



**PATIENT PRESENTING CLINICAL SIGNS**

Bolek Cullen

History: Anorexia. Progressive weight loss. Progressive, non-regenerative anemia. Owner reports that pet is eating and acting somewhat better since beginning a trial on steroids (prednisolone).  
Abnormal PE/Chem/CBC/UA Results: RBC=4.11; Hct=17.6; Hgb=5.8 Poikilocytes=slight; Heinz bodies=slight NSF on chem prof or UA Anemia PCR panel--all negative Fecal--all negative

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

12 ½ years

**WEIGHT**

8.62 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Amy Priest

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

Dr. Earl

**INVOICE**

44993

**DATE**

6/27/23

**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. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The left **kidney** is enlarged and measured 4.6 cm with thickened, echogenic cortices and some loss of corticomedullary definition. The right kidney measured 4.55 cm with mild renomegaly.

**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.

**Spleen**

The **spleen** was enlarged with a hypoechoic parenchyma. The spleen measured 1.4 cm in width. Enhanced surrounding mesentery was noted.

**Liver**

The **liver** was enlarged and hypoechoic. The liver appeared swollen. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic duct was tortuous.

**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. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were reactive and measured up to 2.0 x 0.5 cm. Cranial abdominal lymph nodes are enlarged, rounded and hypoechoic measuring 1.6 x 2.7 cm.



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**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.

**Free Abdomen**

Slight areas of free fluid were noted.

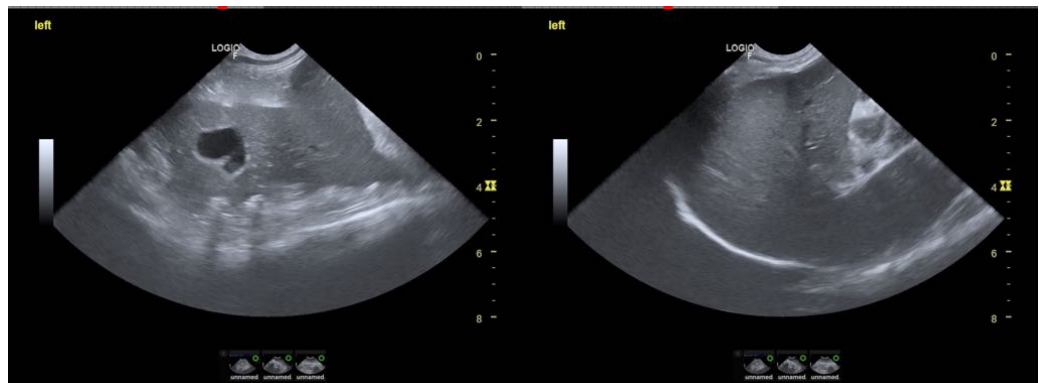
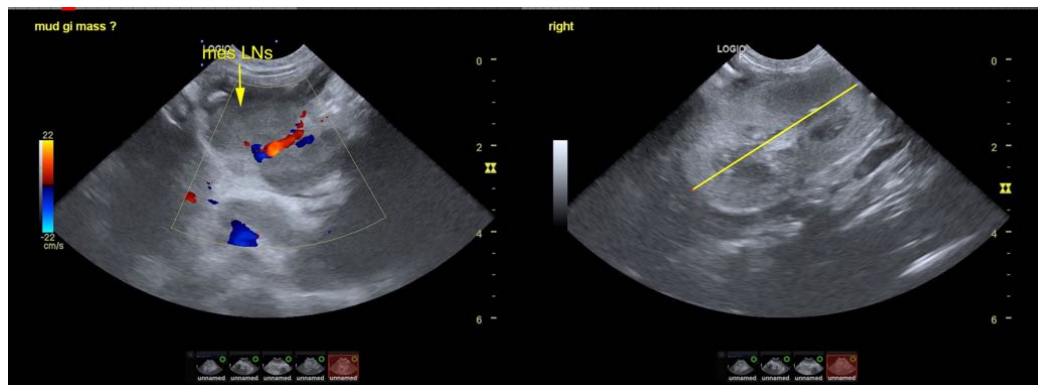
**ULTRASONOGRAPHIC FINDINGS**

Multi-centric lymphoma pattern involving the spleen, liver, likely kidneys and lymph nodes.

Free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen, liver, lymph nodes and kidneys would all be valid intervention. Significant amount of inflammation was noted. Blood transfusion is recommended prior to sampling given the anemia. Bone marrow involvement is suspected given the patient's history.





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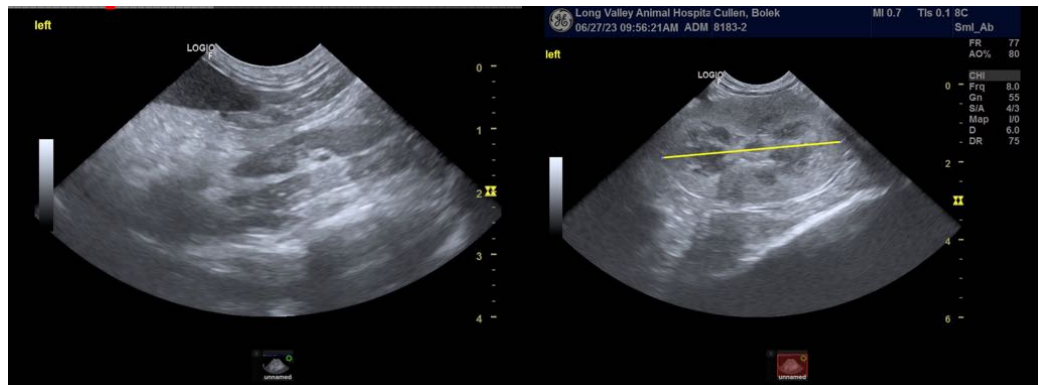
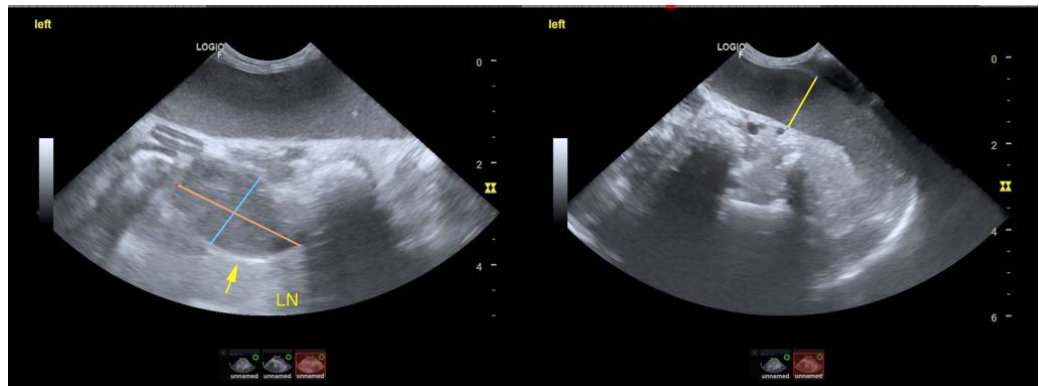
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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