



PATIENT PRESENTING CLINICAL SIGNS

Nala Jones presented to her vet on 1/13 for urinary issues, ADR, and hyporexia. Her (sedated) exam was unremarkable. They saw RBC's, WBC's, and glucosuria on an in house UA. They sent off a senior panel and started IV fluids, cerenia, and convenia. They also took a rad that was unremarkable. Her senior panel showed mild anemia, mild neutrophilia, hypoalbuminemia, proteinuria, glucosuria, and she had cocci with >100 WBC's in the urine. After speaking with an Idexx internist her doctor made the presumptive diagnosis of pyelonephritis. They added Enrofloxacin and Nala responded well and did great. She was also getting intermittent gabapentin at that time as well. She presented again on 2/15 with essentially the same symptoms. They did the same testing with an additional urine culture, which showed no growth and started her on the same meds. Nala's signs returned 3/16.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

8 years

WEIGHT

9.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

Total Bond VH

REFERRING VET

Dr. Harris

INVOICE

96952

DATE

3/17/22

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 right kidney measured 4.02 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. The right adrenal gland measured 0.39 cm. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged and measured 1.3 cm with slight scalloping contour.

Liver

The **liver** was slightly heterogenous, yet mildly irregular. The gallbladder revealed a minor amount of dependent debris.



PATIENT

Gastrointestinal

Nala Jones

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The caudal abdomen revealed an intestinal mass that measured 3.6 x 3.0 cm with wall thickness that measured 2.0 x 1.0 cm. Regional inflammation was noted. Exact location of the mass could no be completely ascertained, yet appears to be colonic.

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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.

SEX

Spayed Female

Free Abdomen

Slight free fluid was noted adjacent to the liver.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.5 lbs

Splenic enlargement with slight free fluid adjacent to the liver.

Non-resectable, caudal abdominal intestinal mass. Presumed to be colonic.

Splenointestinal neoplasia/lymphoma is suspected with possible early hepatic involvement.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated to ensure that this is a reactive state or splenitis versus emerging round cell neoplasia. Ultrasound-guided FNA of the intestinal mass is indicated +/- FNA of the liver.

