



**PATIENT**

Lola Linder

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

5.1 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gillian Striano-Kaplan

**HOSPITAL NAME**

Ramsey VH

**REFERRING VET**

Dr. Gillian Striano-Kaplan

**INVOICE**

22080

**DATE**

4/17/23

**PRESENTING CLINICAL SIGNS**

History: weight loss, decreased appetite

Abnormal PE/Chem/CBC/UA Results: PE: bcs 2/9, icteric, pale mm, dehydration, phthisis bulbi OS, thickened areas in abdomen suspected multiple mass effect sdma 21, crea 0.5, phos 2.9, ca 7.7, tp 5.3, alb 2.2, alkp 227, ggt 11, tbil 4.0, tt4 0.7; hct 29.3, rdw 28.6 mono 1.44, eos 0.16; bil 2+, ph 6.5, SG > 1.040 FNA mass effect - cytology pending Fluid cytology thoracic fluid - cytology non diagnostic FNA liver - cytology pending

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are moderate, most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.67 cm. The right kidney measured 4.1 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evidence of pathology.

**Spleen**

The **spleen** was enlarged, measuring 1.53 cm.

**Liver**

The **liver** was enlarged, heterogenous and irregular. Subtle heterogenous nodular changes were also present with swollen irregular contour. The gallbladder and common bile duct were unremarkable., yet gallbladder was deviated.

**Gastrointestinal**

The **gastrointestinal tract** revealed diffuse thickening with loss of mural detail throughout the intestinal tract and reactive mesentery and adhesions. Gastric wall thickening was also noted. Enlarged, heterogenous lymph nodes were noted.

**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.

**Free Abdomen**



**PATIENT**

**Free fluid** was noted owing to lymphatic congestion.

Lola Linder

**Other**

**SPECIES**

**Pleural effusion** was noted through the diaphragm as well.

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Hepatic/GI/splenic infiltrative patterns with secondary ascites
- Pleural effusion through the diaphragm
- Interstitial nephrosis pattern

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Given the abdominal presentation, dual cavity neoplasia/lymphoma or other round cell neoplasia is suspected. Prognosis is poor. Humane euthanasia should be considered in this patient.

