



PATIENT

Olive LaVine

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

10.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Taylor McConnell

INVOICE

36778

DATE

4/11/22

PRESENTING CLINICAL SIGNS

Patient with history of pancreatitis, presents for chronic vomiting. Painful, distended abdomen. Current meds: mirtazapine, cerenia, metronidazole, and gabapentin. Abnormal PE/Chem/CBC/UA Results: FPLI 4, amylase 1594.

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 left kidney measured 3.15 cm. The right kidney measured 3.15 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 0.40 cm. The right adrenal gland measured 0.50 cm.

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 were noted.

Liver

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 acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** tract revealed variable areas of intestinal wall thickening with inversion of the muscularis/mucosal ratio and areas of loss of mural detail in the distal small intestine. Mesenteric lymph nodes were enlarged, hypoechoic and rounded. A mesenteric lymph node mass of approximately 5+ cm was noted, comprised of a cluster of significantly disrupted mesenteric lymph nodes. Ultrasound guided FNA recommended to confirm suspicion of lymphoma. Significant inflammation noted associated with the lymph nodes occupying the mid abdomen. Trace areas of free fluid noted.



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Pancreas

Olive LaVine

The **pancreas** was unremarkable other than secondary inflammation deriving from the lymphatic pathology.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Feline

- Aggressive mesenteric lymph node mass and variable infiltrative intestinal pattern
- Geriatric abdomen otherwise

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

Intestinal/lymph node based lymphoma suspected.

