



PATIENT PRESENTING CLINICAL SIGNS

Patient: Paco Leonard
History: Has lost 2kg in the past 6mo. Has had on/off appetite for about 2 years but past 6mo owner has noticed dramatic weight loss Chronic intermittent diarrhea. Has tried many rx diets. No vomiting. Stress barbering.
Species: Abnormal PE/Chem/CBC/UA Results: CBC-mild non regenerative anemia, Hct 26% with low RBC, Hgb as well. Chem-SDMA 17 (0-14), BUN 38 (0-36), creat 1.0 (normal), remainder of chem normal TT4-normal USG 1.030, 30mg/dl proteinuria. Otherwise urine nsf
Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System

SEX

Neutered male

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.

AGE

11 years

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.

WEIGHT

5.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Biederbeck

Spleen

HOSPITAL NAME

Lomsnes VH

The **spleen** was enlarged and folded upon itself cranially with scalloping contour. The spleen measured up to 1.6 cm.

REFERRING VET

Dr. Biederbeck

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

98132

DATE

4/6/22



PATIENT

Gastrointestinal

Paco Leonard

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Feline

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

The pancreatic lymph nodes were slightly enlarged and measured 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

Splenomegaly.

Interstitial nephrosis renal pattern.

Age related pancreatic changes. Pancreatic lymphadenopathy.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend ultrasound-guided FNA of the spleen +/- liver in this patient even though the liver does not appear overtly involved. Micrometastasis from cell neoplasia is a potential. Occasional cortical cyst was noted. The splenic differentials include round cell neoplasia, splenitis and reactive spleen. Guarded prognosis depending upon cytology results. CBC path review +/- bone marrow aspirate would be appropriate given the patient's history as well as chest radiographs.

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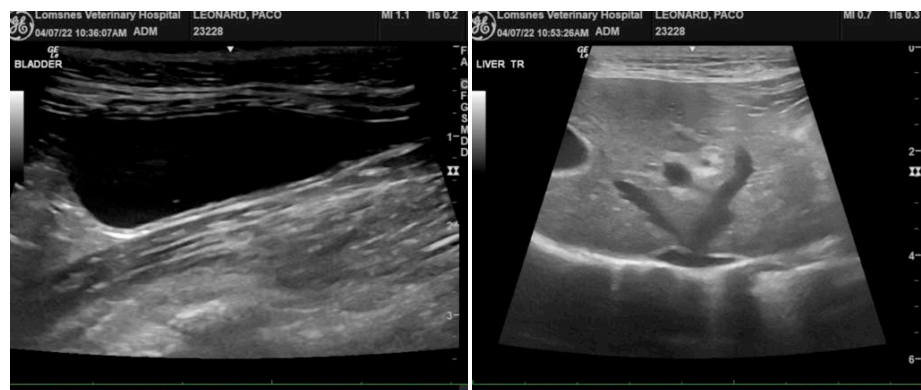
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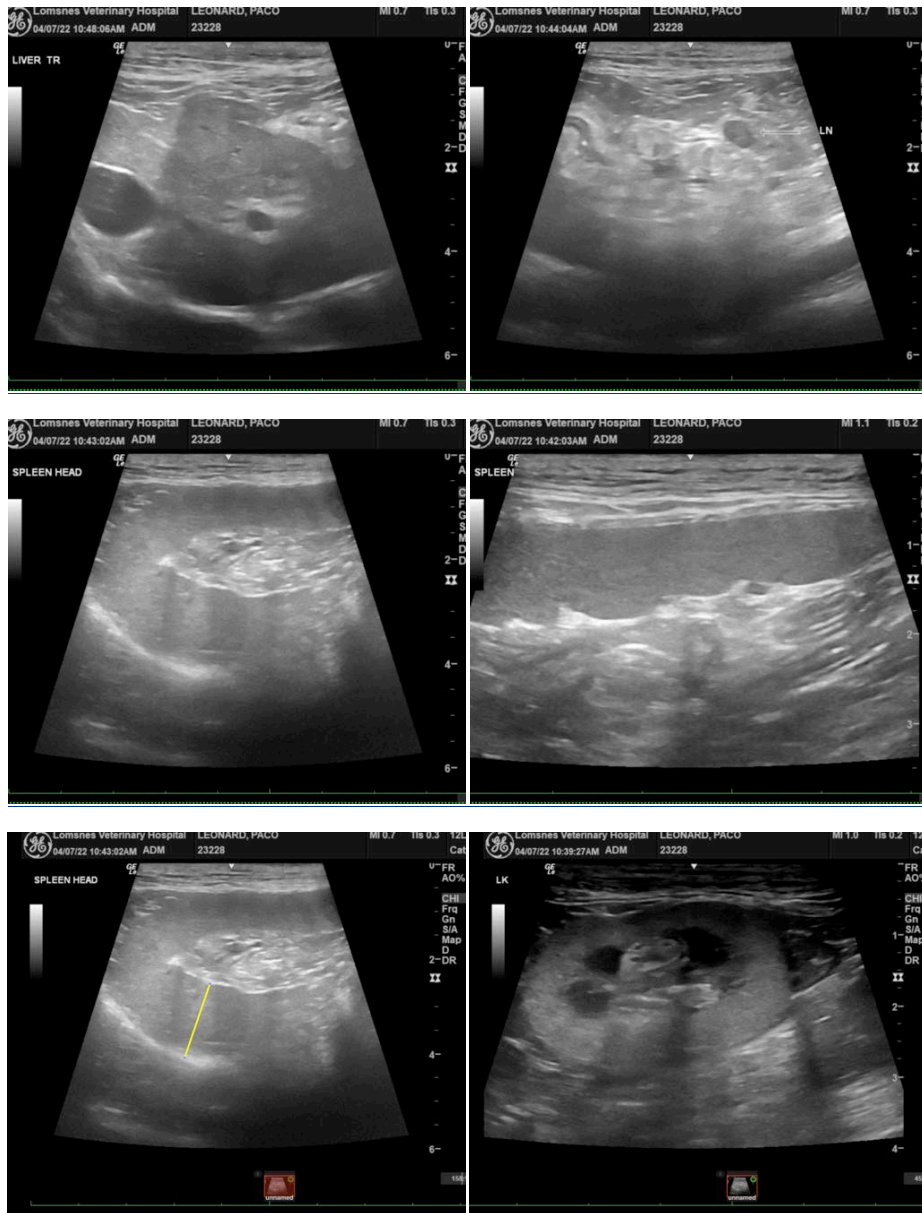
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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