



PATIENT

Riley Bower

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

36985

DATE

4/19/22

PRESENTING CLINICAL SIGNS

Presented today for several episodes of vomiting over last 4 days, and decrease in appetite. wt down 1# from 6 mos ago. Is currently on 10mg pred q24h & z/d diet (but also giving chicken) for a refractory eosinophilic granuloma lesion

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.87 cm. The left kidney measured 4.14 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 0.37 cm. The right adrenal gland measured 0.31 cm.

Spleen

The **spleen** presented an infiltrative pattern with scalloping contour and generalized enlargement, measuring 1.5 cm.

Liver

The **liver** revealed a hypoechoic 2.9 cm mass impinged upon and deviated the diaphragm with other multiple hypoechoic masses and nodules with target type appearance. The gallbladder was unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured 0.40 cm. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Epigastric lymph node was hypoechoic and rounded with enhanced surrounding mesentery, measuring 0.77 cm.

Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. Concurrent inflammation likely. Dilated undulating duct noted.



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ULTRASONOGRAPHIC FINDINGS

- Multicentric infiltrative pattern involving lymph nodes, spleen, liver and GI

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA spleen and liver would be ideal for confirmation of suspected neoplasia. Pylorus was also particularly thickened with early loss of mural detail. Round cell neoplasia likely, minor potential for inflammatory bowel with splenitis and hepatic abscessation.

