



**PATIENT**

Moose Cooper

**PRESENTING CLINICAL SIGNS**

Hx of granulomatous lymphadenitis with pigmented fungal hyphae, last AUS 1/11/22. Recheck lymphadenopathy + splenomegaly, suspected phaeohyphomycosis. Current meds: fluconazole

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

The **urinary bladder** revealed minor micropolypoid changes present. Urethra measured 2.0 cm beyond the cystourethral junction.

**SEX**

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.37 cm. The left kidney measured 4.25 cm with slight, hyperechoic medullary rim.

**AGE**

8 years

**Adrenal Glands**

**WEIGHT**

9.5 lbs

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 right adrenal gland measured 0.3 cm. The left adrenal gland measured 0.4 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.1 cm.

**HOSPITAL NAME**

Millburn VH

**Liver**

**REFERRING VET**

Dr. Turowsky

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.

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**DATE**

4/27/22



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**Gastrointestinal**

Moose Cooper

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable small intestinal thickening is present without loss of mural detail. Reactive surrounding mesentery was present.

**SPECIES**

Feline

**Pancreas**

**BREED**

Domestic Shorthair

An undifferentiated mass was near the caudal aspect of the left pancreatic limb and measured 4.0 cm. This may be pancreatic or lymph node base. It blends into the left limb of the pancreas. Coarse architecture was noted through the remainder of the pancreas. The mass is undifferentiated.

**SEX**

Neutered male

**Free Abdomen**

**AGE**

8 years

A slight amount of free fluid was present. This is likely owing to lymphatic obstruction. Lymph nodes were enlarged and measured up to 1.0 cm.

**WEIGHT**

9.5 lbs

**ULTRASONOGRAPHIC FINDINGS**

The spleen has reduced in size compared to the prior sonogram.

The kidneys are similar to the prior sonogram

However, the mass in the region of the mesenteric lymph node and pancreas appears to have increased in size to 2-3 times the prior size. This represents a progression of the prior presentation.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Free fluid is a new development as well.

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Jessica Miller, RDMS

I recommend repeat FNA, core biopsy or surgical biopsies. However, the lesions are not surgically resectable. Underlying process such as FIP may be playing a role as well as the fungal infection or transformation into a neoplastic process is possible.

