



**PATIENT PRESENTING CLINICAL SIGNS**

Augustus Church History: Vomiting, not eating, on pred 7.5mg daily without improvement, chronic pancreatitis

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Buck AH

**REFERRING VET**

Dr. Yenssen

**INVOICE**

15772

**DATE**

5/27/22

**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 a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. 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 left kidney measured 4.25 cm. The right kidney measured 4.8 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 0.25 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.

**Liver**

The **liver** revealed slight irregular contour and minor heterogeneous parenchymal changes. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **upper gastrointestinal tract** revealed infiltrative pyloric pattern, creating a mass (2.8 cm). The distal small intestine and colon were unremarkable. Given the gastrointestinal lymph node pathology, early infiltrative disease is a potential.

**Pancreas**

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.

**Free Abdomen**



**PATIENT**

Augustus Church

A cranial abdominal **lymph node** mass was noted, measuring 4.54 cm x 3.32 cm. The mass was hypoechoic undifferentiated and expansive. Reactive mesentery noted around the pyloric and lymph node mass.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Pyloric and lymph node infiltrative patterns
- Reactive mesentery
- Minor heterogenous hepatic changes

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastrointestinal and lymph node base lymphoma likely. FNA of the lymph node, pylorus and liver all indicated. The prednisone is likely suppressing a more significant presentation.

**SEX**

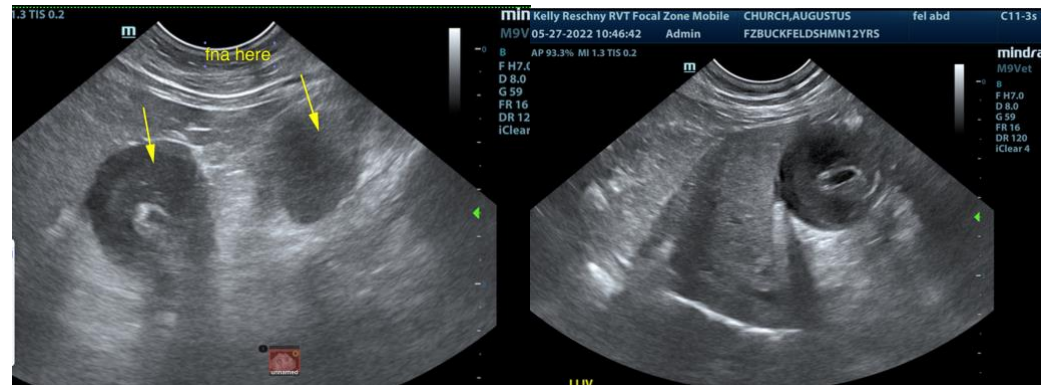
Neutered Male

**AGE**

12 Years

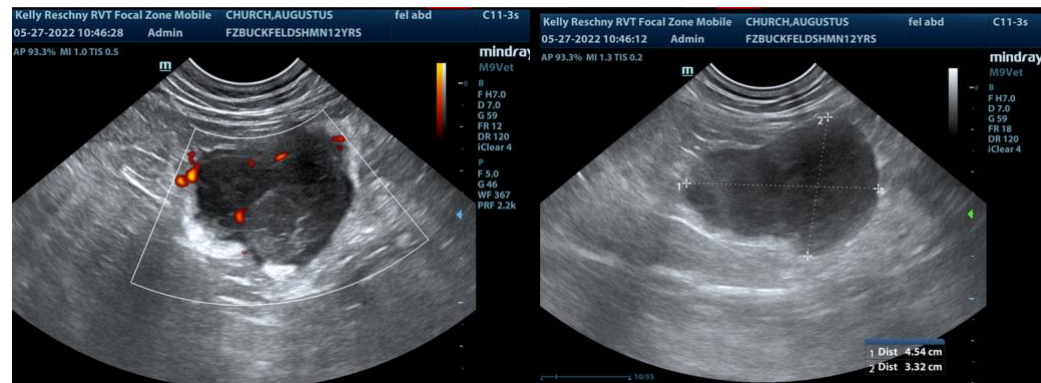
**WEIGHT**

9 kg



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

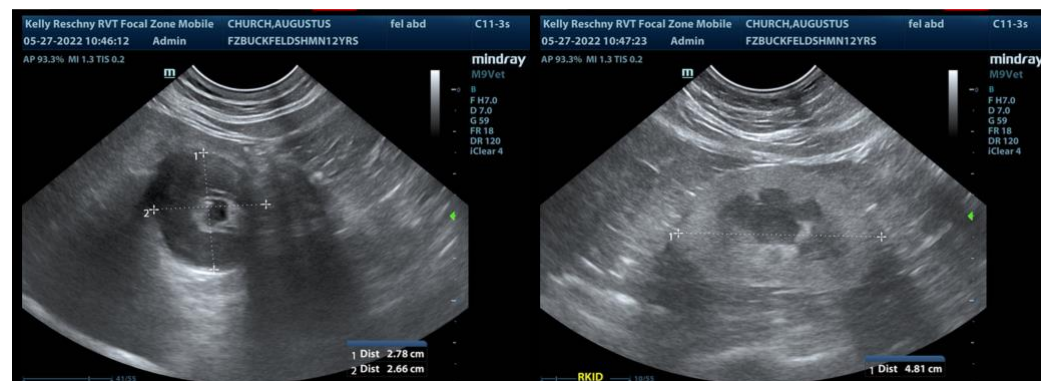
Kelly Reschny

**HOSPITAL NAME**

Buck AH

**REFERRING VET**

Dr. Yenssen



**INVOICE**

15772

**DATE**

5/27/22



**PATIENT**

Augustus Church

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Buck AH

**REFERRING VET**

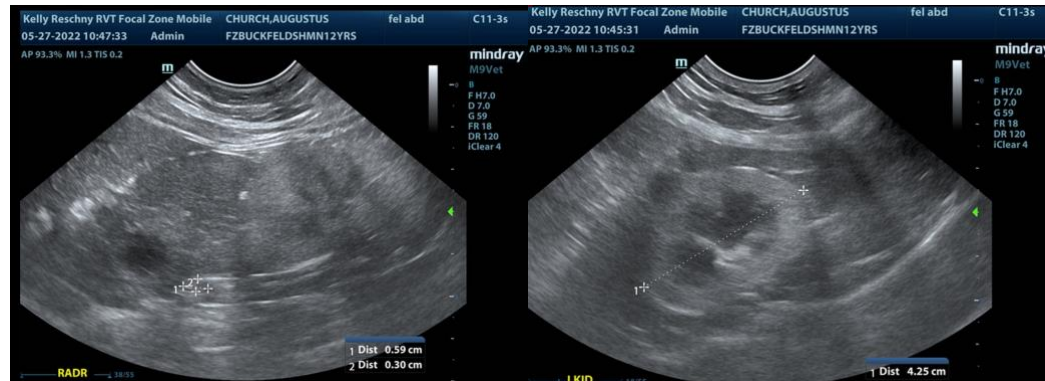
Dr. Yenssen

**INVOICE**

15772

**DATE**

5/27/22



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  
Eric.Lindquist@SonoPath.com