



**PATIENT PRESENTING CLINICAL SIGNS**

Spook Coe  
History: Intermittent decreased appetite and vomiting, and increased drinking.  
Abnormal PE/Chem/CBC/UA Results: BUN 42, Ca. 11.2, albumin 4.3, eos. 1030, T4 2.8.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**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. No uroliths or sediment were visualized and anechoic urine was present. 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**

14 yr

The left kidney measured 4.3 cm in length. The right kidney measured 4.12 cm in length.

**WEIGHT**

14 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. The left adrenal gland measured 0.4 cm in width. The right adrenal gland measured 0.32 cm in width.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The spleen was slightly enlarged with a uniform minor scalloping contour measuring 1.15 cm in width.

**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

**Gastrointestinal**

**REFERRING VET**

Dr. Karen Zelinski

The upper gastrointestinal tract revealed minor pyloric muscularis hypertrophy. Distal small intestine thickening noted.

**INVOICE**

10671ag

**Pancreas**

The base and limbs of the pancreas were observed to be hypoechoic and irregular with enhanced surrounding mesentery.

**DATE**

05/25/2022

**Free Abdomen**



**PATIENT**

Spook Coe

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. An example of a reactive node measured 1.87 cm x 0.37 cm. The reactive nodes were distorted, in a grouping measuring 2.0 cm x 1.0 cm.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Slight mesenteric lymphadenopathy
- Reactive spleen-minor potential for emerging round cell neoplasia
- Possible pancreatitis
- Distal small intestine thickening

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

An ultrasound guided splenic FNA is indicated along with mesenteric lymph node FNA if accessible for cytology and culture for further clarification.

**MN**

IVF support with broad spectrum antibiotics are warranted. A guarded prognosis is indicated.

