



**PATIENT**

Annie Omark  
Dr. Pet

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6-7 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Omark

**INVOICE**

36501

**DATE**

3/28/22

**PRESENTING CLINICAL SIGNS**

Acute onset anorexia on Friday. Icteric on exam. History of 8" jejunal R&A for necrotic intussusception Oct. 2017. Supportive care of the weekend (IVF, Cerenia, Famotipine, Mirtazapine). Eating a little, but has lost more weight and is more visibly icteric.

Abnormal PE/Chem/CBC/UA Results: PE (initial): QAR, mild icterus. Discomfort on palpation of abdomen. BW (3/25): T. Bili 1.8, Alb 2.7, Glob. 5.9, A:G 0.5, ALT would not read, Lipase 1,730. WBC 6.8k, Monocytosis. Plt 55 L, clumped platelets on smear. RADS: Kidneys unequal in size, indistinct liver margins.

**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 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 and no evidence of pelvic dilation was present. The right kidney measured 3.5 cm. The left kidney measured 4.5 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 left adrenal gland measured 0.47 cm.

**Spleen**

The **spleen** was enlarged with scalloping contour, strongly suggestive for an infiltrative pattern, possibility of splenitis less likely. An isoechoic to slightly hyperechoic nodule was noted measuring 1.54 cm x 0.44 cm.

**Liver**

Non-specific diffuse **hepatomegaly** noted with coarse architecture. The parenchyma was isoechoic to surrounding fat. Strong concern infiltrative disease. Positive murphy sign noted around the liver, including right kidney and caudate process. Trace amounts of free fluid noted around the liver. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat.



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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

- Splenic nodule/mass with infiltrative pattern
- Hepatomegaly – strong concern for hepatic lymphoma or other round cell neoplasia
- Trace free fluid

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

It is likely the liver that is causing the discomfort. Ideally, coagulation panel and 25-gauge ultrasound guided FNA spleen and liver would be performed to compare cytological results. Mast cell disease is a mild potential. Benadryl injection prior to sampling would be ideal. Prognosis is guarded.

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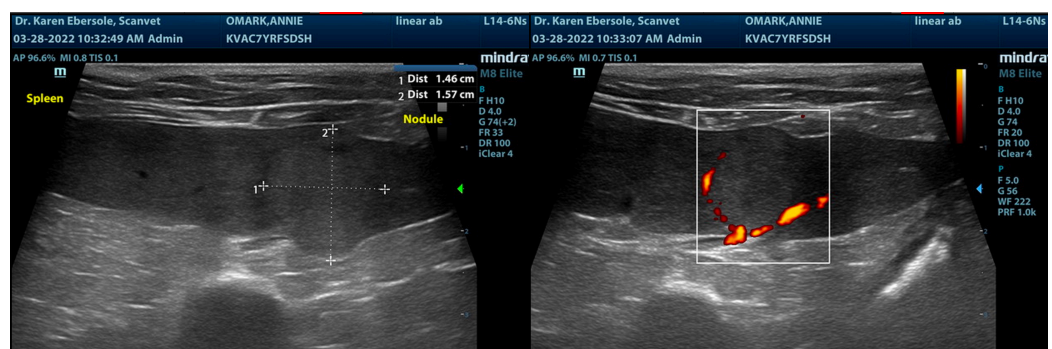
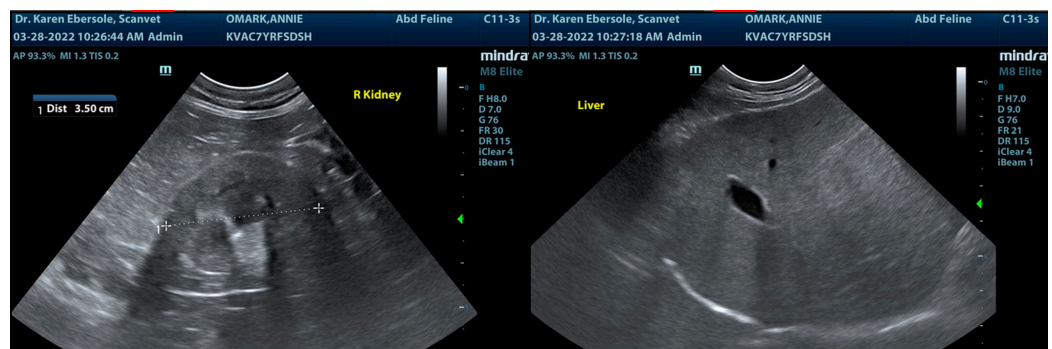
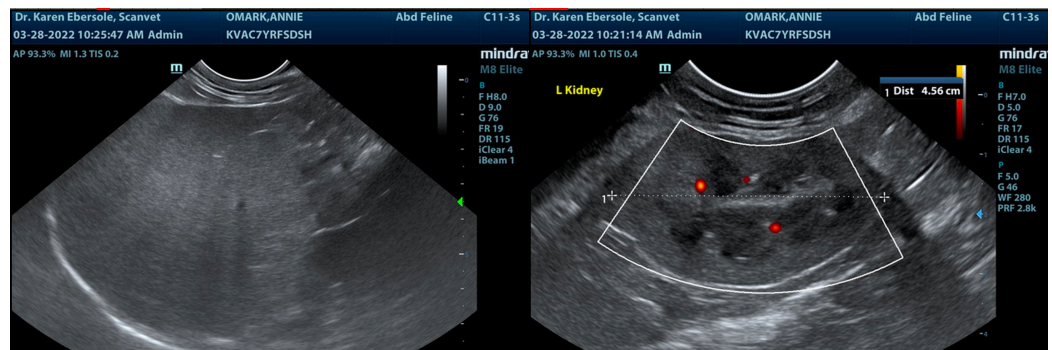
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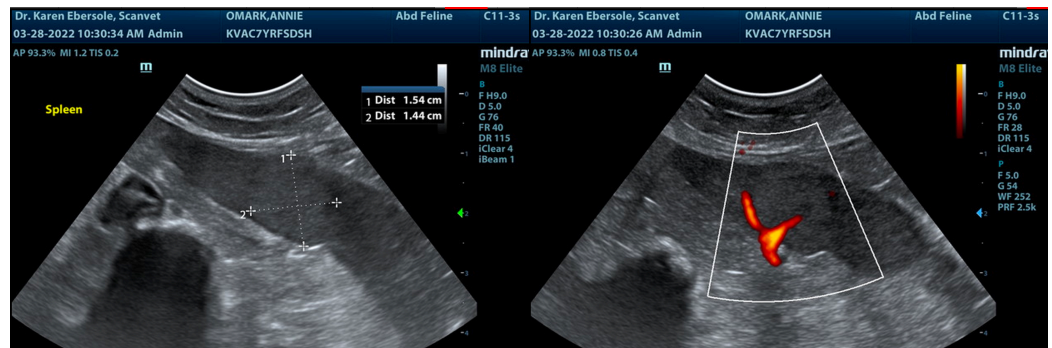
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

[info@SonoPath.com](mailto:info@SonoPath.com)