



PATIENT

Matilda Luke

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Green

HOSPITAL NAME

Healing Spirit AWC

REFERRING VET

Dr. Green

INVOICE

14983

DATE

4/29/22

PRESENTING CLINICAL SIGNS

Follow up to previous scan performed 4/1/22. Matilda improved clinically for approximately 3 weeks with Cerenia, SQ LRS and vitamin B-12 injections. Has had vomiting and diarrhea this past week. Abnormal PE/Chem/CBC/UA Results: Firm mass effect noted on palpation. Effusion evident on radiographs. Fluid aspirated is pale, hazy. TP=2.6 g/dL, Cytology Interpretation: eosinophilic effusion.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This change is similar to the prior sonogram. Both kidneys measured approximately 3.2 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 coarse in architecture with parenchymal remodeling. This is negative progression compared to the prior sonogram.

Gastrointestinal

The **stomach** itself was unremarkable. Variable distal small intestinal thickening. **See Free Abdomen section.

Pancreas

Nodular omental changes noted in the region of the **pancreas**.

Free Abdomen



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Echogenic free Fluid was noted throughout the **abdomen**. The mesenteric lymph nodes were enlarged, encompassing the mesenteric artery, displacing regional small intestine, creating a mass effect of approximately 3.0 cm as a grouping.

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ULTRASONOGRAPHIC FINDINGS

- Progressed mesenteric lymphadenopathy
- Echogenic free fluid throughout the abdomen
- Nodular omental changes
- Hepatic remodeling
- Interstitial nephrosis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for lymphomatosis or similar neoplasia. Prognosis is guarded. Abdominocentesis with cytospin recommended as well as FNA of the mesenteric lymph nodes to assess for round cell neoplasia.

AGE

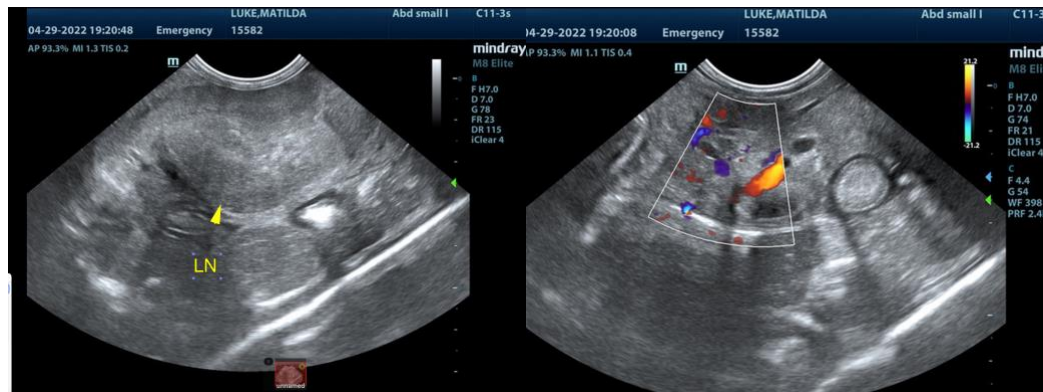
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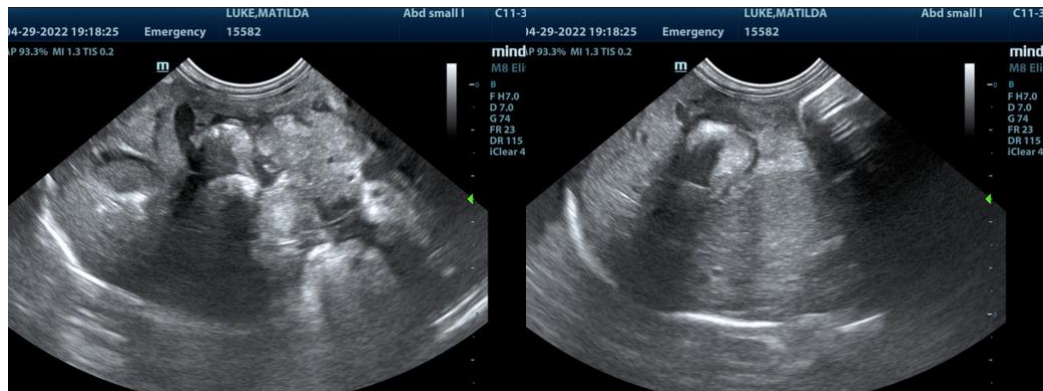


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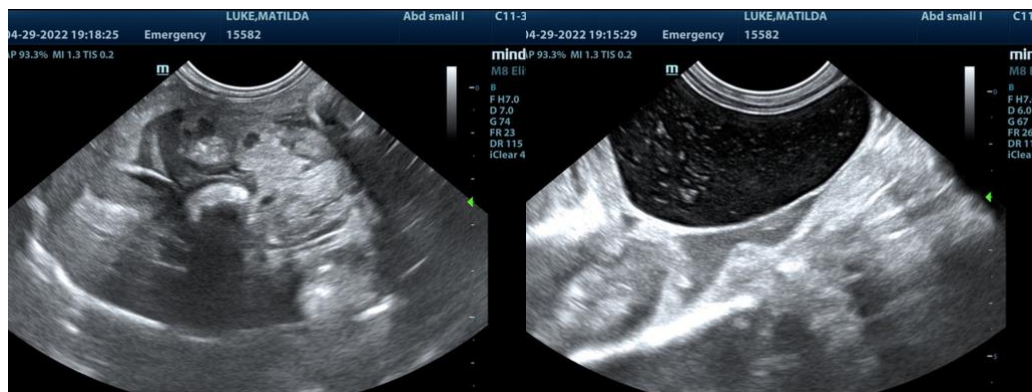
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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