



PATIENT

"Kaka" Lu

PRESENTING CLINICAL SIGNS

Patient presents for G.I. signs, lack of appetite, vomiting; although now eating small amounts, and recently developed diarrhea. Temperature normal.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Bloods pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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.

SEX

MI

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 measured 4.57 cm in length. The right kidney measured 5.0 cm in length.

AGE

13yr

The right testicle measured 1.4 cm. The left testicle measured 1.4 cm. The bilateral testicles appeared uniform.

WEIGHT

NA

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The spleen presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

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 and minor sand. 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.

REFERRING VET

Dr. Stefanie Lang

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Gastrointestinal

The stomach contained a minor amount of ingesta with normal wall thickness. The distal small intestinal revealed diffuse mural thickening without loss of mural detail. However significant muscularis hypertrophy was present with reactive surrounding mesentery and regional lymphadenopathy. No evidence of obstruction was present. Chronic inflammatory bowel disease is

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likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness intestinal and lymph node tissue biopsies culture are indicated in this patient.

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.

BREED

DSH

Free Abdomen

No omental masses or peritoneal effusion was present.

SEX

MI

Reactive mesentery and mesenteric lymph node enlargement noted up to 1.0 cm.

AGE

13yr

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening. Concern for moderate to severe inflammatory bowel with potential for emerging round cell neoplasia.
- Minor lymphadenopathy and reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal surgical biopsies are strongly recommended. Minor potential for dry form FIP. A guarded prognosis is indicated.

