



PATIENT

Hazel Maugeri

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

3.7

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Matthew Olcha

INVOICE

47262

DATE

5/9/23

PRESENTING CLINICAL SIGNS

Presented for weight loss and intermittent vomiting. Hx of well controlled hyperthyroidism with methimazole transdermal formula

Abnormal PE/Chem/CBC/UA Results: P underweight. Hypoalbuminemia (2.3) SDMA 18, USG 1.023, 2+ urine protein. Plan is to repeat UA and UPC if indicated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. Minimal amount of urine present at the time of the sonogram. 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** were riddled with multiple expansive hypoechoic nodules. The left kidney measured 3.0 cm with irregular contour, loss of structural detail, and corticomedullary junction. The right kidney presented irregular contour as well and measured 3.0 cm. Pericapsular inflammation noted around both kidneys.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** was enlarged with heterogeneous changes. The gallbladder was unremarkable.

Gastrointestinal

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. Minor pyloric wall thickening noted. Minor retention of ingesta or hair accumulation. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Variable distal small intestinal thickening. 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 ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Mesenteric lymph node enlargement present.

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.



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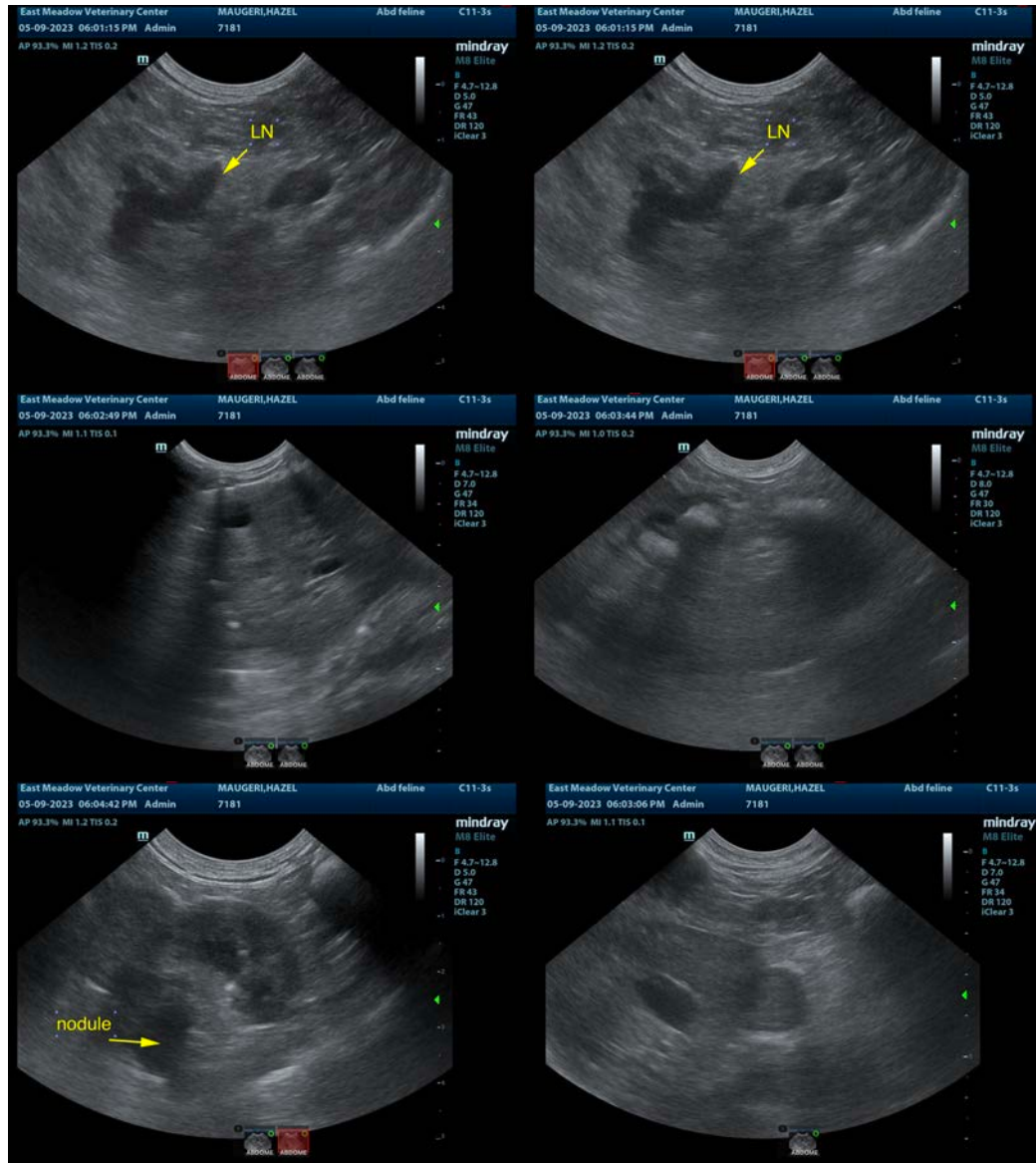
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ULTRASONOGRAPHIC FINDINGS

- Strong concern for renal +/- hepatic +/- emerging intestinal lymphoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver and left kidney recommend in this patient. Prognosis is very guarded, especially with the SDMA elevation and low albumin, both of which can be markers for lymphoma in cats. Benign renal and hepatic changes possible yet less likely.





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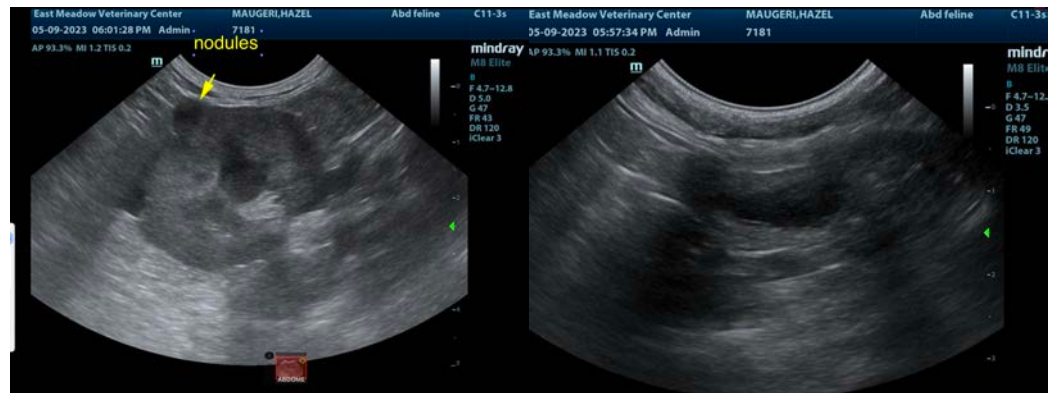
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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