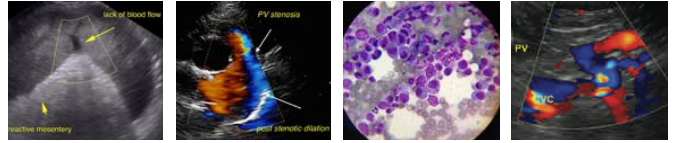


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Tigger Stough	History: Chronic (Several year) history of diarrhea. Currently on Prednisolone EOD. Recently experiencing intermittent vomiting as well and weight loss. Recent CBC/Chem/T4/UA unremarkable aside from mildly elevated PSL and neutrophilia/lymphocytosis. Concern for lymphoma vs worsening IBD
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: PSL 46 (upper normal 26) Amylase 1290 Neutrophils 13024 Lymphocytes 1036
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Domestic Shorthair	<b>Urinary System</b>
<b>SEX</b>	The <b>urinary bladder</b> revealed a 1.14 x 0.5 cm transmural mass that was noted in the dorsal apical bladder. The apex of the bladder also presented polypoid changes. The caudal aspect of the bladder was unremarkable.
Neutered male	
<b>AGE</b>	The <b>kidneys</b> presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. There was loss of corticomedullary definition and areas of non-obstructive mineralization. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney was subnormal in size and measured 3.28 cm. The right kidney measured 4.16 cm with slight pyelectasia.
17 years	
<b>WEIGHT</b>	
6.7 lbs	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	Both <b>adrenal glands</b> 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.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Brady	The <b>spleen</b> 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 was noted.
<b>HOSPITAL NAME</b>	
Shiloh VH	
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Herr	The <b>liver</b> images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.
<b>INVOICE</b>	
31056	
<b>DATE</b>	
6/16/22	



**PATIENT**

Tigger Stough

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed excessive GI gas. Non-specific GI thickening was noted. There was no loss of mural detail. However, the prednisone therapy may be suppressing a more significant presentation. The ileocecal junction was mildly thickened with a hypertrophied muscularis, yet the submucosal layer was intact.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

17 years

Chronic renal changes, interstitial nephrosis renal pattern with mineralization.

Mild, non-specific GI thickening without neoplastic criteria.

**WEIGHT**

6.7 lbs

Dorsal bladder mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Resection of the apical dorsal portions of the bladder wall would be ideal in this patient with GI biopsies given the patient's history, yet no neoplastic criteria is present in any of the organ systems. Given the lymphocytosis bone marrow aspirate would be ideal +/- PCR evaluation.