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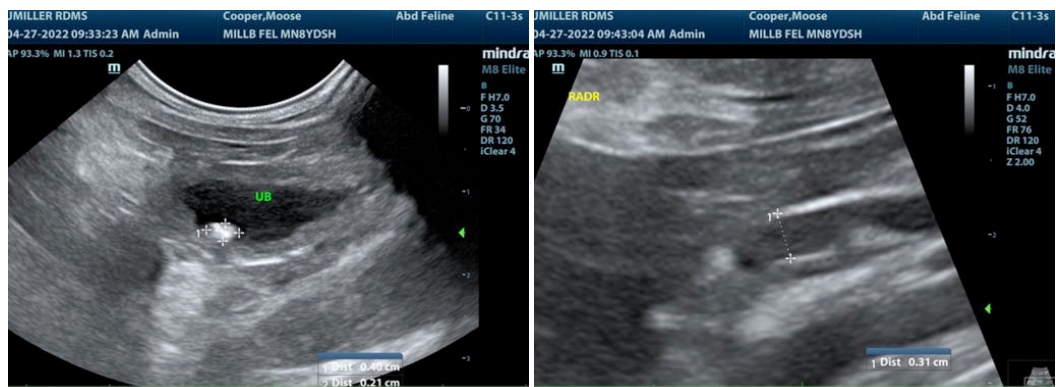
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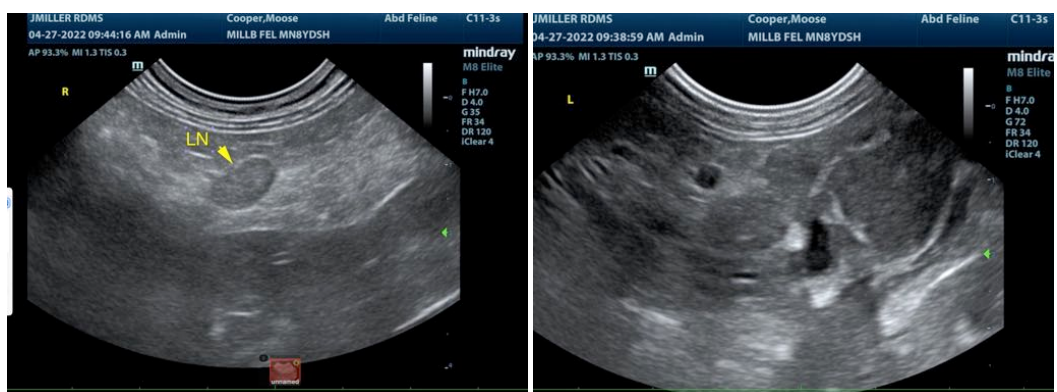
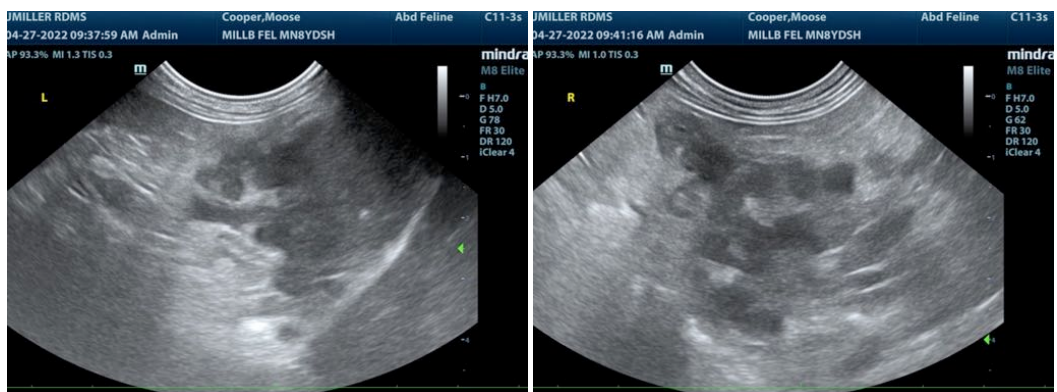
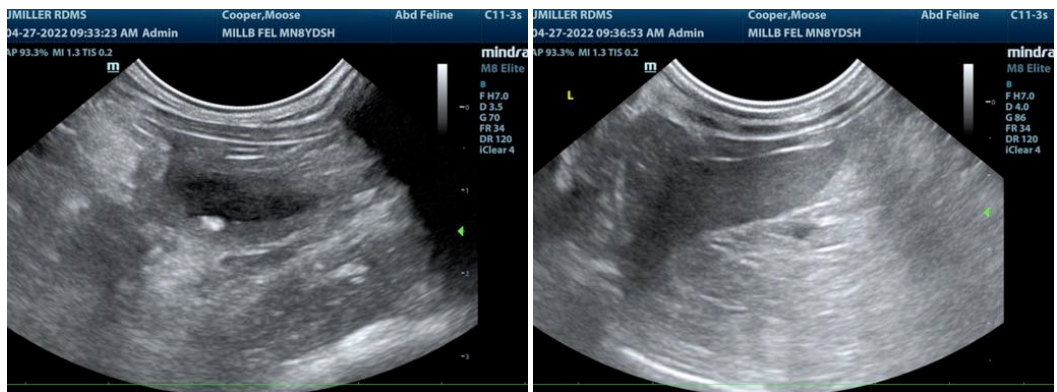
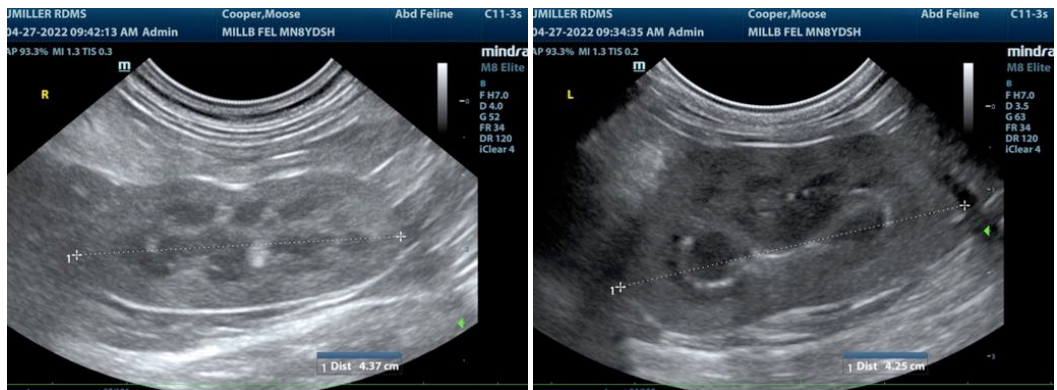
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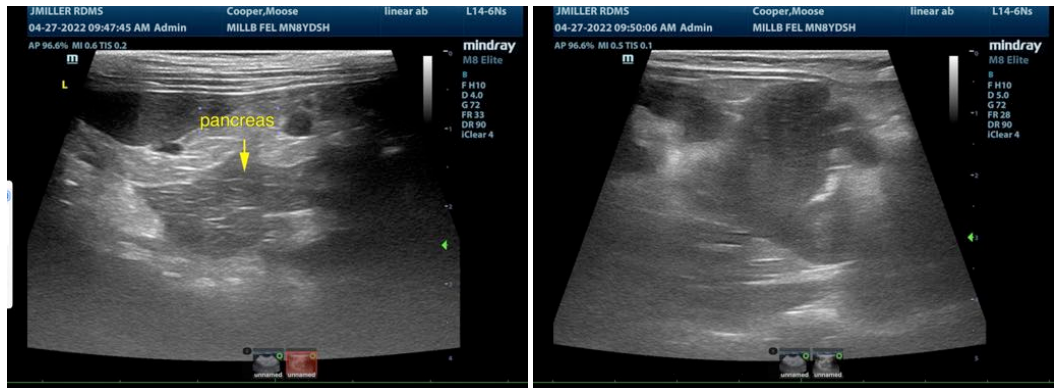
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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