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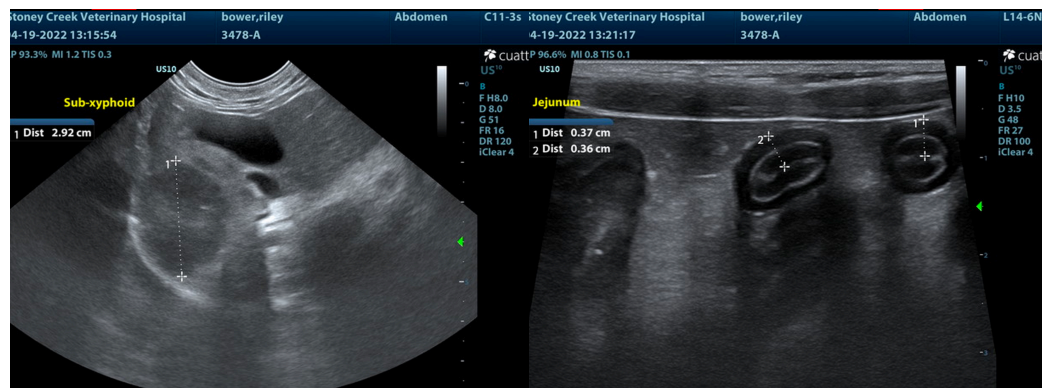
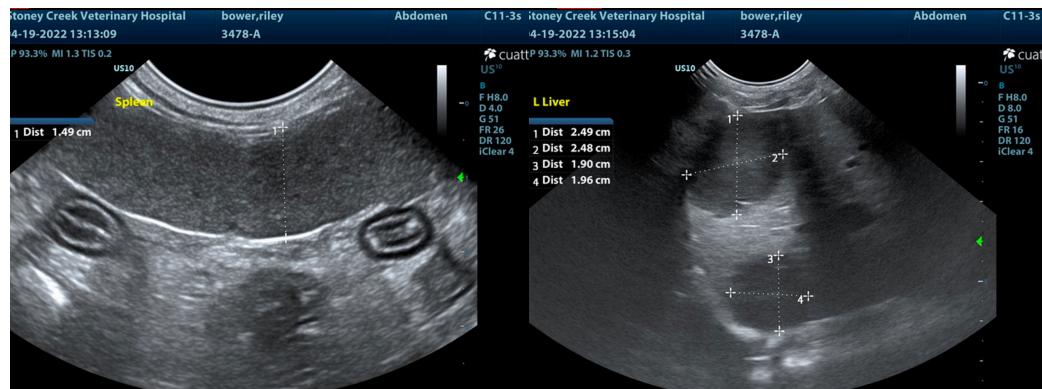
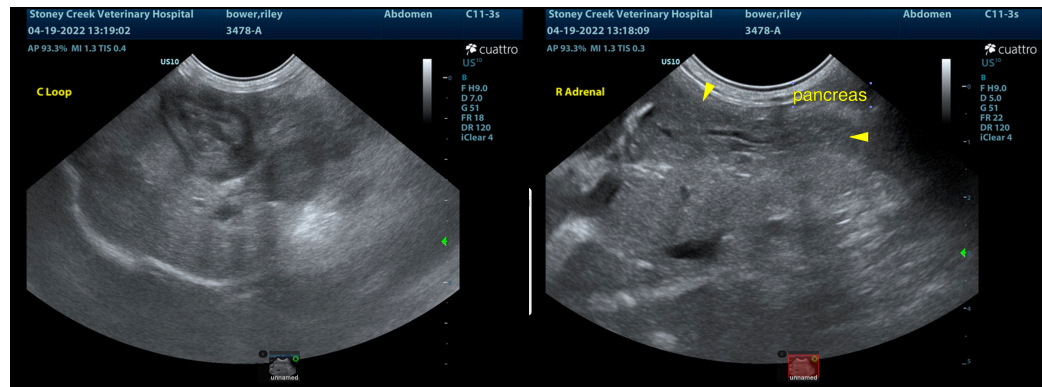
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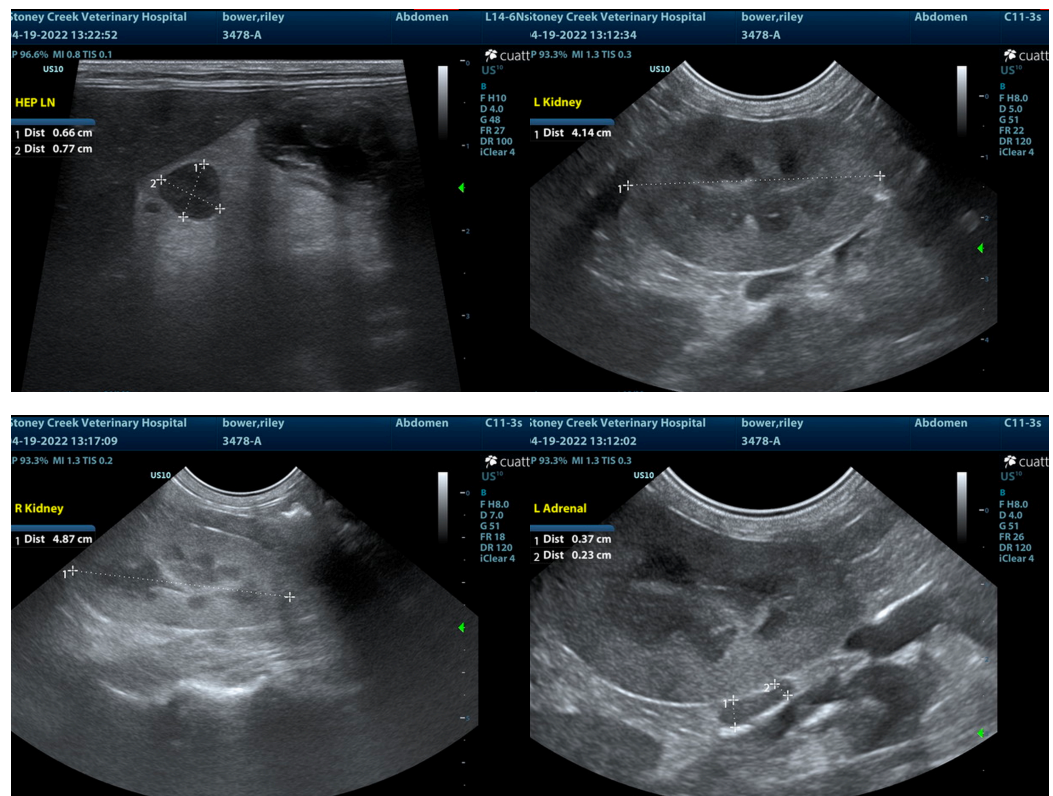
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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