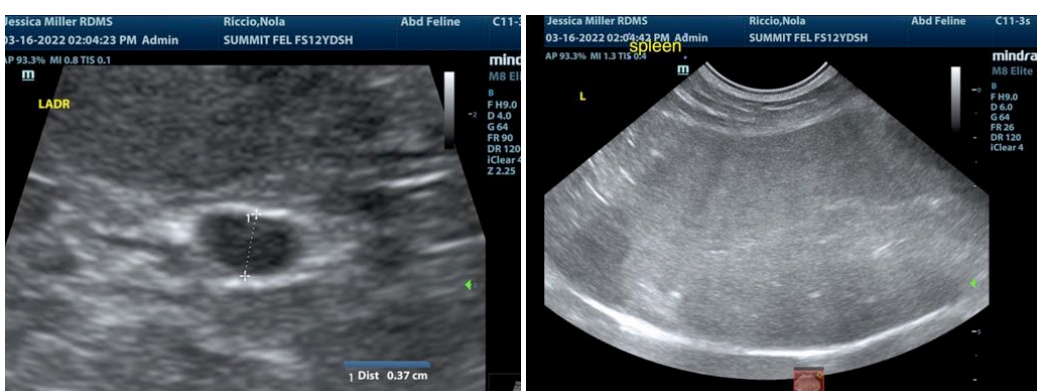
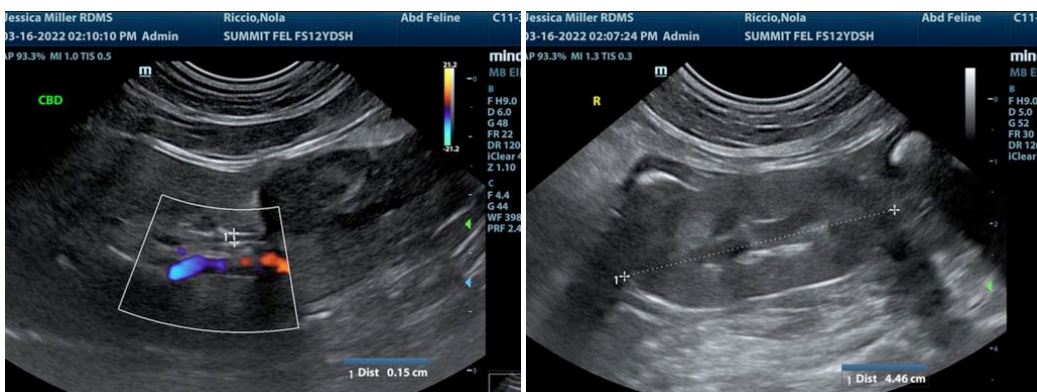
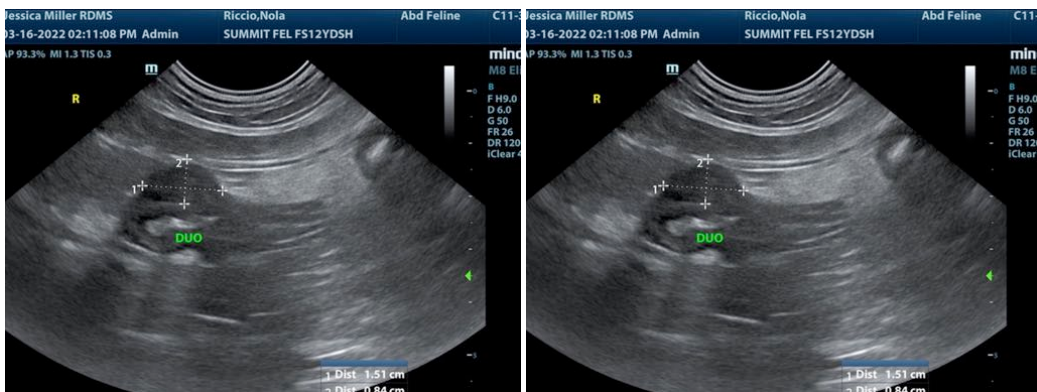
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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