



PATIENT

Sherbert Weitlauf

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

13.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Lacey-Crook-
SDEP Certified
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Spangler

INVOICE

15745

DATE

5/25/22

PRESENTING CLINICAL SIGNS

History: FUIO 105 on presentation, inappetent very sluggish and depressed. after antibiotics and fluids temp came down to 103.6, but was back to 104.6 this am Current Medications: clavamox, clindamycin, cerenia

Abnormal PE/Chem/CBC/UA Results: CBC- lymphocytosis and monocytosis Chem - hyperglobulinemia 9.5 and stress hyperglycemia U/a 8mg UBg very bright yellow ... rest wnl

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** presented slight irregular contour. 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 moderate chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.68 cm. The left kidney measured 4.47 cm. Early infiltrative disease is a potential.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was enlarged. Micronodular changes noted with irregular contour. The spleen measured 1.45 cm in width. A focal hypoechoic nodule was noted at the caudal pole, measuring 0.78 cm. Disrupted architecture was noted.

Liver

The **liver** was mildly enlarged with irregular contour and heterogeneous parenchymal changes. The gallbladder and common bile duct were unremarkable. Minor free fluid noted.

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 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** was hypoechoic and mildly irregular. Slight pancreatic lymph node enlargement noted, measuring 5.0 mm. The caudal aspect of the left pancreatic limb was also hypoechoic, irregular and nodular.

ULTRASONOGRAPHIC FINDINGS



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- Splenohepatic infiltrative pattern, strong concern for round cell neoplasia/mast cell, lymphoma or similar. Splenitis/hepatitis is possible yet less likely.
- Potential early renal involvement

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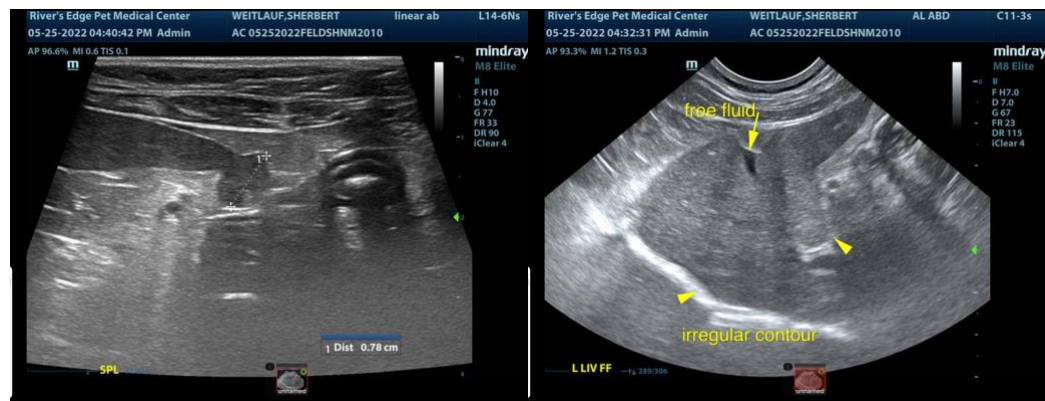
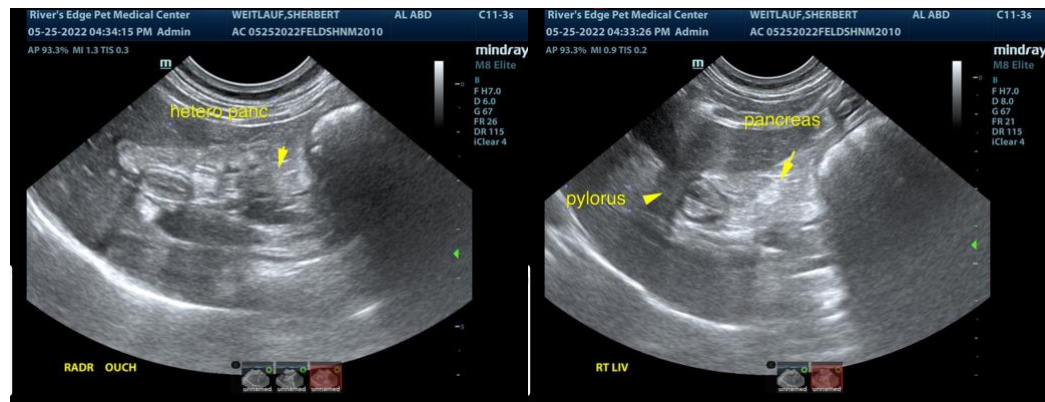
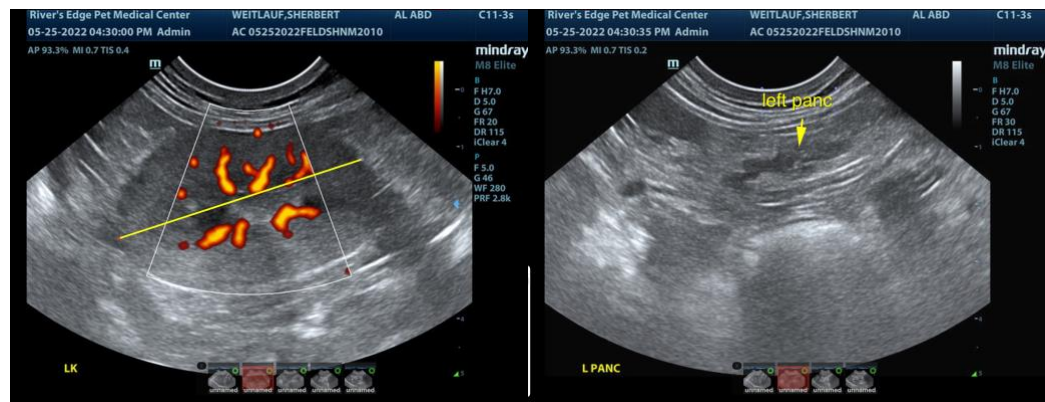
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and Benadryl injection recommended. 25-gauge FNA of the spleen and liver recommended. Some level of low-grade pancreatitis or history of pancreatitis is likely given the irregular pancreatic changes. If by chance cytology of the spleen and liver do not reveal neoplasia, then infectious agents, such as toxoplasmosis and bartonella should be considered, yet lymphoma or mast cell are strong concerns.