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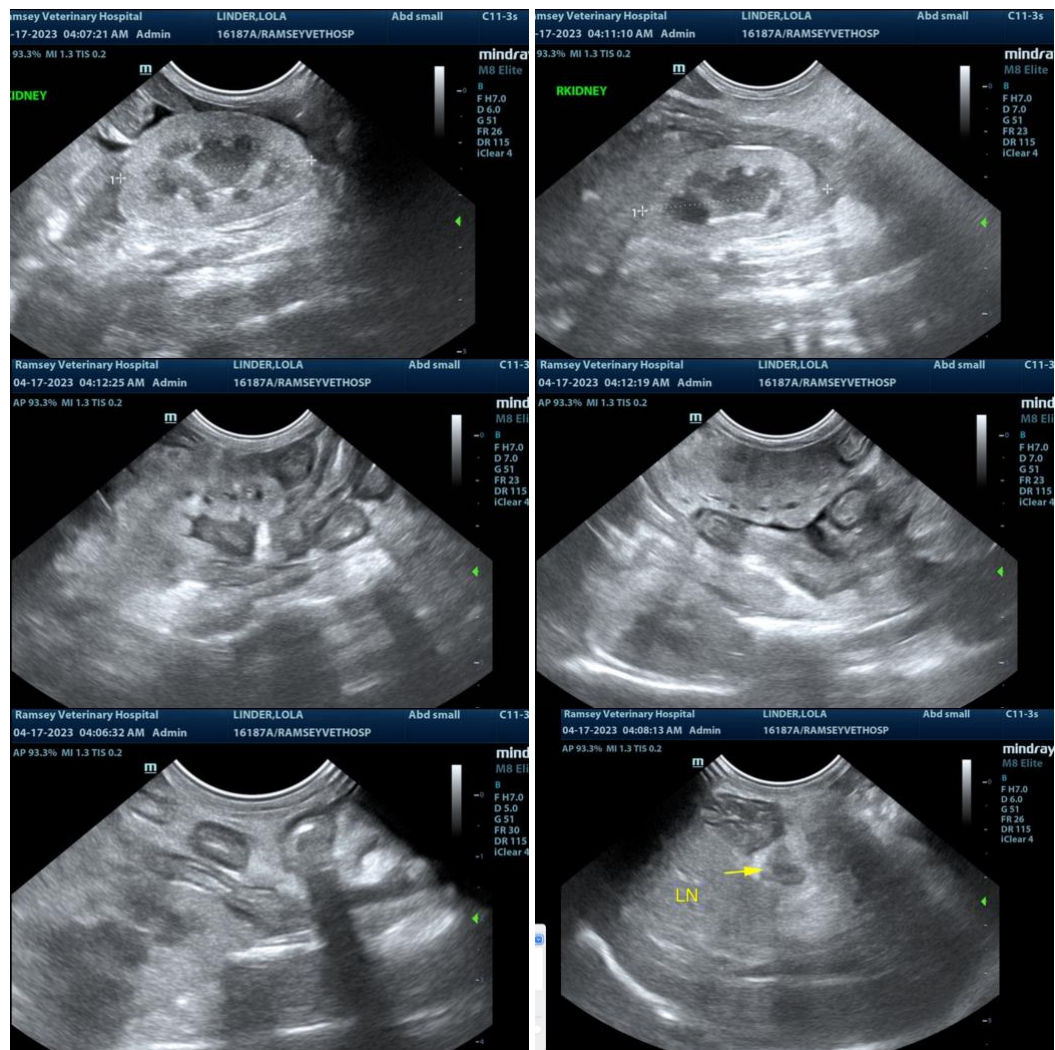
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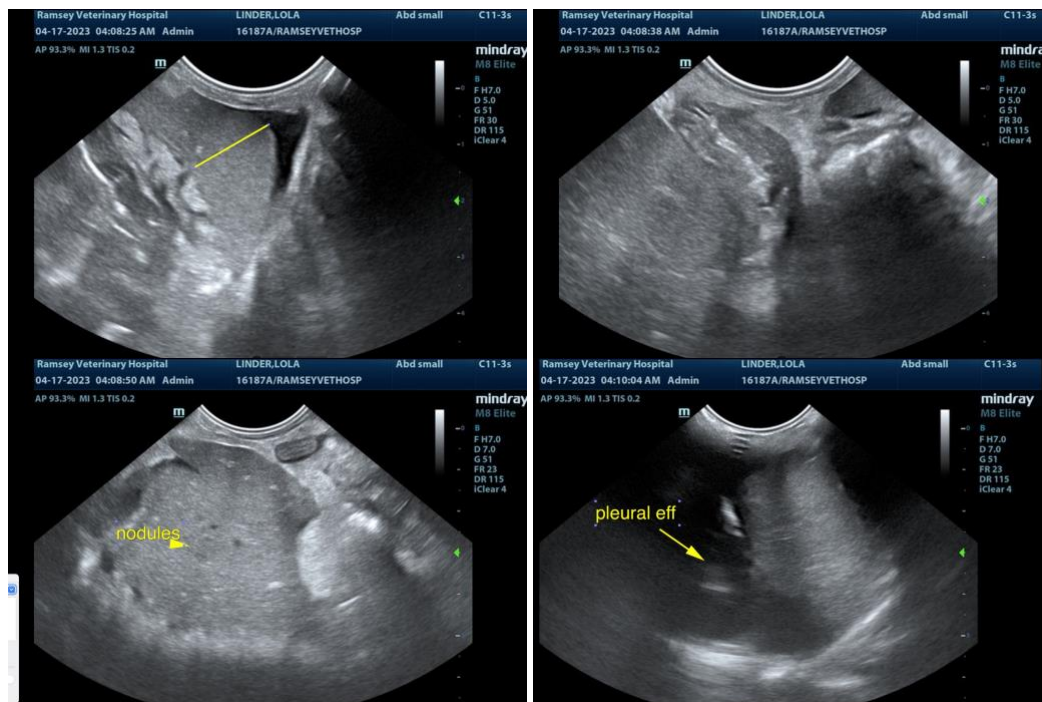
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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