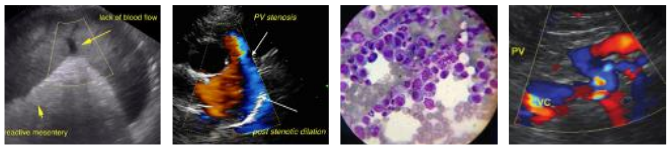
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Crookshanks Hall

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Bailey

INVOICE

15194

DATE

5/15/22

PRESENTING CLINICAL SIGNS

History: Weight loss, anorexia, lethargy

Abnormal PE/Chem/CBC/UA Results:PE: dull, emaciated, icteric CBC: -HCT 13% (non-regenerative) Chems: -BUN and Cr slightly below ref range -mild hypokalemia -mild elev GGT 8 -elev ALKP 615, ALT mild elev 165 -TBili elev 7.1 -T4 normal -FeLV negative -in-house review of hepatic FNA was consistent with lipidosis --FNA of intestinal mass submitted to Dr. McGill

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 left kidney measured 4.15 cm. The right kidney measured 4.61 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 right adrenal gland measured 0.3 cm. The left adrenal gland measured 0.4 cm.

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 were noted. The spleen measured 0.63 cm.

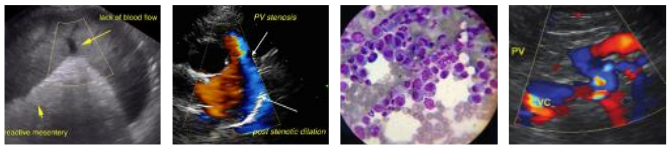
Liver

The **liver** was uniformly enlarged and hyperechoic to falciform fat with attenuating sound beam, consistent with hepatic lipidosis. However, assessment of any lymphoid population recommended, given the global presentation. Underlying hepatic lymphoma with lipidosis is a potential. A 2.0 cm x 1.5 cm hypoechoic structure was noted in the portal hilus, likely hepatic lymph node, possibility of pancreas.

Minor **gallbladder** debris was noted with slight overdistention, likely owing to anorexia, yet common bile duct was normal (3.0 mm).

Gastrointestinal

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



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Crookshanks Hall

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Bailey

INVOICE

15194

DATE

5/15/22

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** revealed hypoechoic swelling, measuring 1.2 cm. Dilated duct was noted. Mild enhanced surrounding mesentery was present.

Free Abdomen

A mesenteric **lymph node** mass was noted, measuring 3.0 cm x 2.0 cm with distorted hypoechoic parenchyma.

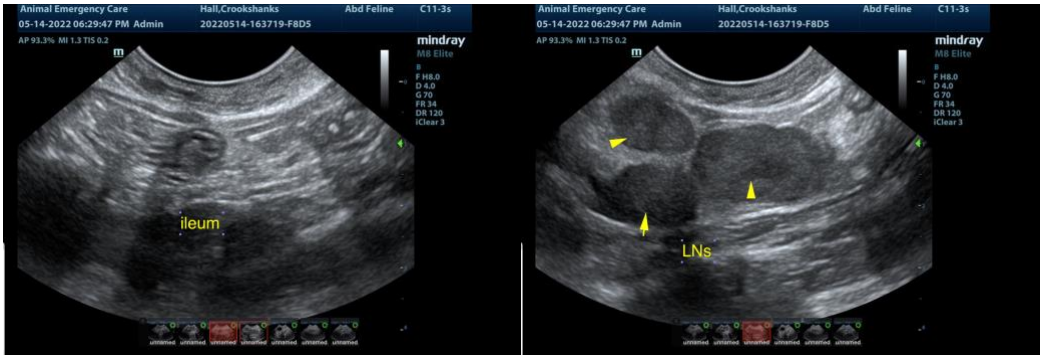
ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy
- Hepatic lymphadenopathy
- Heterogenous irregular pancreas
- Hepatic lipidosis pattern with potential underlying hepatic lymphoma
- Minor gallbladder debris

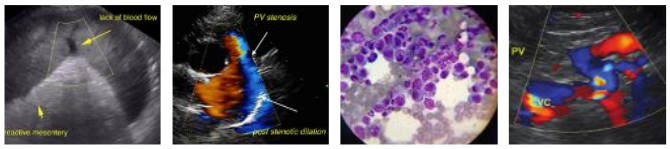
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment of the liver aspirate for any potential underlying lymphoid tissue that may be related to lymphoma. Mesenteric lymph node mass is comprised of multiple lymph nodes in the mesenteric root. Multicentric lymphoma suspected. At least mesenteric lymph nodes + hepatic lipidosis and concurrent pancreatitis likely. Prognosis is guarded.