**AGE**

14 yr

**WEIGHT**

14 lb

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Kelly Vazquez

**HOSPITAL NAME**

Animal General on Hudson

**REFERRING VET**

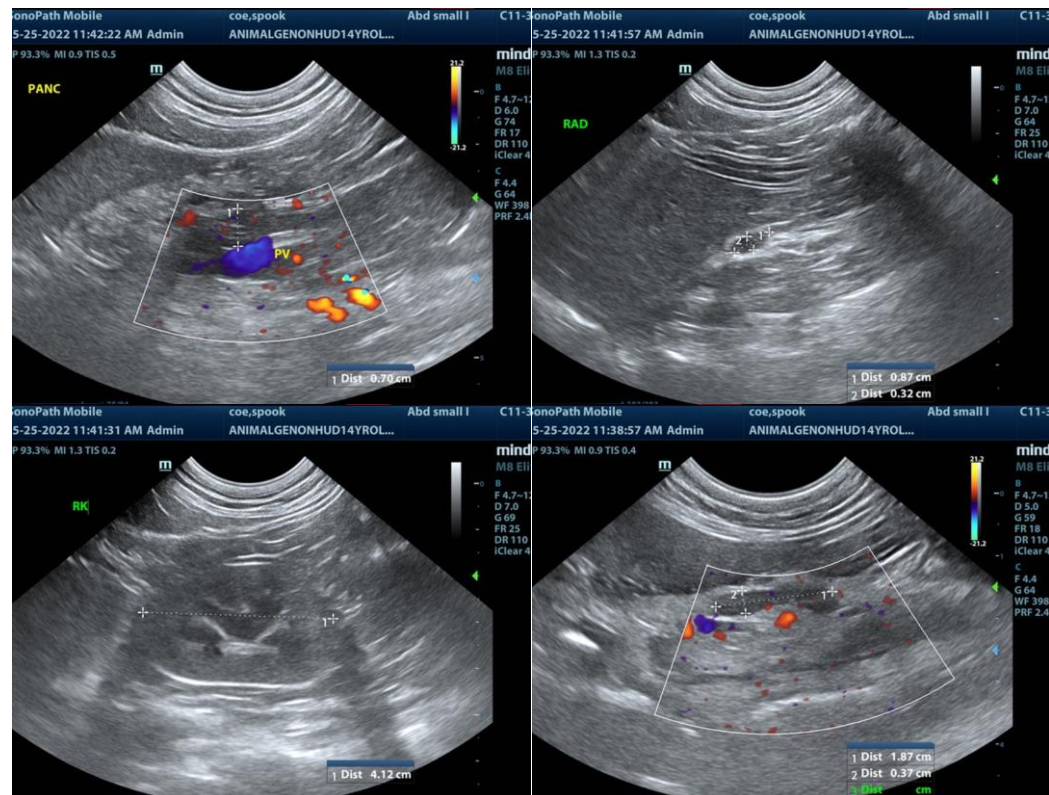
Dr. Karen Zelinski

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**DATE**

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**PATIENT**

Spook Coe

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14 yr

**WEIGHT**

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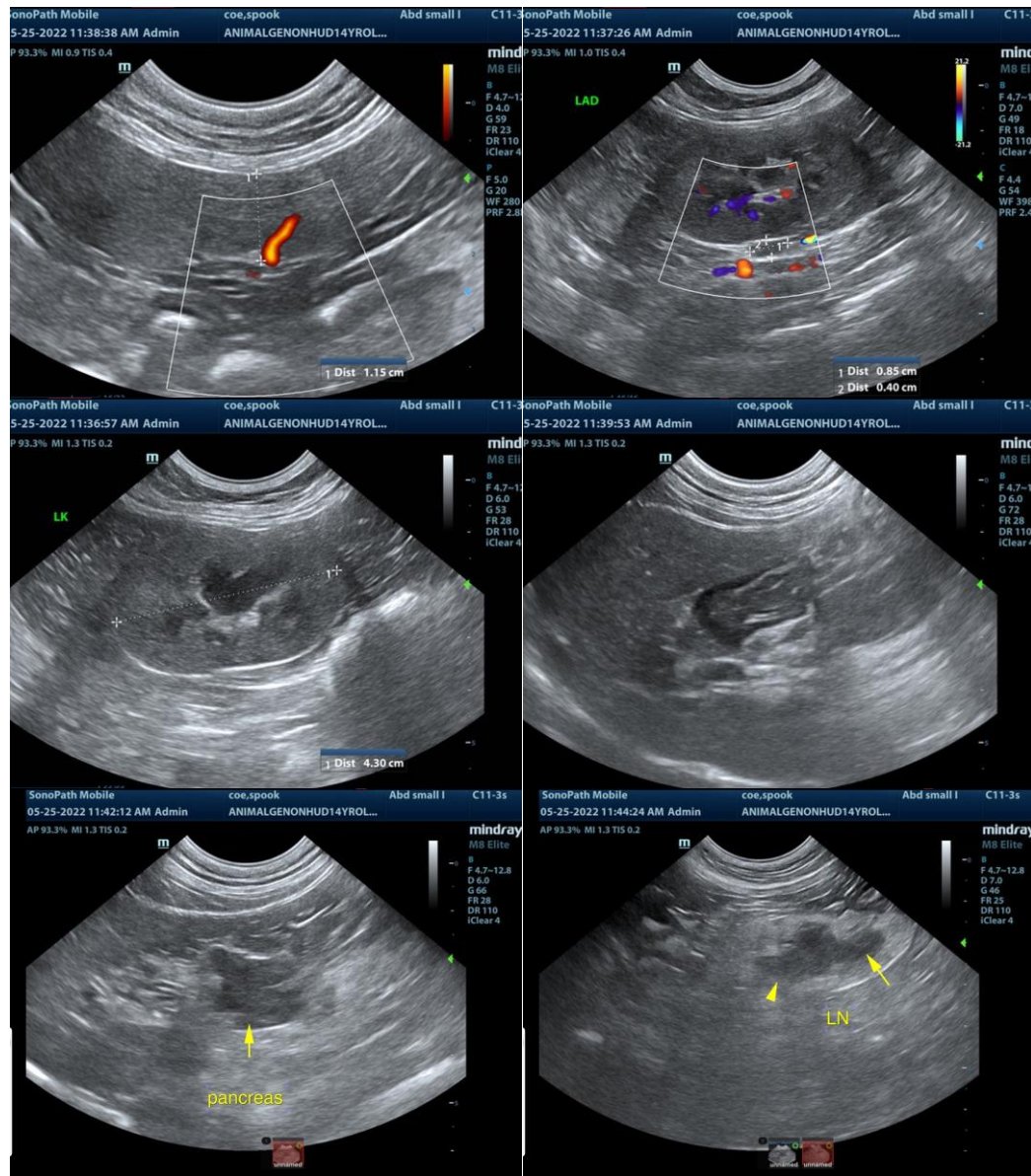
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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