



PATIENT

Patches Pickering

SPECIES

Feline

BREED

Domestic Shorthair

PRESENTING CLINICAL SIGNS

History: Presented today for acute vomiting (5 times - bile) that started this morning. After one episode, owners found p lying 'lifeless' on the floor, but were able to rouse her and bring her in. Patches was acting fine yesterday - e/d well, no v, normal BM. This morning very lethargic, unwilling to eat and vomiting. Previous history of hyperthyroidism (previously well controlled on felimazole) and skin allergies (controlled with low dose prednisolone therapy)
Abnormal PE/Chem/CBC/UA Results: On today's exam, p is QAR and estimated 10-15% dehydrated. H/L auscult normally. Mild cranial abdominal pain. 3-view Chest/Abdominal Rads: Normal thorax. Mild hepatomegaly and firm stool in colon noted. Slightly small kidneys. Today's Labs: CBC: WBC - 25.05k, neutrophils - 22.3k Chemistry: Glu - 207, BUN - 38 T4: 4.3 (up from 2.9 in October) snap fPL: Abnormal CBC/Chem/T4 was WNL in October, 2022 (T4: 2.9)

SEX

Spayed female

AGE

19 years

WEIGHT

11.7 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harasimowicz

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 0.42 cm. The left adrenal gland was focally mineralized and measured 0.46 cm.

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Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.1 cm.

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Liver

The **liver** revealed a hypoechoic target type lesion measuring 1.56 cm in the right medial liver adjacent to the pylorus. A second mixed echogenic nodule was noted in the right cranial liver adjacent to the gallbladder and measured 2.23 x 1.4 cm. Coarse architecture was noted throughout the remainder of the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic

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and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal tract** revealed fluid filled lumen. Variable small intestinal thickening was noted without loss of detail. The colon was unremarkable.

Pancreas

Reactive mesentery was noted around the hypoechoic portions of pancreas in the right limb. This is consistent with pancreatitis. Microcystic pancreatic changes were noted.

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis pattern with concurrent pancreatitis.

Swollen spleen.

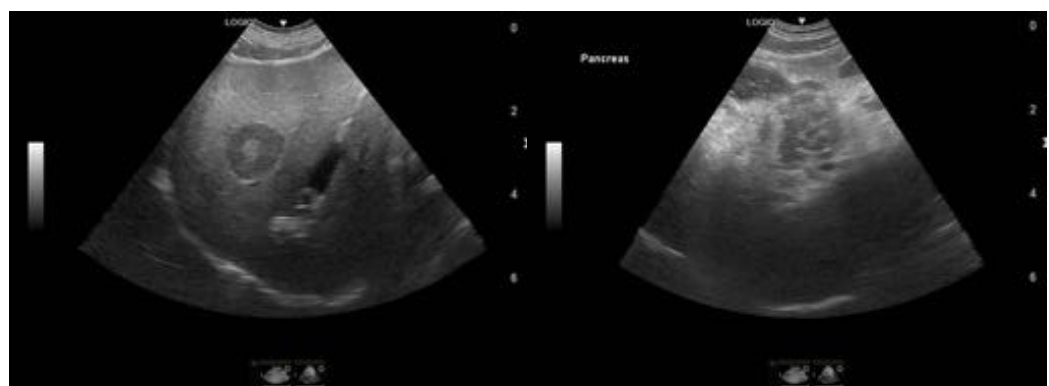
Undefined hepatic nodules. Swollen liver.

The kidneys, particularly the left kidney appears to be swollen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the global presentation I cannot rule out emerging renal lymphoma in this patient. FNA of the left kidney would be ideal. This may be an age related change with possible subacute inflammation as well. No overt sonographic appearance of lymphoma in the kidneys was noted; however, I cannot ignore the swelling and enhanced surrounding pericapsular fat. Therefore, an emerging process may be in play.

Ideally ultrasound-guided FNA of the pancreas, spleen and liver nodules is warranted. The liver nodule differentials include abscessation, nodular hyperplasia and round cell neoplasia is all possible. The prognosis is guarded. Empirical treatment for gastroenteritis and pancreatitis is warranted. Assessment for history of consumption of enterotoxins or other material is possible. Emerging round cell neoplasia is a strong potential. The prognosis is guarded. Coagulation panel is warranted prior to 25-gauge sampling.