Treatment for lipidosis and supportive care recommended until cytology can be evaluated. PCR for lymphoma may be necessary if lymphoid component is significant in the liver. CBC path review and bone marrow aspirate warranted to assess if any bone marrow involvement is present in this patient.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Crookshanks Hall

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

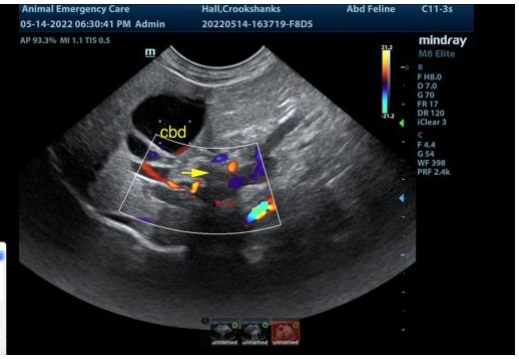
Dr. Bailey

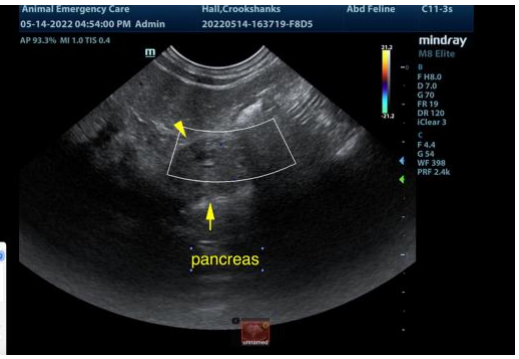
INVOICE

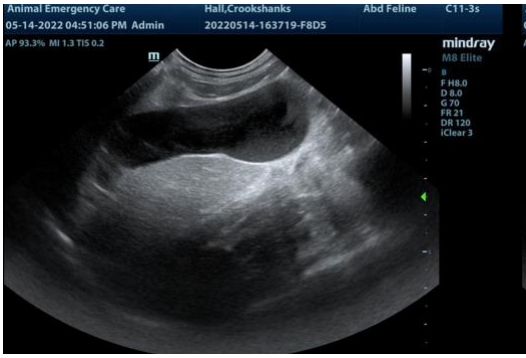
15194

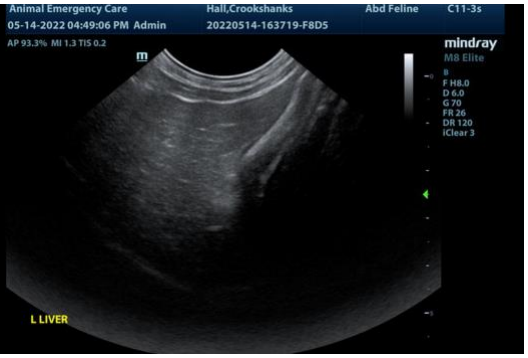
DATE

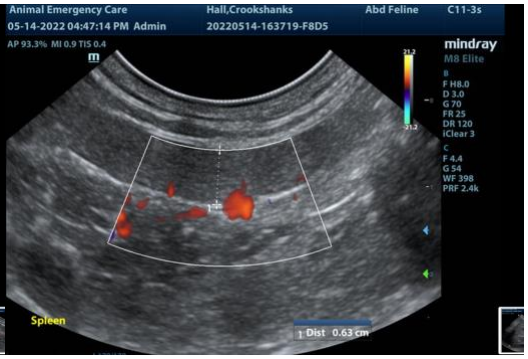
5/15/22



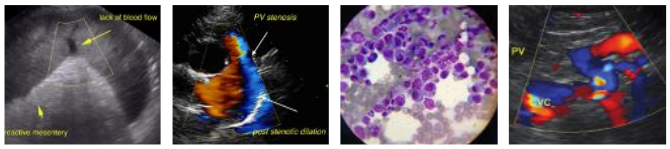








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Crookshanks Hall

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Bailey

INVOICE

15194

DATE

5/15/22

The information and recommendations provided are based on the images presented by the referring veterinarian. 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