



PATIENT

Toro Elmatad

SPECIES

Feline

BREED

Bengal

SEX

Neutered male

AGE

2 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

31889

DATE

7/22/22

PRESENTING CLINICAL SIGNS

History: Weight loss. Dx with poorly regenerative anemia in 3/2022 when presented for lethargy and decreased appetite. Anemia has been responsive to steroids, but concerned for any underlying cause.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9, some muscle wasting. 3/6/2022: PCV 23%, Retics 53, Ca 13.7. 5/5: Ca normal. 5/27: PCV 23% w/retics 17 (while attempting steroid taper). 6/17: PCV 32% (increased steroids) Serum today was icteric, sending out BW.

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 was noted. Ureteral papillae were 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 left kidney measured 3.83 cm with anechoic cysts at the caudal pole measuring 0.76 cm. The right kidney measured 3.5 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 enlarged with irregular, scalloping contour measuring 1.5 cm. The parenchyma was largely uniform; however, generalized enlargement was present.

Liver

The **liver** was structurally unremarkable. The hepatic parenchyma was uniform and the vascularity appeared normal. The gallbladder and common bile duct were normal.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor luminal material was noted in the stomach, possible medications. Small and large intestine demonstrated normal luminal chyme and stool



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consistency respectively. The mesenteric lymph node was enlarged, rounded and hypoechoic measuring 0.9 x 0.7 cm with enhanced surrounding mesentery.

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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.

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Splenic enlargement.

Benign renal cysts.

Mesenteric lymphadenopathy.

AGE

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Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Reactive spleen, splenitis versus round cell neoplasia are concerns. CBC path review and 25-gauge FNA is warranted. FNA of the larger mesenteric lymph node, cytology and culture are all indicated. The prognosis is guarded. Infectious agents such as Bartonella should be considered. Hemolytic disease and underlying round cell neoplasia are all possible.

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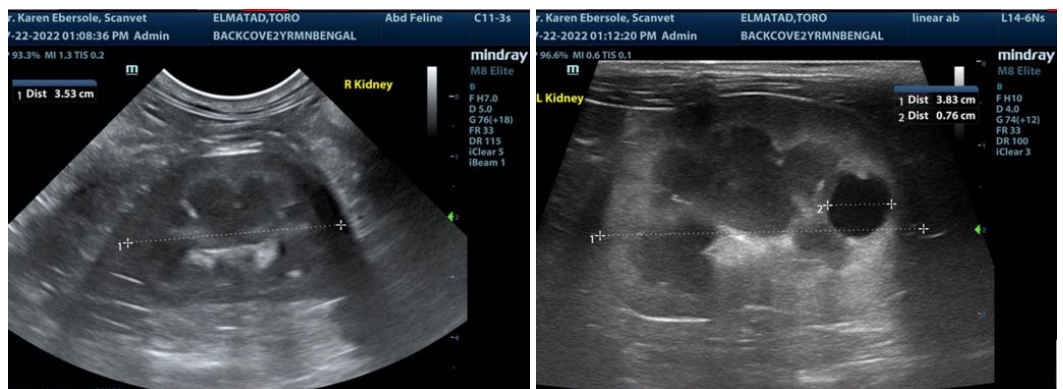
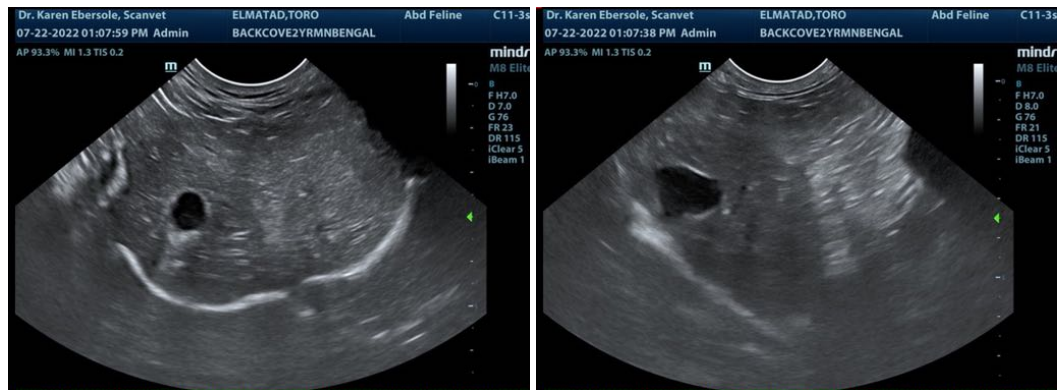
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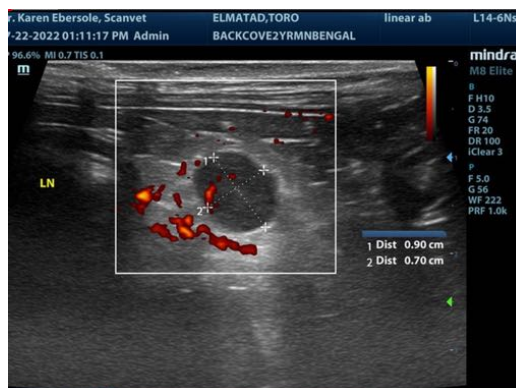
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com