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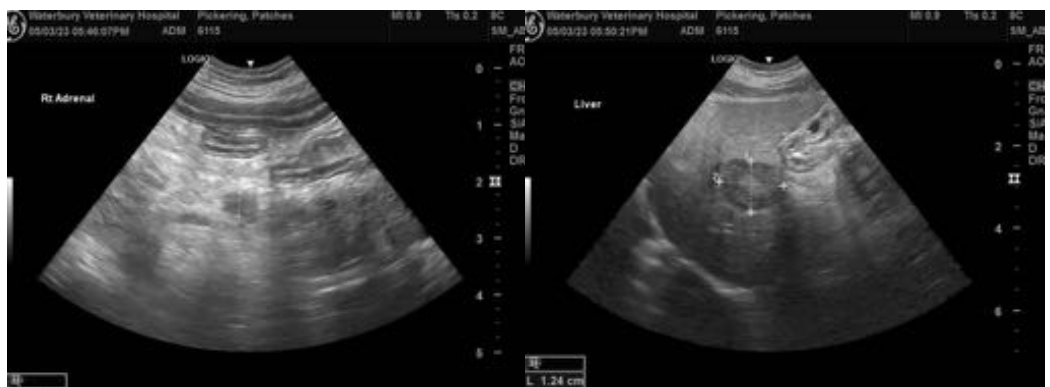
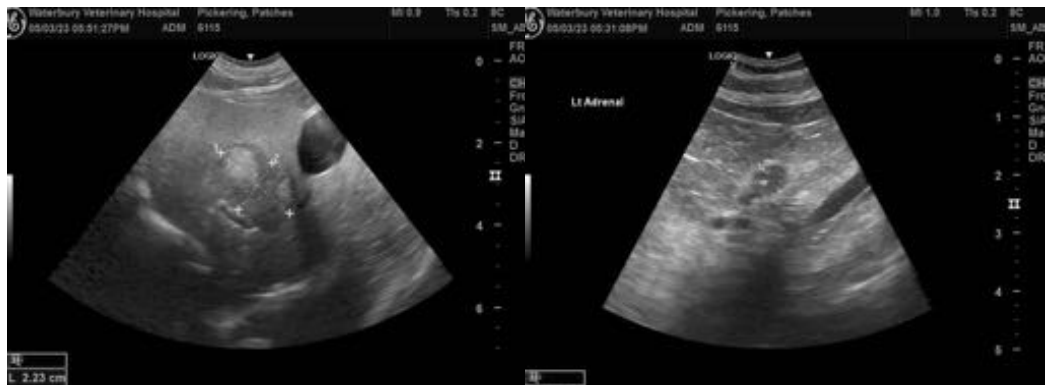
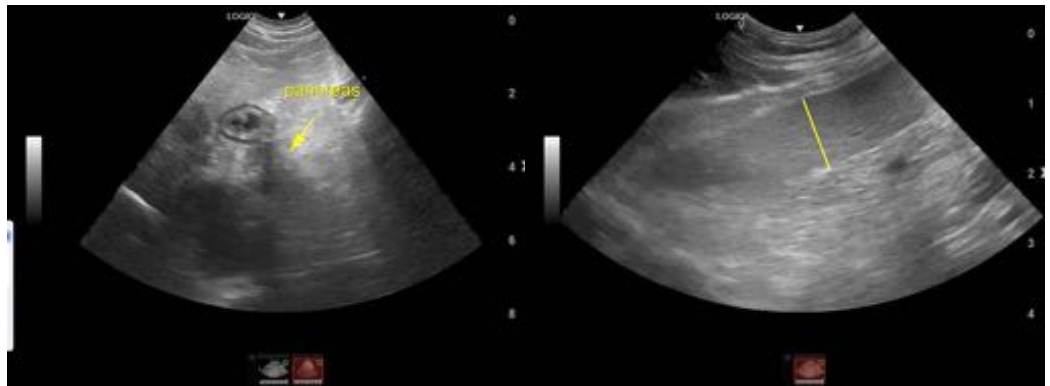
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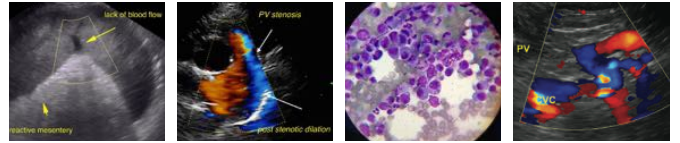
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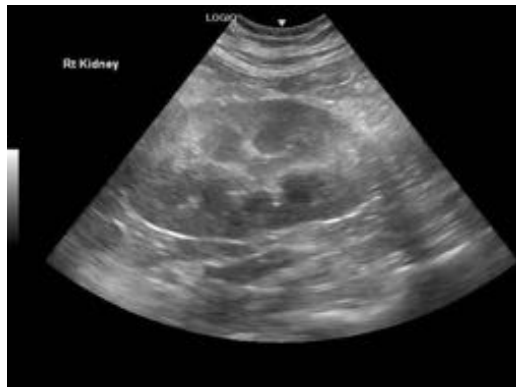
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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