



PATIENT

Edgar Grube

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

7.78 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Olsen

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olsen

INVOICE

30549

DATE

5/20/22

PRESENTING CLINICAL SIGNS

Diagnosed with hyperthyroidism and treated with I-131 in November of 2019. More recently, 3 month history of weight loss, increased thirst, and normal appetite. Patient lost 0.84 lbs in past 2 months. Patient fractious and sedated with dexdomitor/ketamine/butorphanol for exam, bloodwork (pending), and ultrasound.

Abnormal PE/Chem/CBC/UA Results: Bloodwork results pending

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** 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 left kidney measured 3.8 cm. The right kidney measured 4.0 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 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.



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Gastrointestinal

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The **stomach** was over distended with shadowing material. This is consistent with hairball accumulation. The distal portion of the small intestine is particularly thickened and progressively created loss of mural detail. Wall thickness of the intestines measured 1.0 cm. The mesenteric lymph nodes were enlarged and mildly irregular. The largest of which measured 1.3 cm. The length to width ratio was largely maintained.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

AGE

12 years

Mesenteric lymphadenopathy.

Intestinal thickening. Strong concern for emerging round cell neoplasia.

Otherwise, geriatric abdomen.

WEIGHT

7.78 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

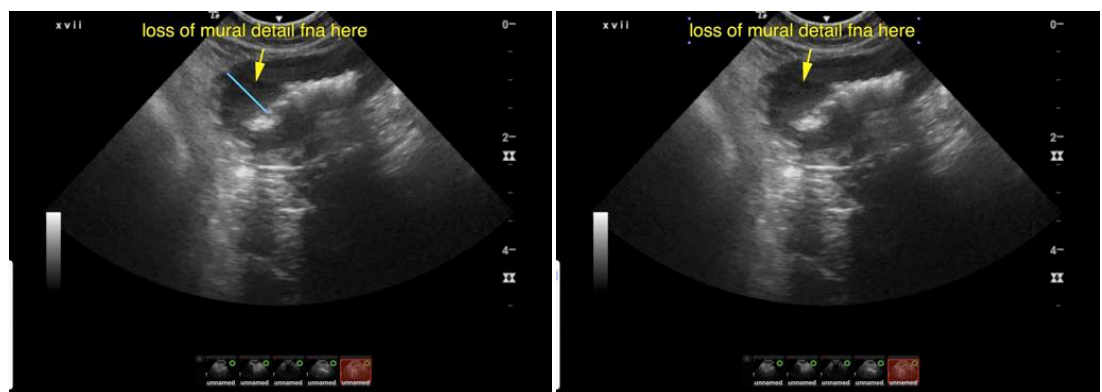
Ultrasound-guided FNA, cytology and culture of the mesenteric lymph nodes are recommended to rule out emerging round cell neoplasia as well as assess for bacterial based lymphadenitis. The small intestine should be monitored for any progression. Surgical intestinal and lymph node biopsies +/- intestinal resection may be appropriate as well. However, FNA may provide for a definitive diagnosis with adjunctive chemotherapy. Neoplastic criteria is met in a section of approximately 2.0 cm of jejunum. Dry form FIP is a remote potential. Complicated inflammatory bowel with lymphadenitis is a remote potential. Chest radiographs are warranted to assess for metastatic disease.

