



**PATIENT**

Sierra Rosacker

**SPECIES**

Feline

**BREED**

DMH

**SEX**

F, castration status  
unkn

**AGE**

8 years

**WEIGHT**

2.82 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Alejandro Vargas  
Lumbreras RVT

**HOSPITAL NAME**

Central Island  
Veterinary  
Emergency Hospital

**REFERRING VET**

Dr. Matthew  
Guenther

**INVOICE**

10807ag

**DATE**

06/14/2022

**PRESENTING CLINICAL SIGNS**

History: Anorexia, adipsia - O believes about 1 week. Shares household with 2 other cats so unsure or urination/defecation. Weight loss. Admitted 6/13/22 on the following therapies: 1. IVFT (PLA 14ml/hr = 2x maint). 2. Mirtazapine (1.85mg PO q24hrs). 3. Cerenia (1mg/kg IV q24hrs). 4. Buprenorphine (0.03mg/kg IV q8hrs). 5. Zentoniil (200mg PO q24hrs). On 6/14/22 added 6. Ampicillin 22 mg/kg IV q8h.

Abnormal PE/Chem/CBC/UA Results: Icterus. Mild abdominal pain. CBC: Hct = 0.30 L/L (0.303-0.523), Neutrophils =  $12.00 \times 10^9/L$  (2.30-10.29), Monocytes =  $1.75 \times 10^9/L$  (0.05-0.67). Biochemistry: SDMA = 18 ug/dL (0-14), Urea(BUN) = 5.3 mmol/L (5.7-12.9), ALT = 380 U/L (12-130), ALP = 455 U/L (14-111), GGT = 26 U/L (0-4), Total Bilirubin = 173 umol/L (0-15), TT4 = WNL = 11 nmol/L (10-60).

**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 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 in length.

**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. The right adrenal gland measured 0.4 cm.

**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 1.0 cm in width.

**Liver**

The liver exhibited nonspecific uniform hypoechogenicity with mild swelling. The gallbladder wall was echogenic and thickened, consistent with fibrosis and overdistention with primarily anechoic content. Some aspects of mucocele formation were present. The common bile ducts was within the upper limits of normal.

**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. No associated abnormal lymphatic activity was noted.



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## Pancreas

The right limb of the pancreas appeared hypoechoic and mildly irregular. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## Free Abdomen

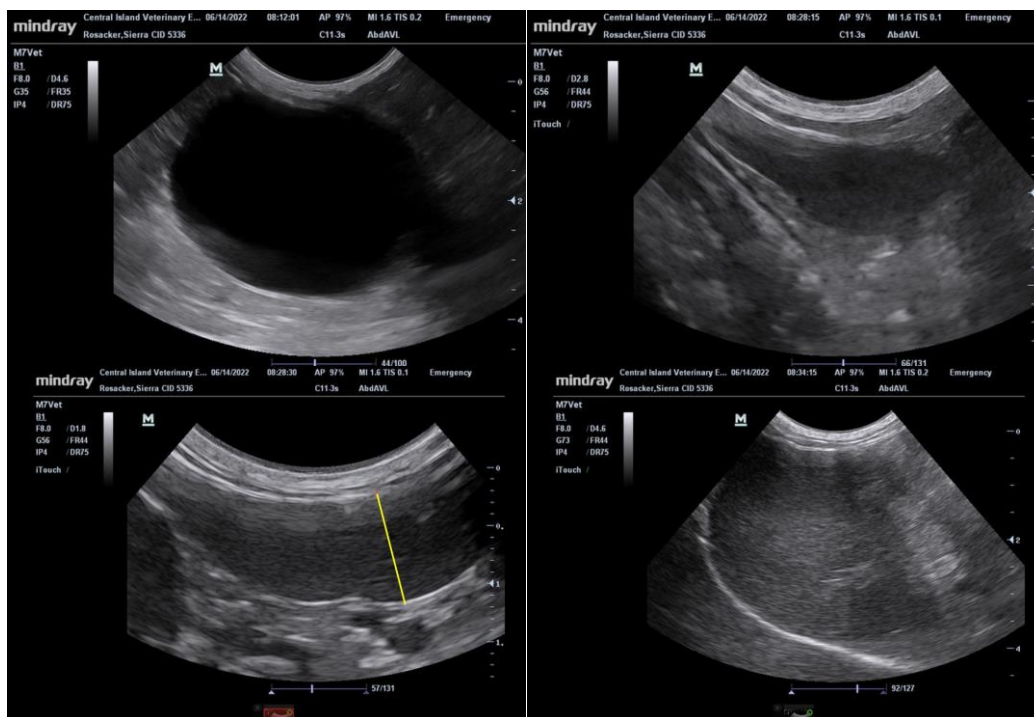
A hypoechoic rounded mesenteric lymph node mass suggestive of underlying lymphoma was observed measuring 2.0 cm.

