



PATIENT

Smokey Honcharik

PRESENTING CLINICAL SIGNS

History: History of chronic diarrhea for 3 weeks. No reported meds.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of non-obstructive bladder sand was noted, measuring up to 1.0 cm. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SEX

MN

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

AGE

12 yr

The left kidney measured 3.22 cm in length. The right kidney measured 3.8 cm in length.

WEIGHT

7 lb

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The right adrenal gland measured 0.35 cm width.

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.

IMAGING PERFORMED BY

Kelly Vazquez

Liver

The liver images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. William Freedman

Gastrointestinal

INVOICE

10669ag

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative

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ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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Pancreas

The base and limbs of the pancreas exhibited coarse architecture with undulating contour. Pancreatic duct dilation was present measuring 0.34 cm.

BREED

DSH

Free Abdomen

The mesenteric lymph nodes presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The largest node measured 2.04 cm x 0.66 cm; another example of a reactive node measured 2.63 cm x 0.86 cm.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

12 yr

- Diffuse intestinal thickening with mesenteric lymphadenopathy-IBD with idiopathic muscularis hypertrophy and reactive lymph nodes likely, emerging round cell neoplasia possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

7 lb

If the cytology interpretation is not definitive, PARR evaluation on the cytology of the mesenteric lymph node is recommended. A recheck sonogram in 1 month is recommended if clinical signs are persistent. No overt neoplastic criteria was noted in the GI tract or LN at this time however I am concerned for potential emerging round cell neoplasia. A culture of the LNs would be ideal to assess for underlying bacterial lymphadenitis that may be playing a role.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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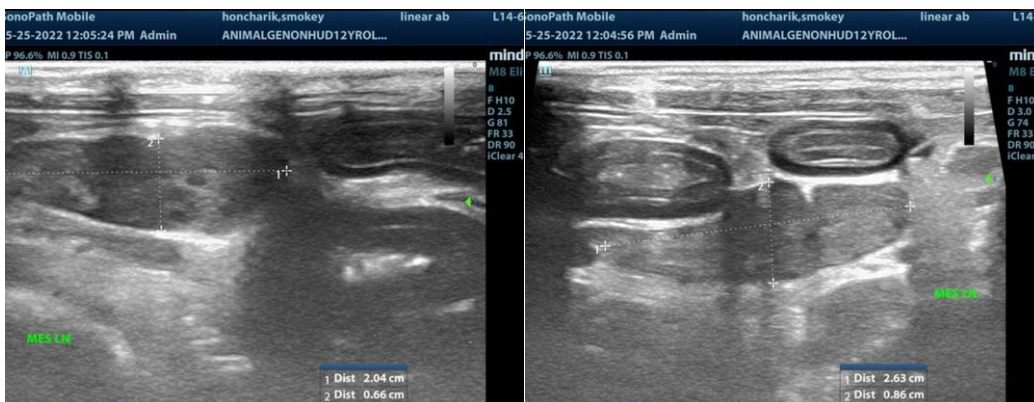
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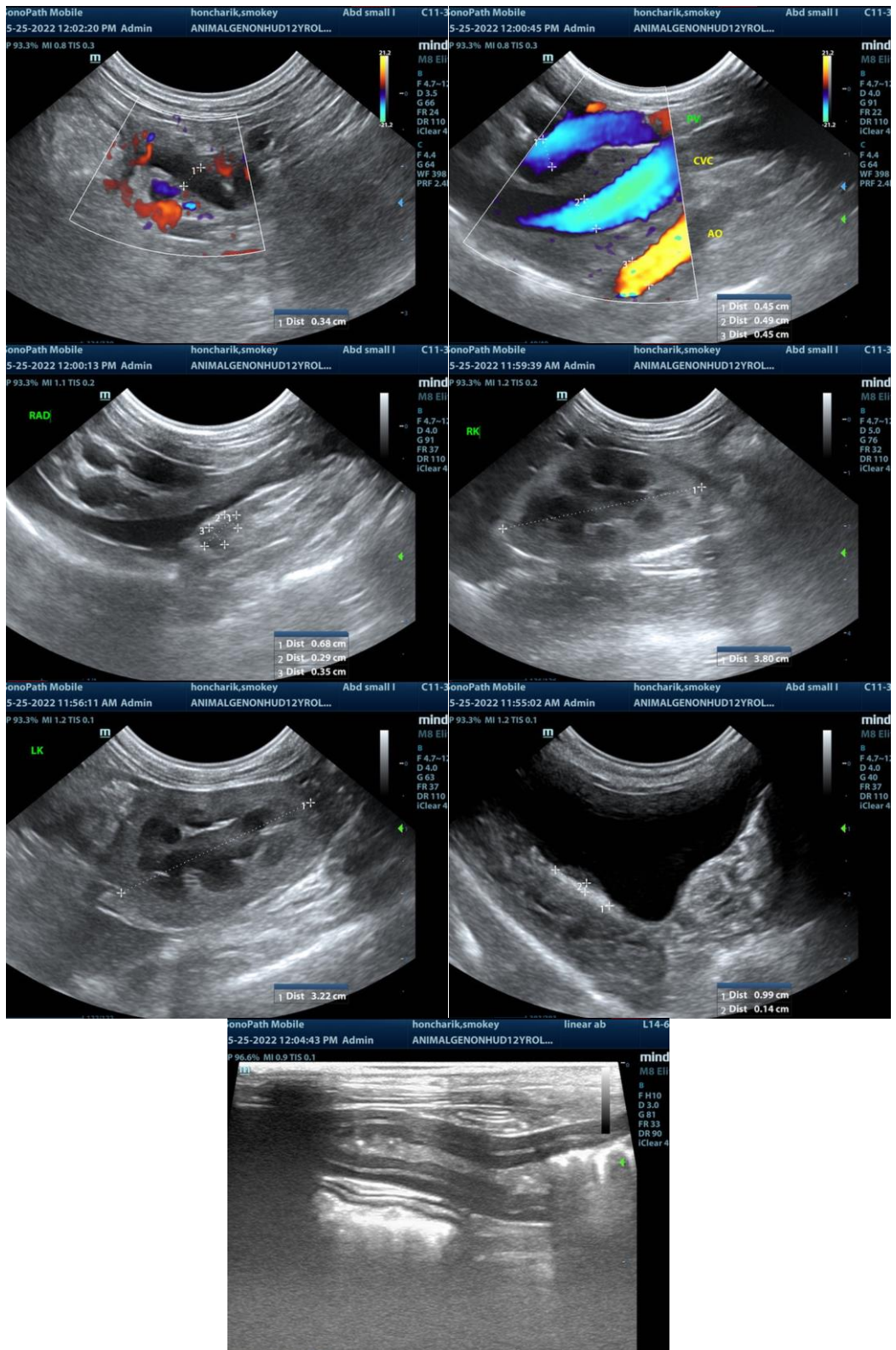
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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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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