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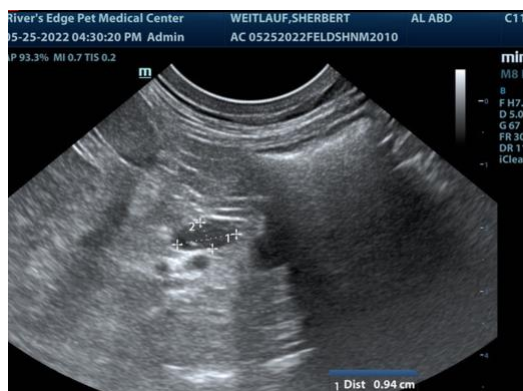
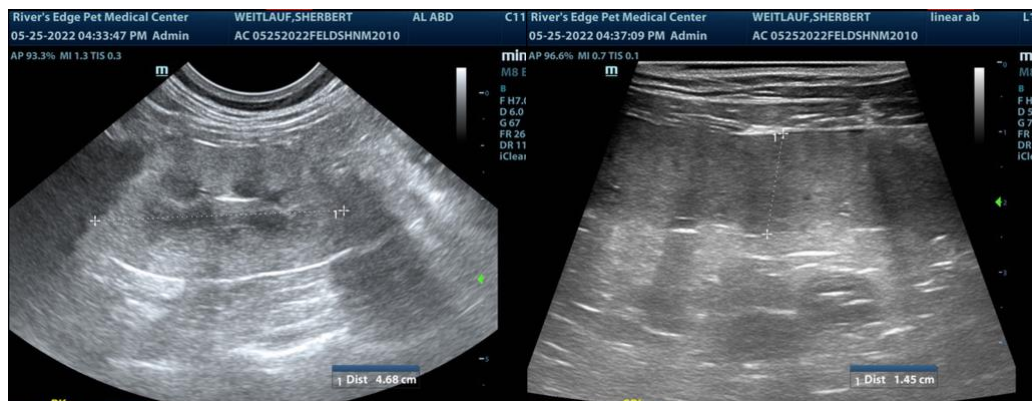
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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