

**PATIENT**

Cloudy Manjarres

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

10.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Heather

**HOSPITAL NAME**

Animal Care Center of  
Flanders

**REFERRING VET**

Dr. Hallihan

**INVOICE**

31536

**DATE**

7/11/22

**PRESENTING CLINICAL SIGNS**

History: dx lymphoma, t cell - splenic 2/22 sending urine culture for spread to bladder hematuria, straining to urinate since 6/26/22 on gabapentin 1 ml before drop off for abd u/s  
Abnormal PE/Chem/CBC/UA Results: lomustine every 3 weeks, 13mg, prednisolone 5mg SID  
absolute lymph.- 480 (lo), has very low neut. post chemo u/a : Blood +3, RBC (hi) 21- 50 SG : 1.015

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was mildly thickened. This is consistent with interstitial cystitis and measured 0.36 cm. Anechoic urine was present. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were slightly 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 right kidney measured 4.32 cm. The left kidney measured 3.6 cm.

**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**

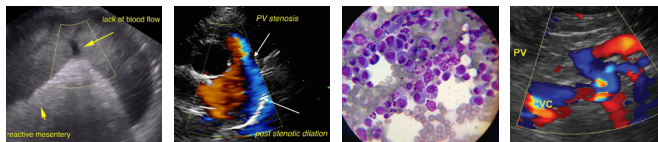
The **spleen** was slightly enlarged with minor scalloping contour.

**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. No associated abnormal lymphatic activity was noted.



**PATIENT**

**Pancreas**

Cloudy Manjarres

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**

Structurally unremarkable abdomen.

Domestic Shorthair

Minor splenic enlargement.

**SEX**

Slightly thickened bladder, consistent with interstitial cystitis.

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

6 years

There was no evidence of visceral disease. Assessment for UTI or environmental stressors should be considered. Environmental stressors, UTI or other causes of cystitis are suspected. There was no structural evidence of neoplasia. This is consistent with remission.

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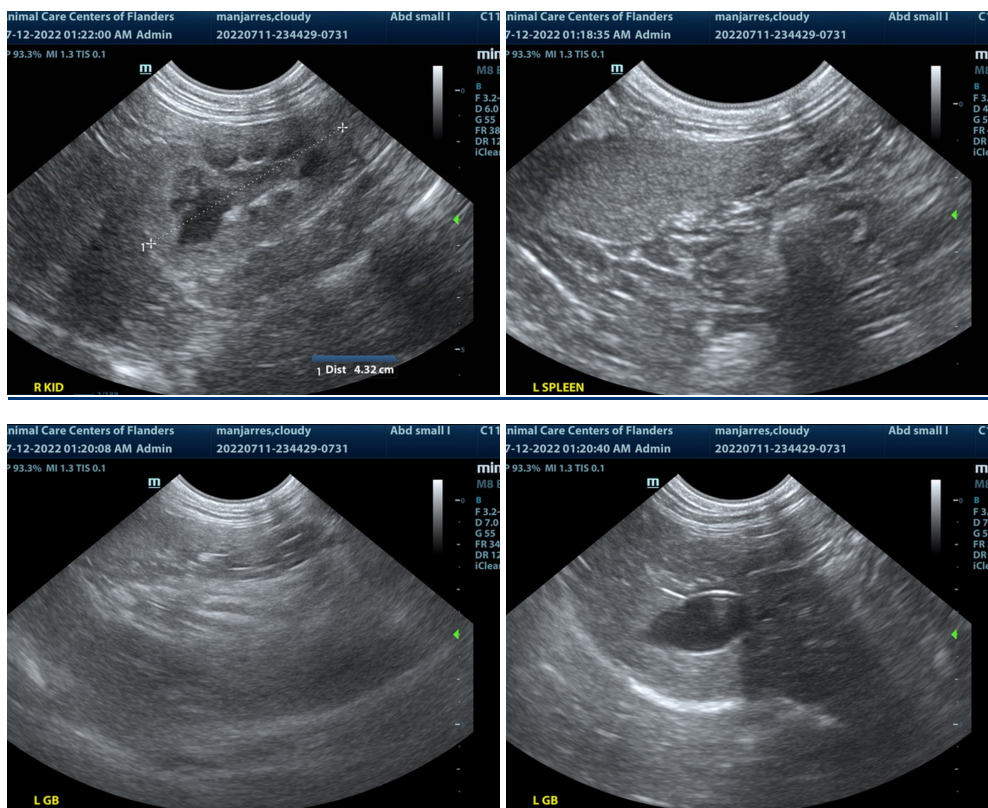
Dr. Hallihan

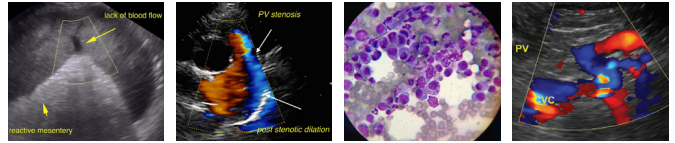
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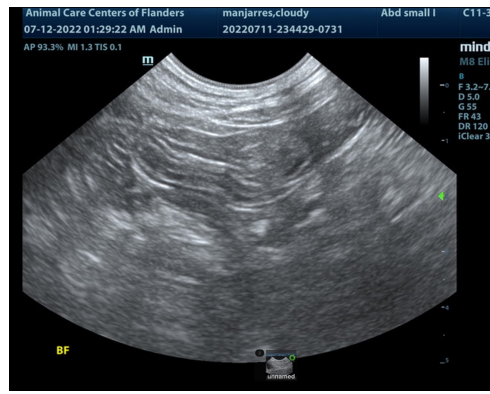
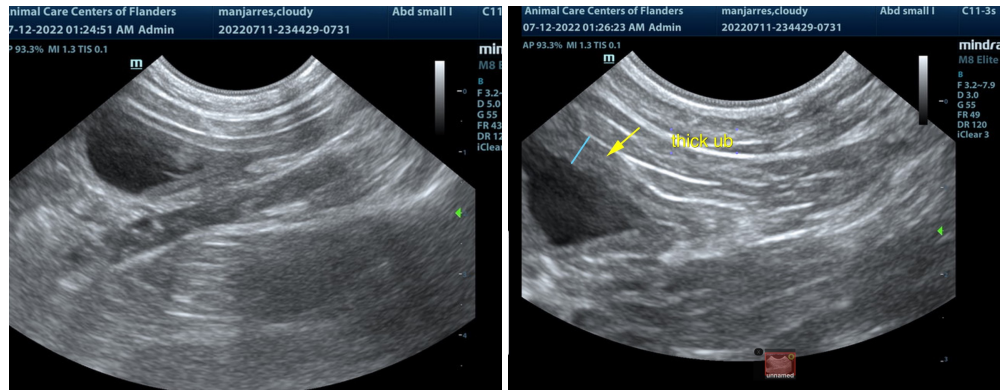
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com