**IMAGING PERFORMED BY**

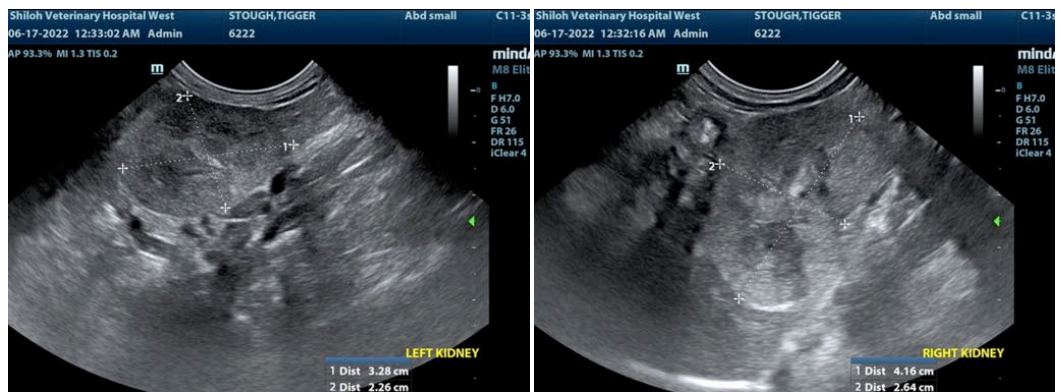
Dr. Brady

**HOSPITAL NAME**

Shiloh VH

**REFERRING VET**

Dr. Herr

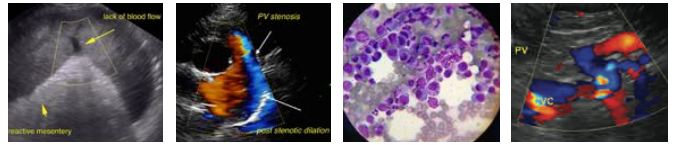


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**DATE**

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**PATIENT**

Tigger Stough

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

17 years

**WEIGHT**

6.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Brady

**HOSPITAL NAME**

Shiloh VH

**REFERRING VET**

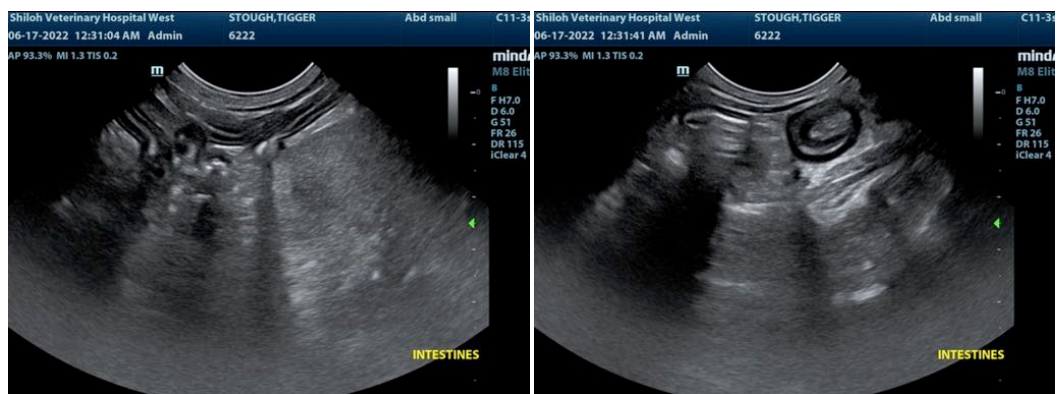
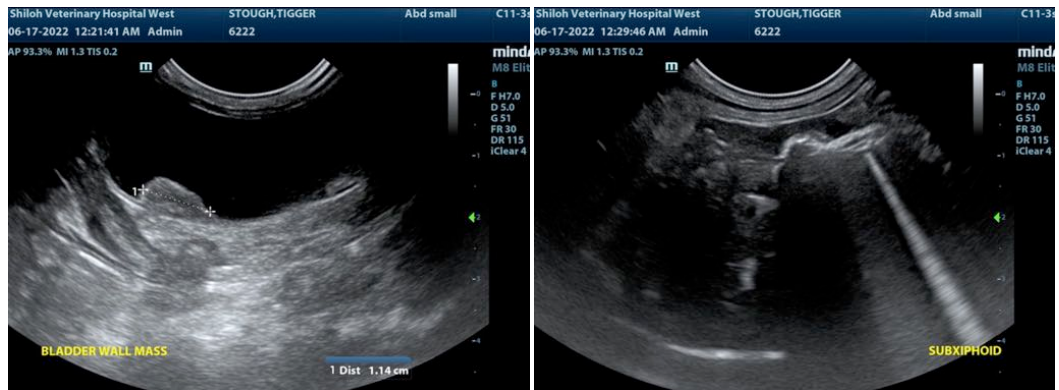
Dr. Herr

**INVOICE**

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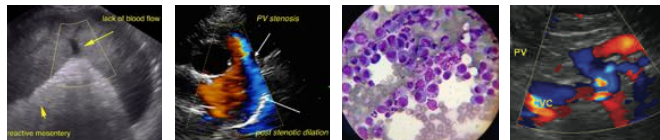
**DATE**

6/16/22



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.



**PATIENT**

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

Tigger Stough

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

17 years

**WEIGHT**

6.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Brady

**HOSPITAL NAME**

Shiloh VH

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