



PATIENT

Tiger Coulombe

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

13 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sheridan

INVOICE

31928

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Hyperthyroid as of 5/2/2022. Controlled on 2.5mg Methimazole BID. and gaining weight. 6/6/2022 Presented for pancreatitis. FLP abnormal, ALT quite elevated. Recently also vomiting several times a day. Sedated with Gabapentin PO and hub of Dexdomitor IV.
Abnormal PE/Chem/CBC/UA Results: 6/6/2022 ALT 898, ALP 140, fPLI Abnormal. 7/25/2022 ALT 216 RADS (5/2/2022): DJD in elbows and spondylosis along thoracic vertebrae.

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 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 dilatation was present. The left kidney measured 3.5 cm. The right kidney revealed a cortical infarct and secondary collapse. The right kidney measured 3.32 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 scalloping contour measuring 1.44 cm.

Liver

The **liver** was slightly heterogenous and mildly irregular. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed variable thickening with hypertrophied muscularis and regional thickening measuring 0.63 cm with loss of mural detail. Mesenteric lymph node enlargement was present and measured 1.69 x 1.46 cm. Other mesenteric lymph nodes were noted and maintained length to width ratio measuring up to 2.0 x 1.0 cm. The rounded lymph node appeared to be undifferentiated.



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Pancreas

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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

Splenic infiltrative pattern with mesenteric lymphadenopathy and variable intestinal thickening.

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Heterogenous, mildly irregular liver. Non-specific inflammatory hepatopathy versus emerging round cell neoplasia.

Otherwise, age related renal changes with cortical infarct in the right kidney.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

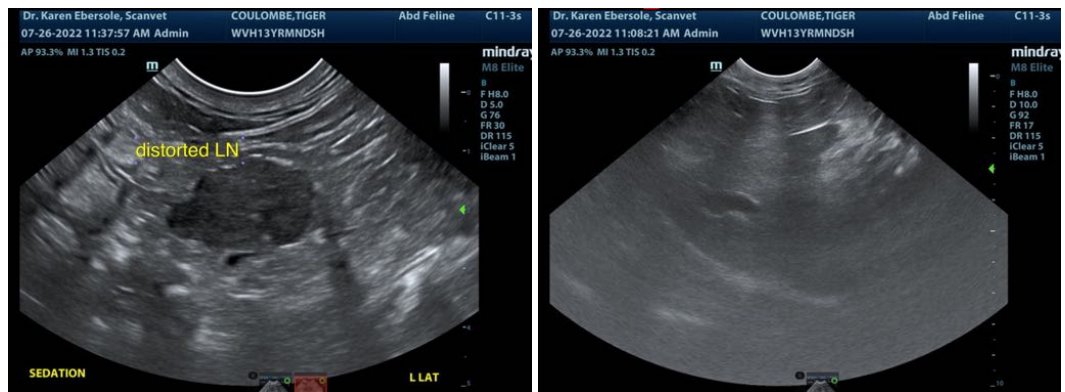
FNA of the lymph nodes and spleen were performed without complication; however, hepatic FNA would be ideal as well for staging. I recommend assessing the spleen and lymph node aspirates first. The prognosis is guarded depending on cytology results.

