



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Joey Loney

History: Rapid weight loss of 3 lbs since 3/2022 and diarrhea for the past week.  
Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: TP 11.1, GLOB 8.7

**SPECIES**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

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.

Domestic Shorthair

**SEX**

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 kidneys measured 3.5 cm.

Neutered male

**AGE**

10 years

**Adrenal Glands**

**WEIGHT**

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.

10 lbs

**INTERPRETED BY**

**Spleen**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **spleen** was at the upper limits of normal and measured 0.97 cm.

**IMAGING PERFORMED BY**

**Liver**

Dr. Griffin

The **liver** was mildly swollen. The gallbladder wall was slightly echogenic with mildly increased portal markings.

**HOSPITAL NAME**

Northside VC

**Gastrointestinal**

**REFERRING VET**

Dr. Griffin

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A portion of the small intestine was thickened and irregular with loss of mural detail and increased submucosal echogenicity. The mesenteric lymph node cluster was enlarged, hypoechoic and irregular with loss of detail. The mesenteric lymph nodes measured 1.63 x 2.0 cm. The lymph nodes were comprised of a grouping of distorted lymph nodes. The architecture was disrupted. Reactive mesentery was noted around the lymph nodes.

**INVOICE**

31152

**DATE**

6/21/22



**PATIENT**

**Pancreas**

Joey Loney

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.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Intestinal thickening.

Domestic Shorthair

Regional distorted lymphadenopathy, concerned for gastrointestinal lymph nodes based neoplasia, possible splenic and hepatic involvement.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

10 years

FNA of the spleen, lymph nodes and liver are all valid. Culture of the lymph nodes may be appropriate as well. Underlying parasitic disease or comorbidities may be playing a role. Complicated inflammatory bowel with lymphadenitis is possible, emerging round cell neoplasia or dry form FIP are strong potentials. The prognosis is guarded.

**WEIGHT**

10 lbs

**INTERPRETED BY**

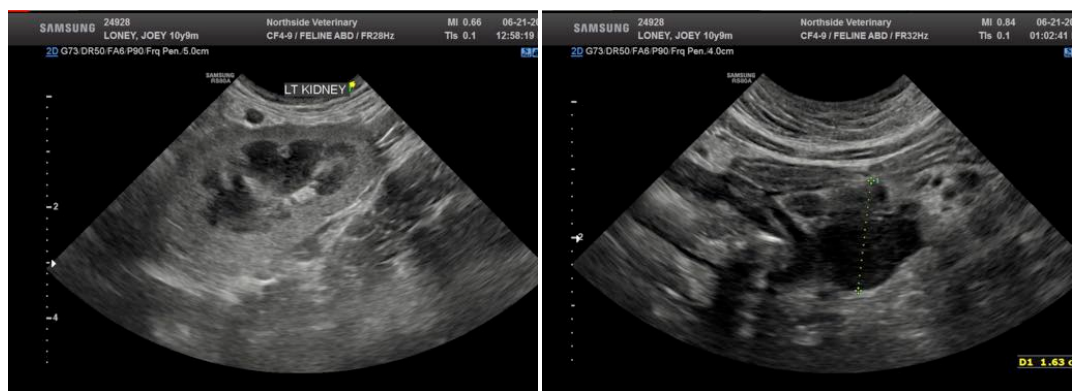
Eric Lindquist, DMV  
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**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

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**PATIENT**

Joey Loney

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

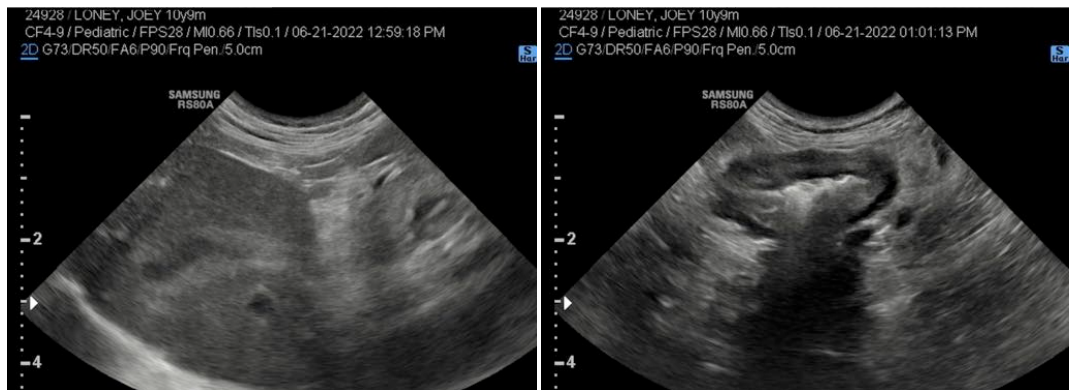
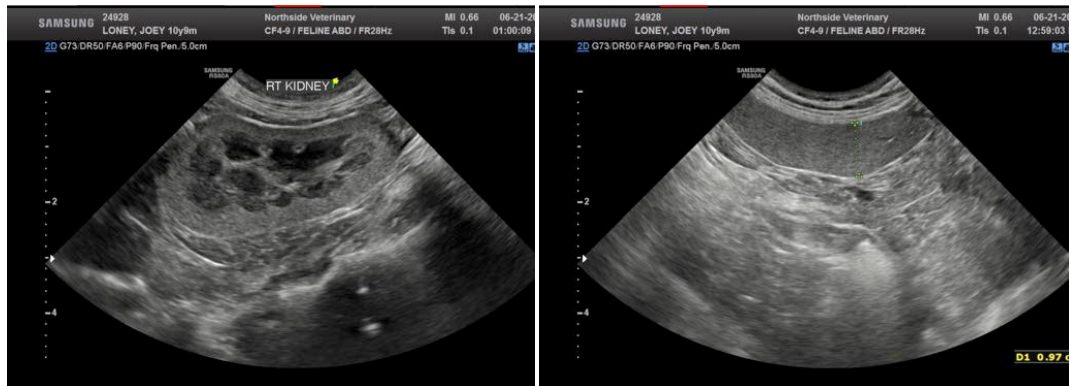
Neutered male

**AGE**

10 years

**WEIGHT**

10 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
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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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