

PATIENT PRESENTING CLINICAL SIGNS

Scruffy Sutton

History: Symptoms started Sun. Got to reg vet Monday afternoon. Symptoms: Lethargy, no appetite, did vomit on Saturday (last time he ate) all food and water. Duration: Since Sunday. E/D/U/D: Not really eating, had some tuna mon pm/ not drinking; O is syringing water. V/D/C/S: Vomited on Sat. Had diarrhea this am, but not really any bm since Sunday. No c/s Indoor/Outdoor/both: Mostly indoor, spends time in the yard.

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

15 years

WEIGHT

6.99 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schoefield

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Schoefield

INVOICE

44020

DATE

4/26/23

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 mildly swollen with thickened cortices and corticomedullary mineralization. Mild, pericapsular inflammatory pattern was noted. There is a potential for nephritis or emerging round cell neoplasia. The left kidney measured 4.0 cm with an anechoic cyst measuring 0.6 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.

Spleen

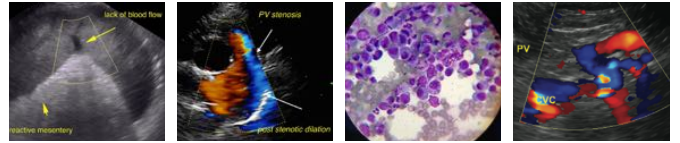
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** 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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The stomach and small intestines were empty. The small intestine presented minor, variable thickening with regional lymphadenopathy. The largest lymph node measured up to 1.4 cm. The descending colon was mildly thickened. The colonic lumen was



PATIENT

fluid filled. The colic lymph nodes are enlarged, rounded and hypoechoic measuring up to 0.5 cm. Reactive mesentery was noted.

Scruffy Sutton

SPECIES

Pancreas

Feline

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 Longhair

ULTRASONOGRAPHIC FINDINGS

SEX

Enterocolitis pattern with potential for emerging round cell neoplasia.

Neutered male

Potential for nephritis or emerging round cell neoplasia.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

15 years

I am concerned for emerging round cell neoplasia. Ultrasound-guided FNA of the accessible lymph nodes would be ideal or full thickness intestinal biopsies. Screening FNA of the kidneys can also be considered. Enterotoxins and parasitic disease are all possible with enterocolitis and lymphadenitis. The prognosis is guarded. If empirical measures are to be utilized only then a recheck sonogram is recommended in 4-5 days to assess for any progression or regression.

WEIGHT

6.99 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schoefield

HOSPITAL NAME

Wilvet South

REFERRING VET

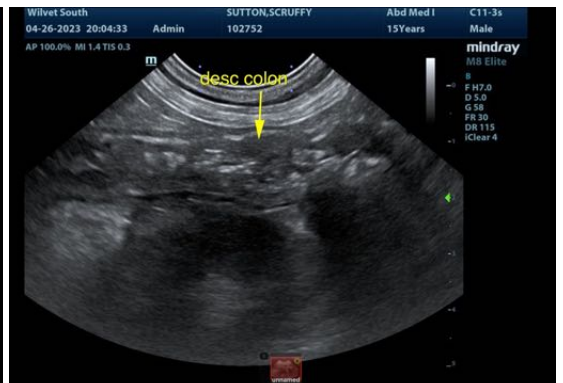
Dr. Schoefield

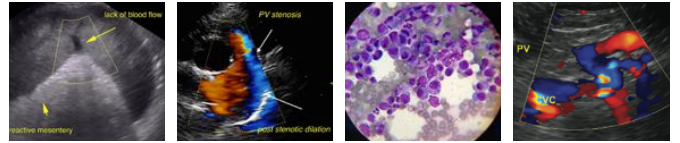
INVOICE

44020

DATE

4/26/23





PATIENT

Scruffy Sutton

SPECIES

Feline

BREED

Domestic Longhair



SEX

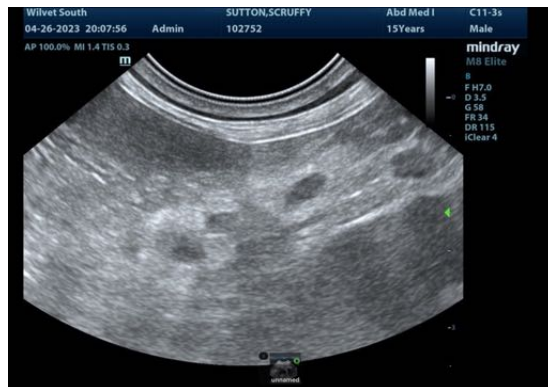
Neutered male

AGE

15 years

WEIGHT

6.99 lbs



INTERPRETED BY

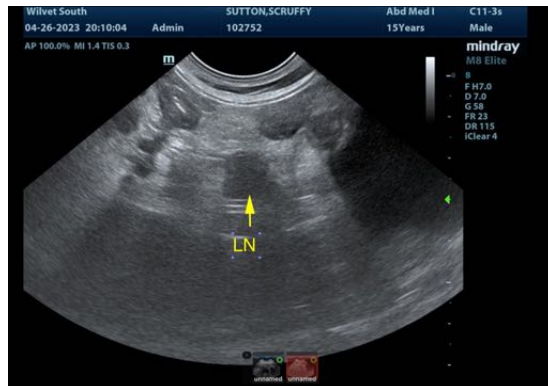
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schoefield

HOSPITAL NAME

Wilvet South



REFERRING VET

Dr. Schoefield

INVOICE

44020

DATE

4/26/23

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