



PATIENT

Spot Luckenbaugh

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

3.21 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. De Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Mason Dixon AEH

INVOICE

16545

DATE

7/2/22

PRESENTING CLINICAL SIGNS

History: Spot was seen for not eating for three days. She normally has a great appetite.

Abnormal PE/Chem/CBC/UA Results: Bloodwork Complete Blood Count - WNL (low normal PLT) Chemistry - Creat 1.2 Urinalysis - 1.015 Total T4 - high normal (4) Urinalysis dilute urine Radiographs Stomach - no overt FB Intestines - moderate gas in SI, no obstructive pattern; intestinal wall looks thickened in certain areas Liver - normal shape and size Spleen - normal shape and size Bladder - normal shape Kidneys - small kidneys with infarct in right kidney Ultrasound pending Other IDEXX free T4 by ED - pending

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney revealed a cortical infarct in the dorsal cortex. The left kidney measured 3.23 cm. The right kidney measured 3.21 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evidence of pathology.

Spleen

The **spleen** was mildly enlarged with swollen scalloping contour, measuring up to 1.2 cm.

Liver

The **liver** itself was unremarkable. The gallbladder revealed multiple nonobstructive calculi, a grouping of which measured approximately 1.0 cm at the apex of the gallbladder. Lobar biliary mineralization noted with increased portal markings.

Gastrointestinal

Some minor retention of ingesta was noted in the **stomach**. The gastrointestinal tract revealed variable thickening with hypertrophied muscularis and reactive mesentery associated with the intestinal serosa.

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



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The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of lymph node measured up to 1.0 cm.

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ULTRASONOGRAPHIC FINDINGS

- Cholangitis with nonobstructive biliary calculi
- Age-related renal changes with right renal infarct, stable
- Intestinal thickening with reactive mesentery and mild lymphadenitis
- Splenic enlargement, likely reactive possible early lymphoma/round cell neoplasia

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

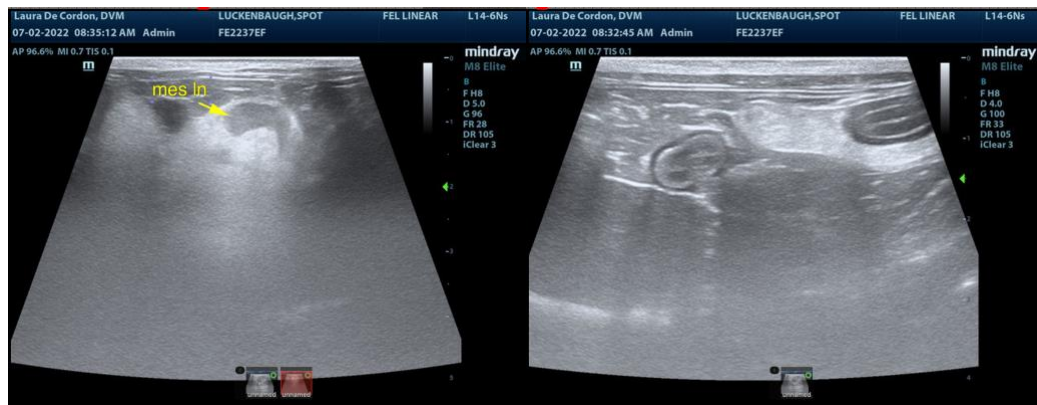
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FNA of the spleen, mesenteric lymph nodes and liver would be ideal for further definition. This is likely acute on chronic triad disease, however, emerging round cell neoplasia cannot be completely ruled out, hence sampling is essential. The patient may be passing biliary calculi periodically.

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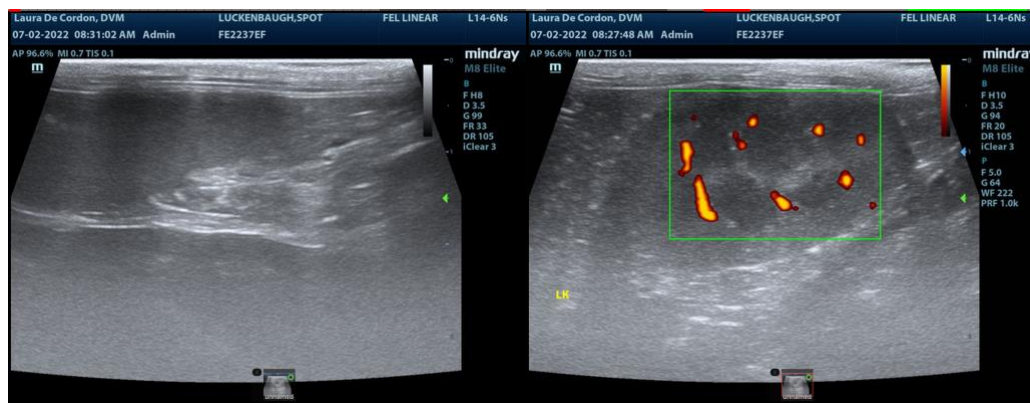
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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