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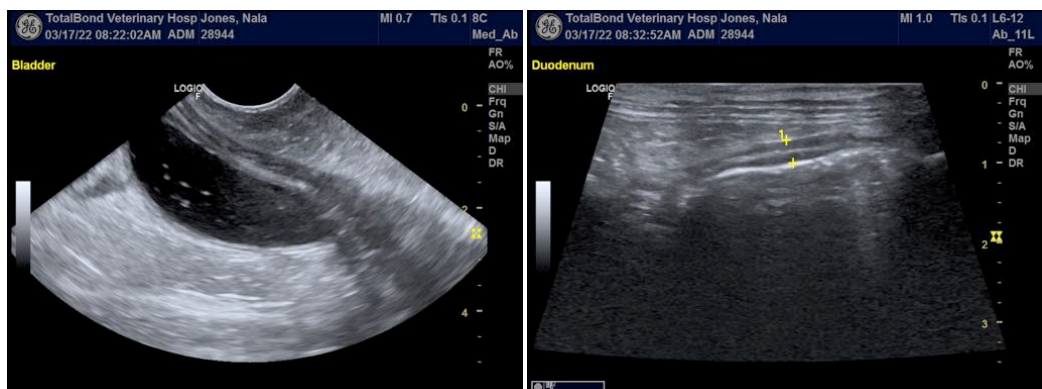
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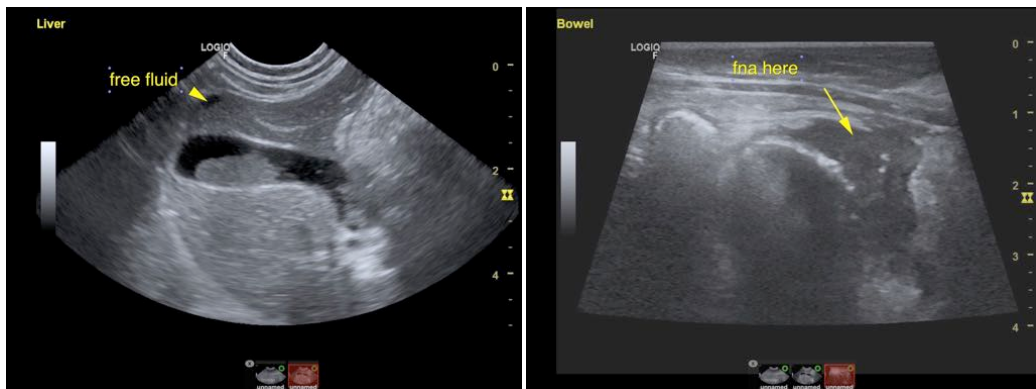
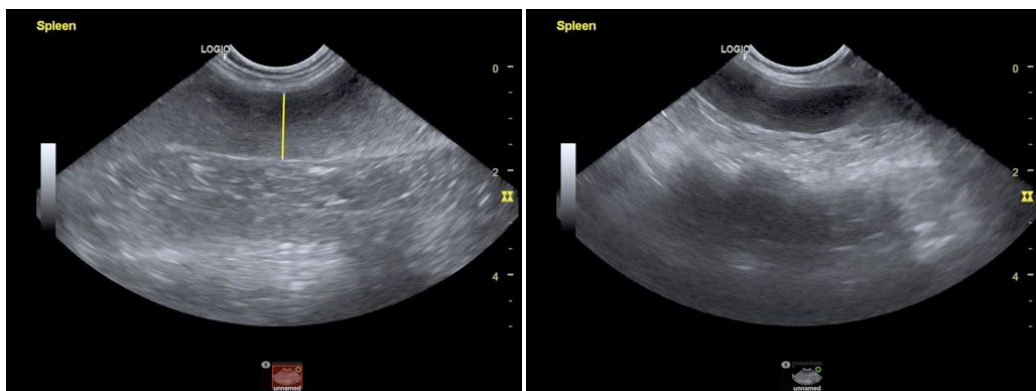
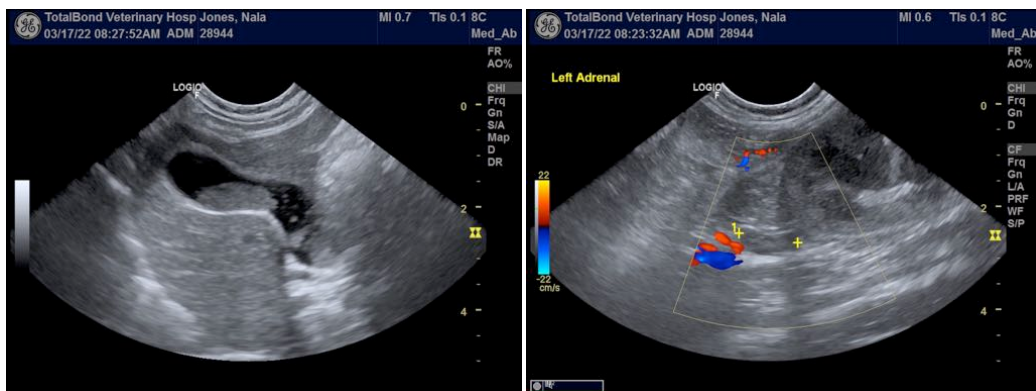
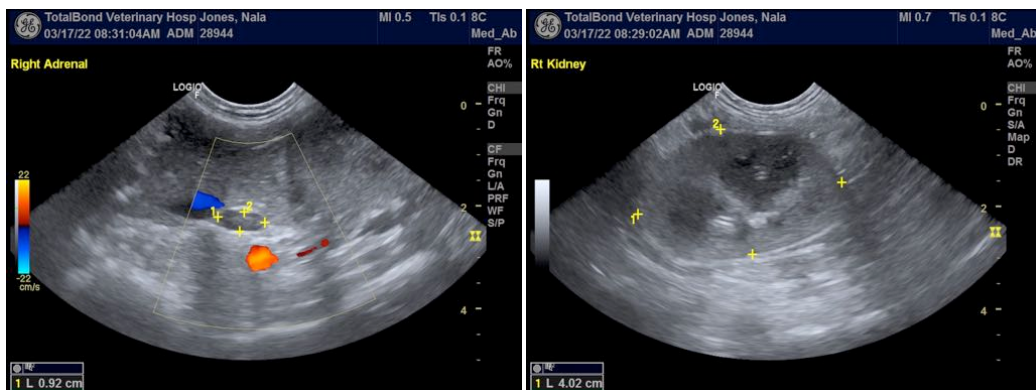
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

WEIGHT

9.5 lbs

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.

INTERPRETED BY

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