



PATIENT

Abigail Swiss

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

6 years

WEIGHT

8.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

99353

DATE

4/18/22

PRESENTING CLINICAL SIGNS

Cat presented ADR. Radiographs show significant mass like effect sublumbar area. Palpates very firm. Masses palpated cranial abdomen. Ultrasound done for further evaluation. Bloodwork essentially all WNL. Ultrasound guided FNA of masses taken

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** were normal in size and contour with slight retroperitoneal fluid accumulation caudal to the left kidney.

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 0.3 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 was noted.

Liver

The **liver** was slightly enlarged. 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** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. A sublumbar lymph node mass was noted in this patient and measured 3.0 x 6.0 cm. Other lymph nodes were mildly enlarged in the sublumbar region. Regional inflammation was



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noted throughout the abdomen obscuring portions of the pancreas. The lymph nodes extended into the pelvis. Mesenteric lymph nodes were also enlarged and irregular with regional free fluid and was hypochoic to the surrounding mesentery.

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Pancreas

The regional gastrointestinal inflammation obscured portions of the pancreas. Pancreatitis is also a potential in this case.

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ULTRASONOGRAPHIC FINDINGS

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Aggressive multi-focal, round cell neoplastic pattern/sublumbar mesenteric lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment is recommended based on cytology results.

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8.6 lbs

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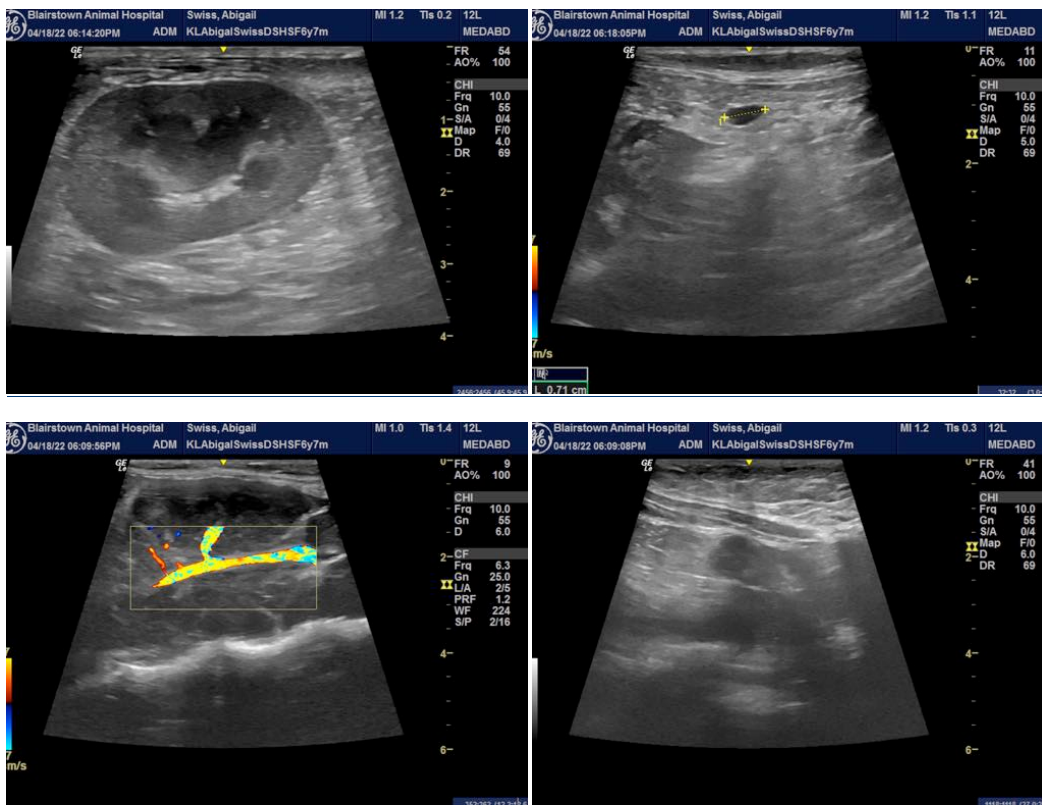
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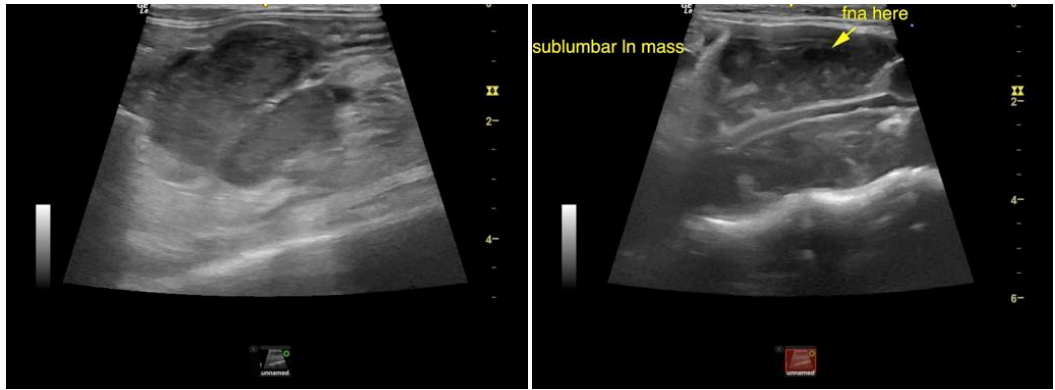
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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