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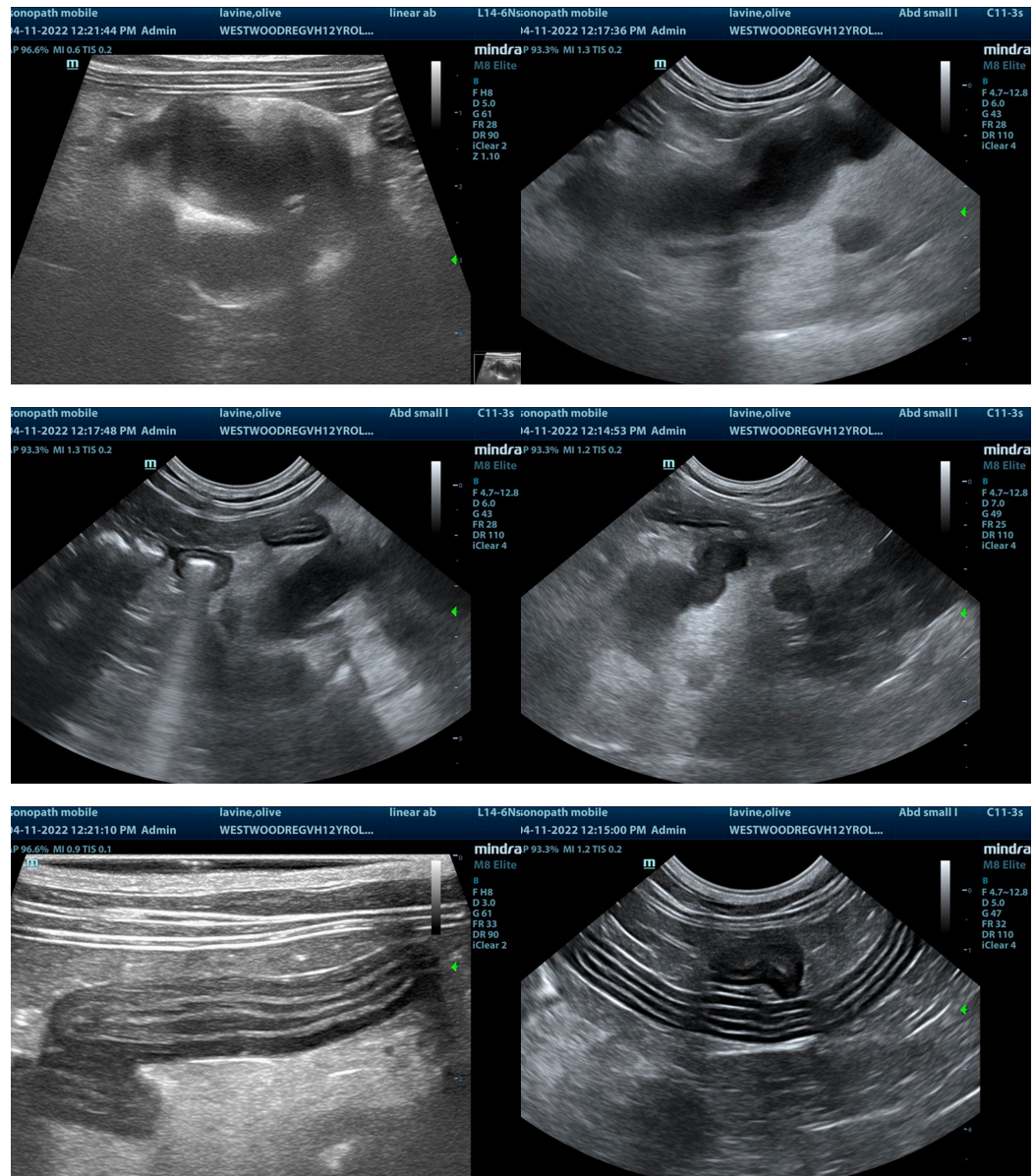
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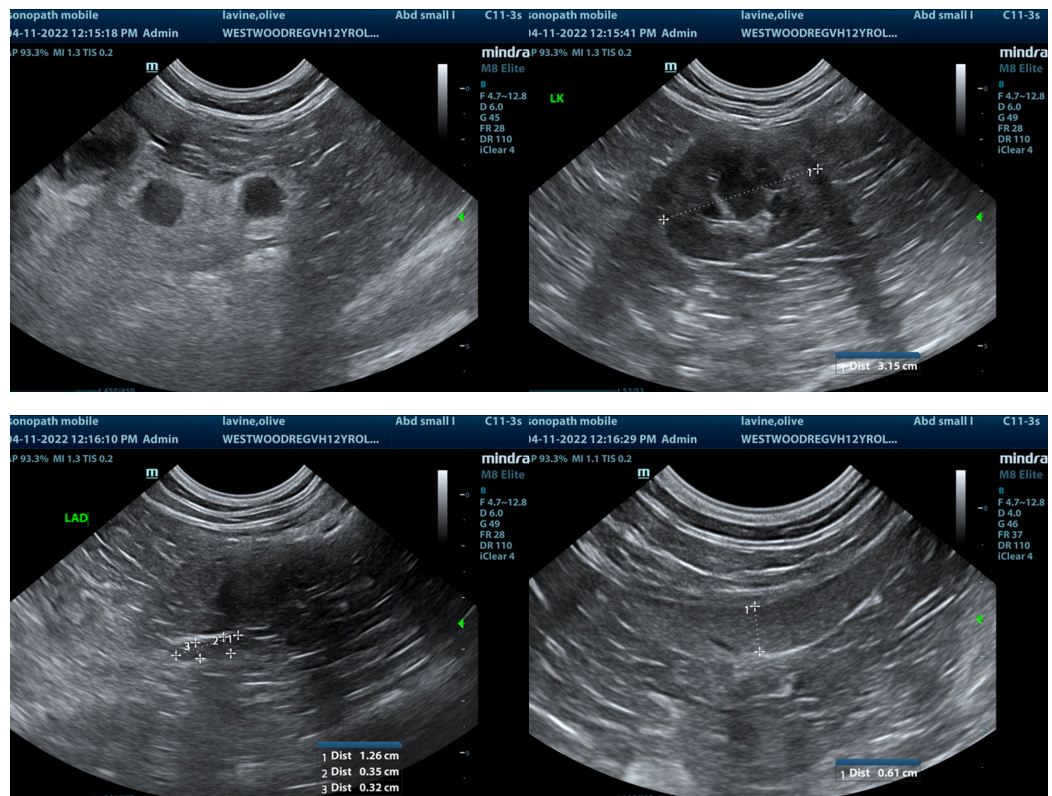
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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