



PATIENT

Rugby O'Donnell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

13.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kevin Moon

HOSPITAL NAME

Shiloh Vet Hospital

REFERRING VET

Dr. Stephanie Herr

INVOICE

38657

DATE

6/10/22

PRESENTING CLINICAL SIGNS

2 Soft tissue opacity masses noted in abdomen incidentally on radiographs Radiologist report states : "Round soft tissue structures caudal abdomen most likely representing enlarged lymph nodes which could be reactive, secondary to inflammation, infection, occult neoplasia. Granulomas or mesenteric cysts are not completely excluded. Unremarkable remainder of abdomen. Consider ultrasonography if further assessment is desired with sampling if appropriate."

Abnormal PE/Chem/CBC/UA Results: BW done 5/18. None

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

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** 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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.



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Pancreas

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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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Free Abdomen

Mesenteric lymph nodes were mildly enlarged and rounded, measuring up to 1.0 cm. A sublumbal lymph node was also enlarged. The lymph nodes were anechoic. I could not distinguish parenchymal expansion as opposed to cystic structures.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Enlarged mesenteric lymph nodes, possibly cystic
- Unremarkable abdomen otherwise

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the accessible indicated with cytology and culture.

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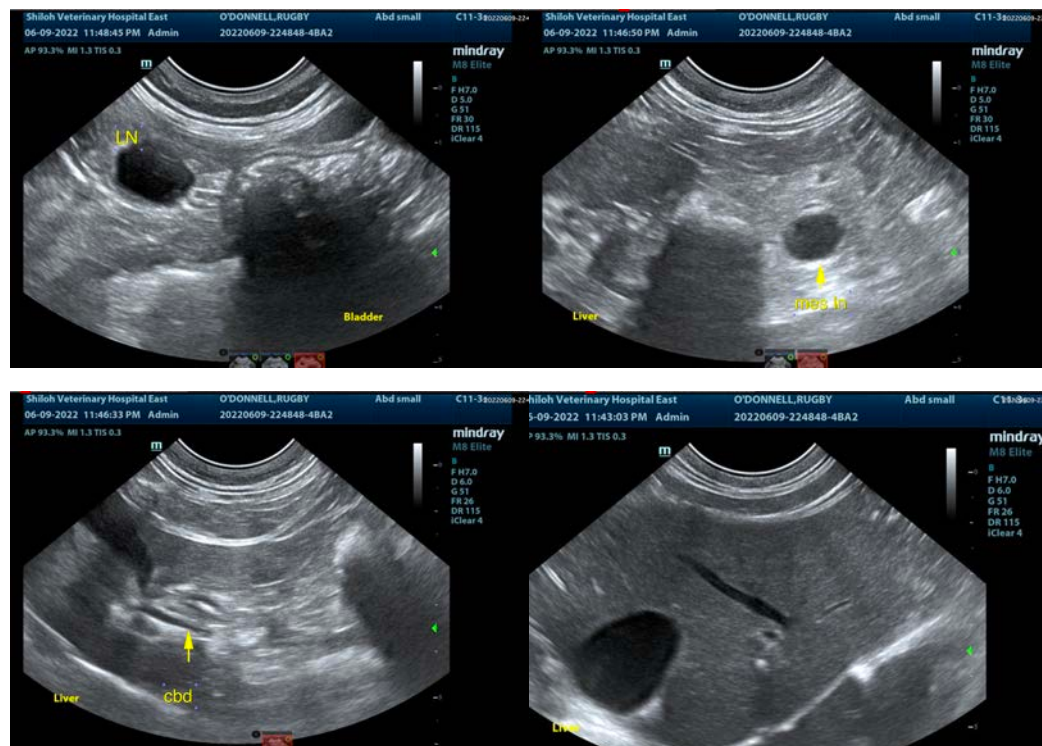
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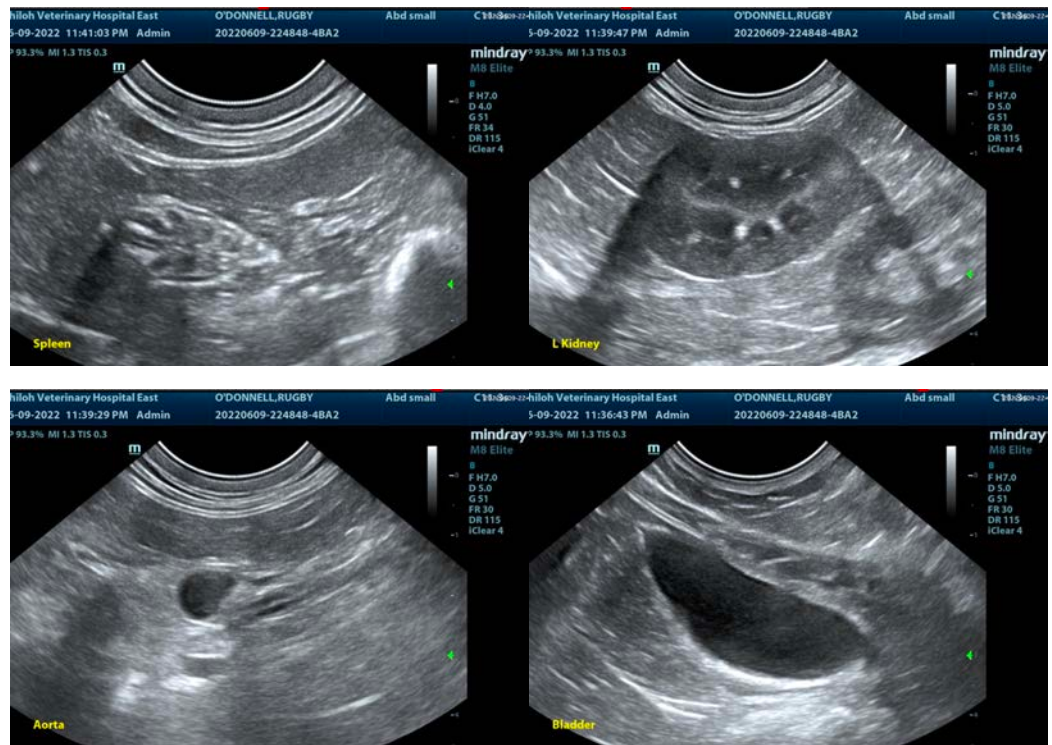
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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