



PATIENT

Shadow Colvin

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

15 years

WEIGHT

5.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

31669

DATE

7/14/22

PRESENTING CLINICAL SIGNS

3 days ago O noticed P food wasn't going away, unsure what cat so he started to pay attention and noticed it was shadow. Shadow was eating less yesterday and only taking some treats. Prog more woobly and weak when walking. crankier than normal- o states P has resorptive lesions on gums that make him cranky in general. O took into a vet and had BW done, SQ fluids and cerenia. Vet made some mention of concern for leukemia based off BW and it was sent out for further diagnostics. P did not get any better and is not eating at all.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. 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 right kidney measured 3.0 cm with slight pyelectasia.

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 scalloping contour and a hypoechoic parenchyma.

Liver

The **liver** was enlarged and irregular with hypoechoic, regional free fluid. The gallbladder was collapsed and somewhat deviated ventrally owing to internal mass effects.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted. Mesenteric lymph node mass was noted and measured 2.5 cm.



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Pancreas

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The **pancreas** was hypoechoic and irregular in the left limb measuring 1.5 cm.

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ULTRASONOGRAPHIC FINDINGS

Infiltrative splenic and hepatic pattern with lymph node mass.

BREED

Variable intestinal thickening.

Domestic Longhair

Hypoechoic, irregular left pancreatic limb.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered male

Multi-centric lymphoma is likely. 25-gauge FNA of the spleen and liver +/- lymph nodes is recommended for a definitive diagnosis.

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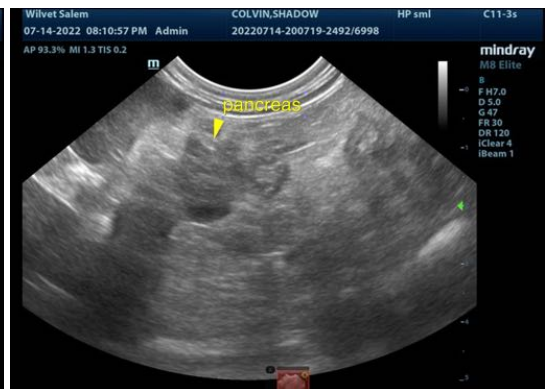
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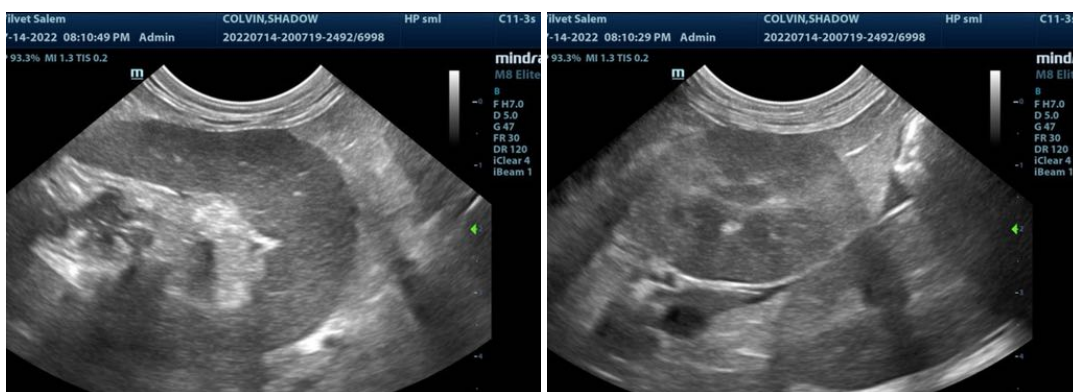
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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