WEIGHT

NA

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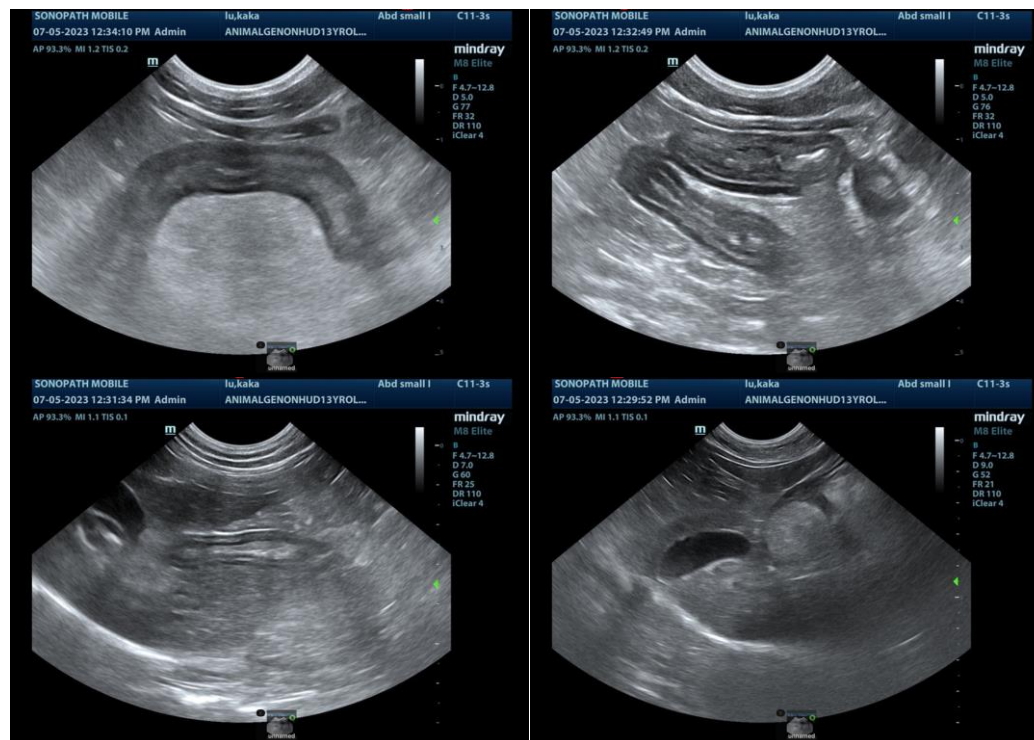
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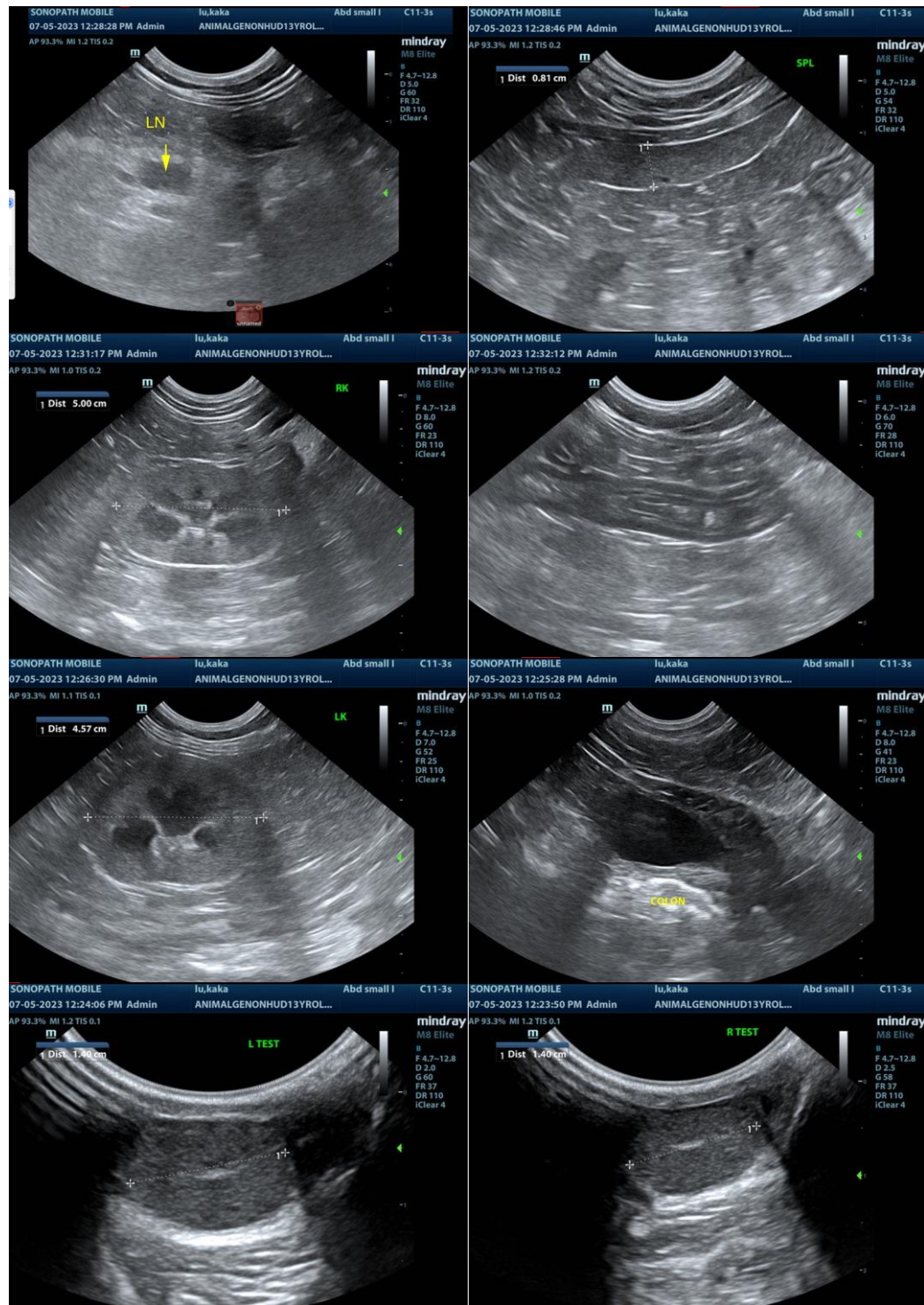
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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