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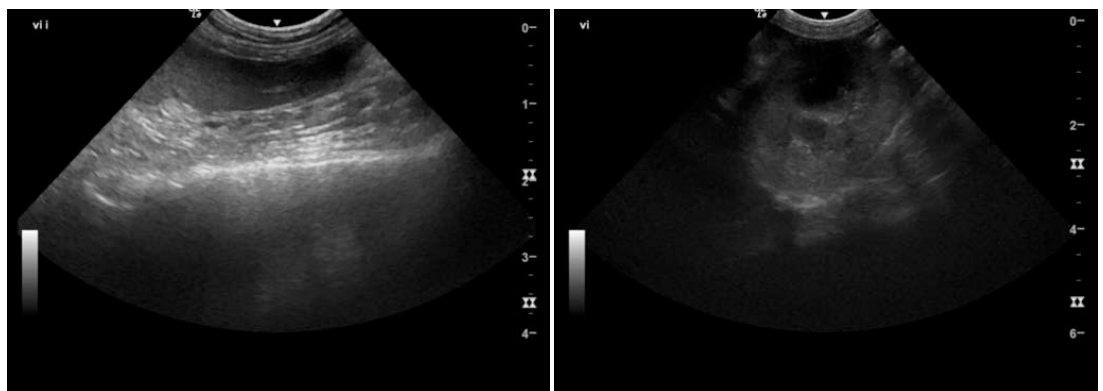
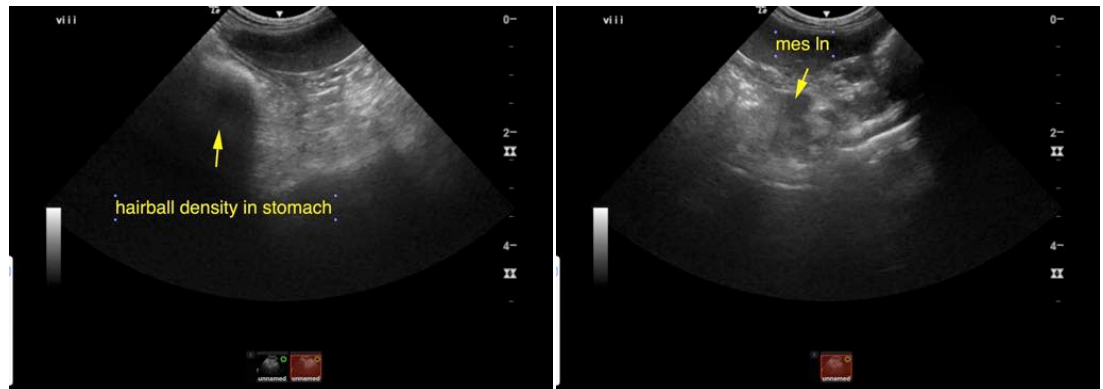
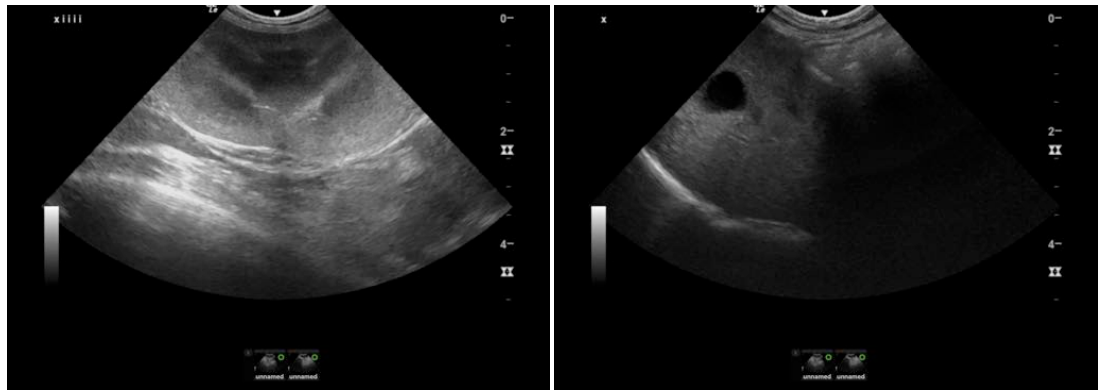
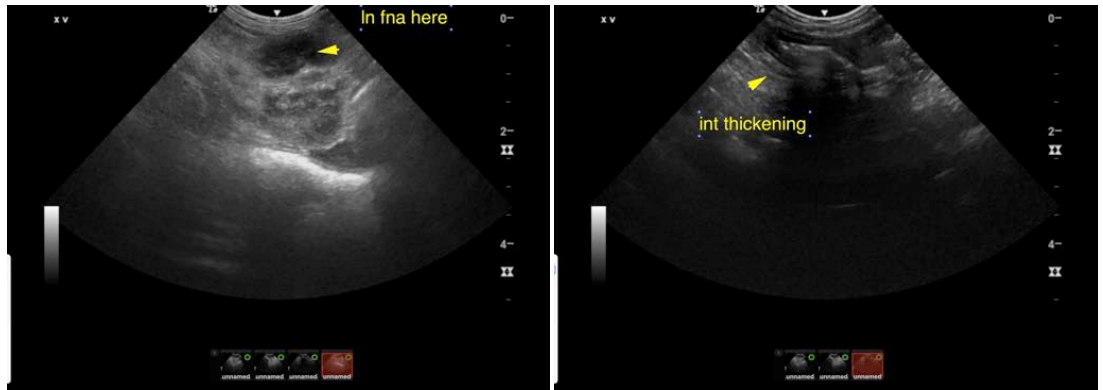
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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