



PATIENT PRESENTING CLINICAL SIGNS

Trip Paev History: Historical weight loss, suspected lymphoma

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **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.

BREED

Domestic Shorthair

SEX

Neutered male

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. The left kidney measured 3.84 cm with pyelectasia that measured 0.3 cm. The right kidney measured 4.1 cm with pyelectasia that measured 0.3 cm.

AGE

17 years

WEIGHT

8.75 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.

INTERPRETED BY

Eric Lindquist, DMV
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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. The spleen measured 1.0 cm in width.

IMAGING PERFORMED BY

Dr. Buss

HOSPITAL NAME

Kings VH

Liver

REFERRING VET

Dr. Buss

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented multiple calculi and coalesced debris. Striating gallbladder bile was also noted.

INVOICE

Gastrointestinal

DATE

3/3/22

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



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and luminal content as unremarkable. The mesenteric lymph node was enlarged and measured 2.0 x 1.0 cm. The epigastric lymph nodes were slightly enlarged and measured 0.5 cm.

SPECIES

Feline

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.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Mesenteric and epigastric lymphadenopathy. Likely reactive, possibility of emerging lymphoma.

Age related renal, GI and hepatic changes with gallbladder biliary striations and calculi.

Pyelectasia.

AGE

17 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.75 lbs

If accessible FNA of the mesenteric lymph nodes would be warranted, but they may be difficult to adequately exfoliate for a definitive diagnosis. Empirically Ursodiol therapy is recommended in an attempt to dissolve the biliary sludge and calculi. 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. Urinary workup is warranted if not already performed given the renal pyelectasia.

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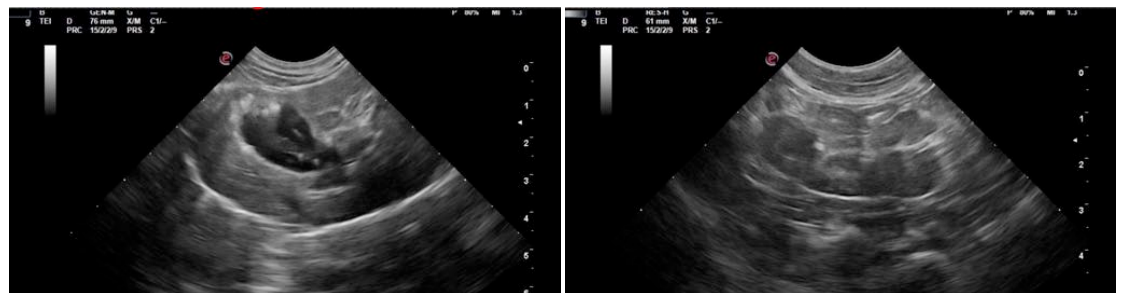
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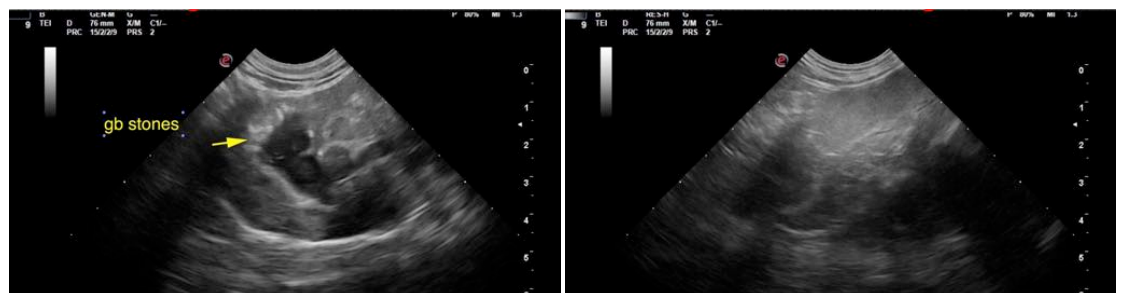
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SPECIES

Feline

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SEX

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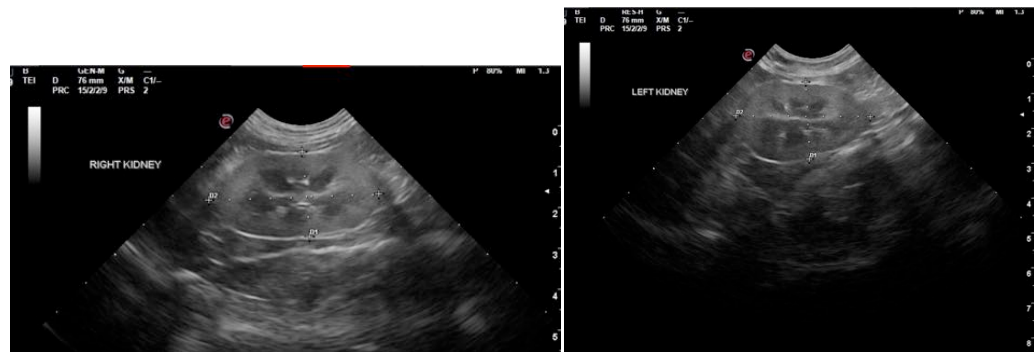
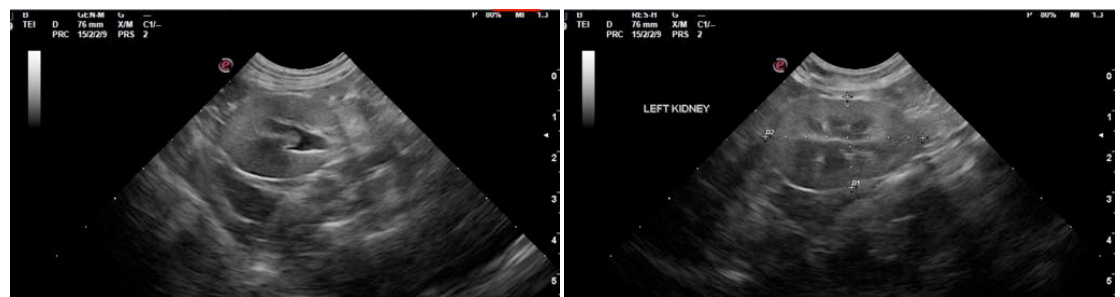
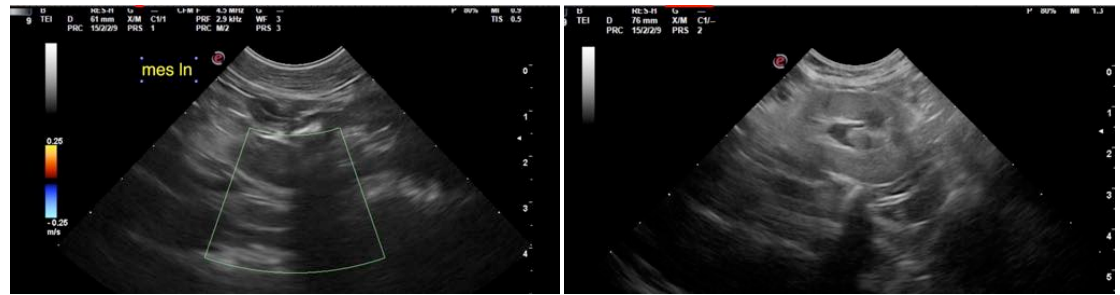
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DATE

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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.

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