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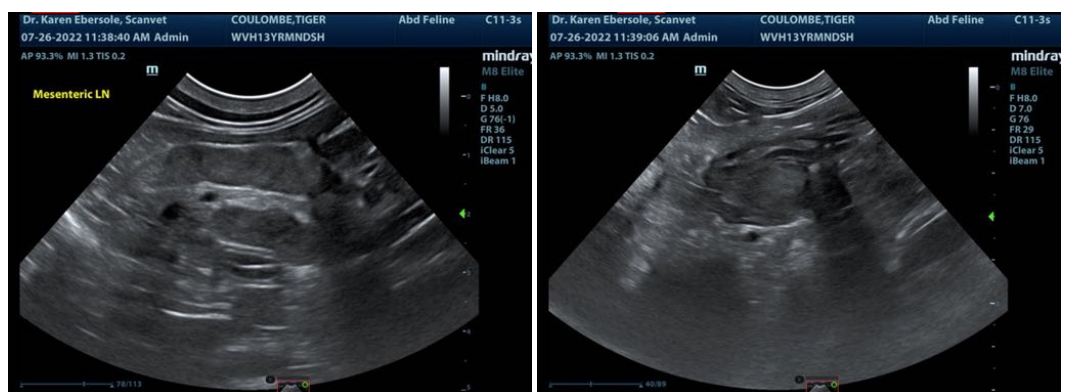
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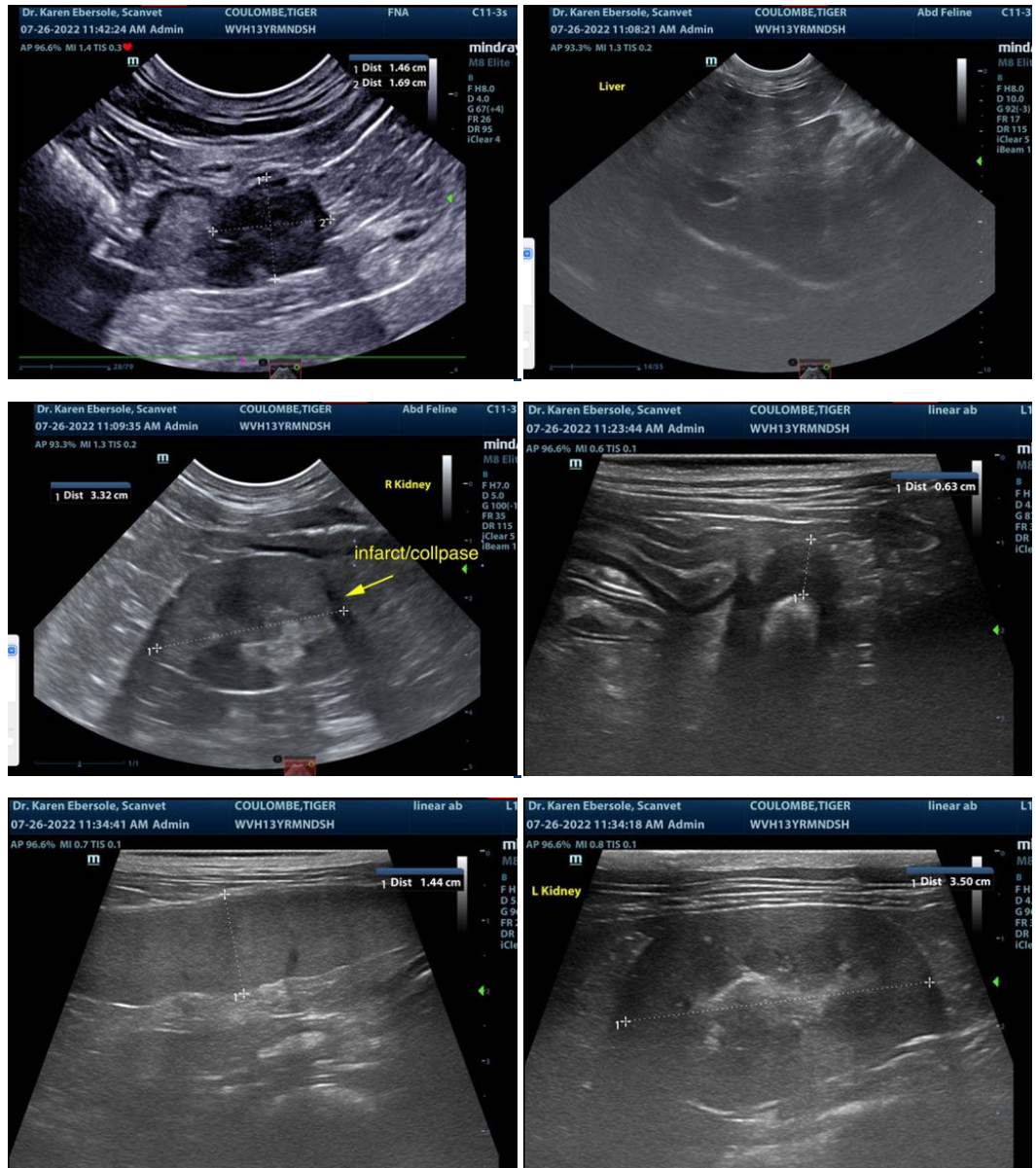
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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