## ULTRASONOGRAPHIC FINDINGS

- Cholangitis liver pattern
- Mild splenohepatomegaly
- Mesenteric lymph nodes mass

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This presentation is strongly suggestive for underlying neoplasia. A screening FNA of the spleen, liver and lymph node is warranted for confirmation. Possibility of lymphadenitis/cholangitis is thought less likely.





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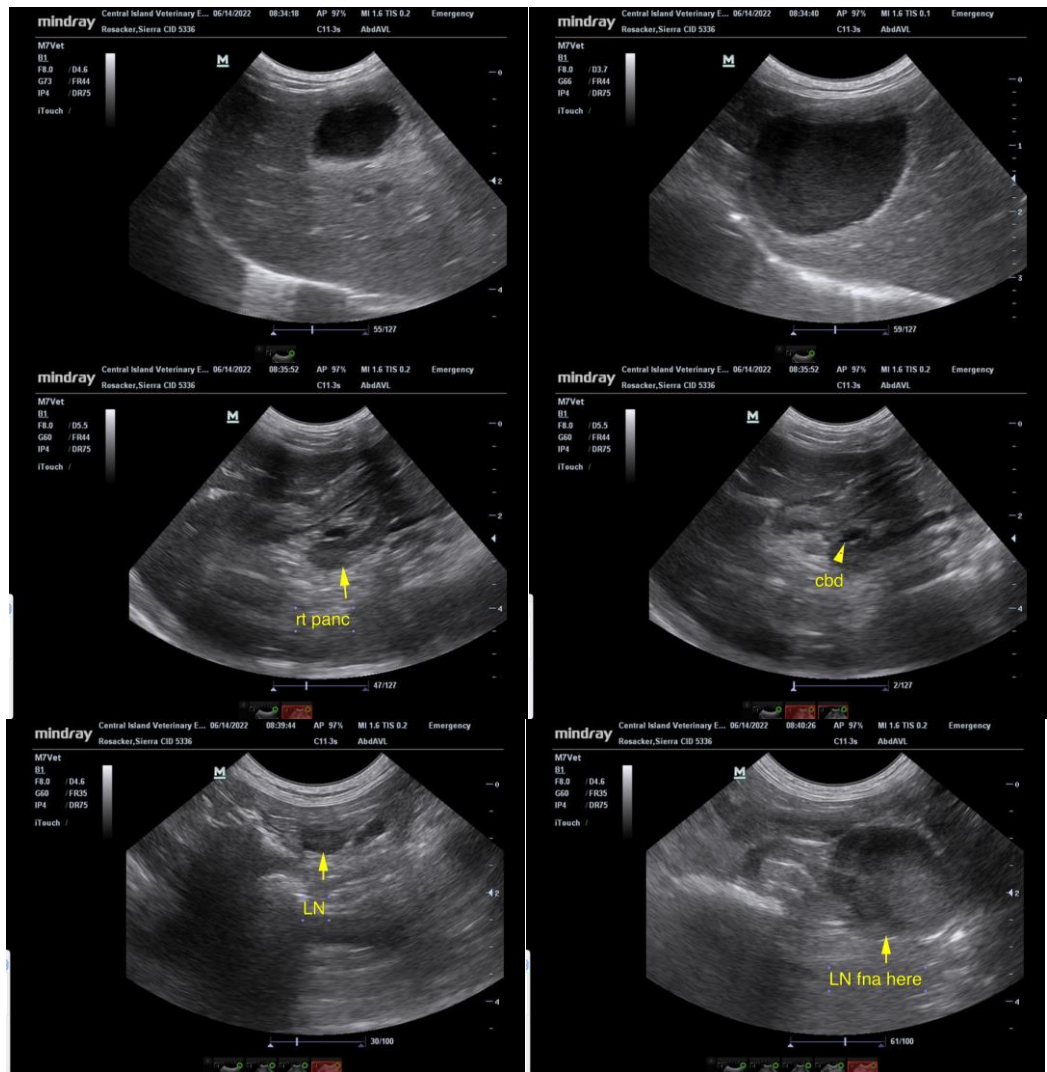
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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