

**PATIENT**

Salem Rodriguez

**PRESENTING CLINICAL SIGNS**

History: Anemia; weight loss. HCT 29%. \*Sedated with Alfaxalone.

**SPECIES**

Feline

**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.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

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. Minor mineralization was noted in the kidneys. Renal cortical changes were noted with nodule at the caudal cortex measuring 0.43 cm. The right kidney measured 4.3 cm with slight pyelectasia that measured 0.13 cm. The left kidney revealed slight pyelectasia that measured 0.11 cm and the left kidney measured 4.21 cm.

**AGE**

15 years

**WEIGHT**

18.5 lbs

**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. The right adrenal gland measured 0.34 cm. The left adrenal gland measured 0.42 cm.

**INTERPRETED BY**

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

**Spleen**

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach. The spleen measured 0.75 cm.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Norfolk County VS

**REFERRING VET**

Dr. Poor

**Liver**

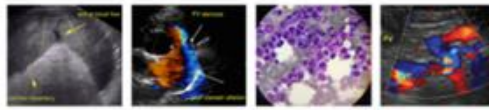
The **liver** revealed mild coarse architecture. The gallbladder had a minor amount of debris. The common bile duct was unremarkable. Trace free fluid was noted between the liver lobes.

**INVOICE**

75970

**DATE**

7/6/23



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***Gastrointestinal***

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Muscularis thickening was noted and measured 0.3 cm. Intestinal wall thickness measured 0.55 cm. The mesenteric lymph nodes were enlarged and measured up to 1.0 cm.

***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.

**ULTRASONOGRAPHIC FINDINGS**

Subtle, micronodular splenic pattern.

Nebulous kidneys with slight cortical remodeling and occasional nodular change.

Slightly swollen liver.

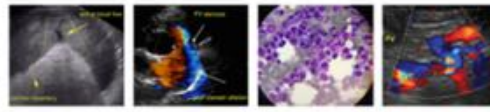
Trace free fluid.

Diffuse intestinal thickening.

Mesenteric lymph node enlargement.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend screening FNA of the spleen and liver in this patient. Full thickness GI biopsies would be ideal with intraoperative ultrasound to biopsy more dramatic region of wall thickness and obtain mesenteric lymph node biopsies. There is a strong concern for emerging round cell neoplasia. Chronic reactive inflammatory bowel, reactive spleen and liver as well as lymph nodes are all possible. CBC path review +/- bone marrow aspirate is indicated.



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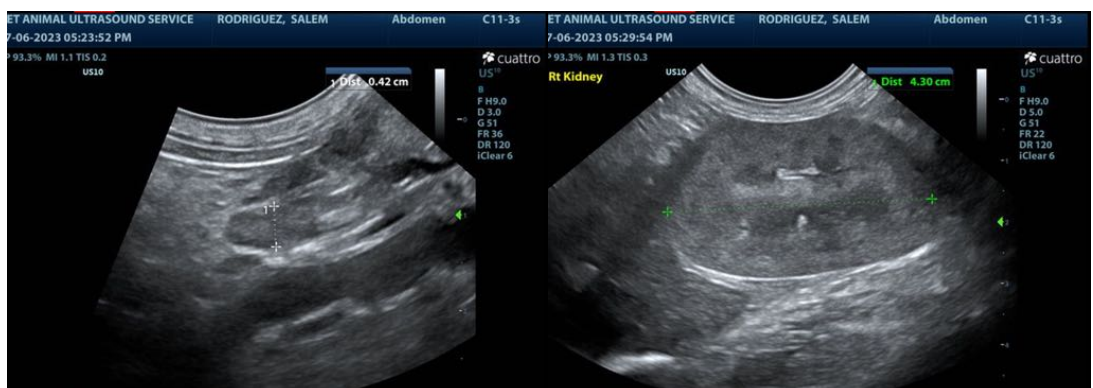
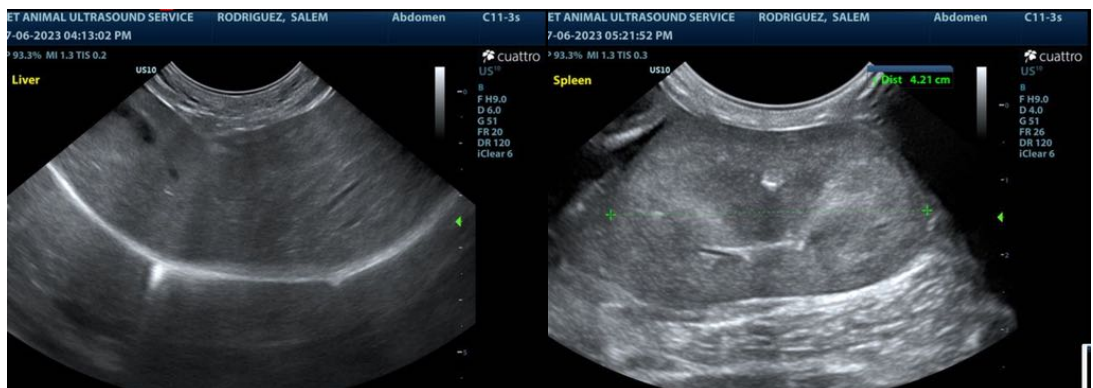
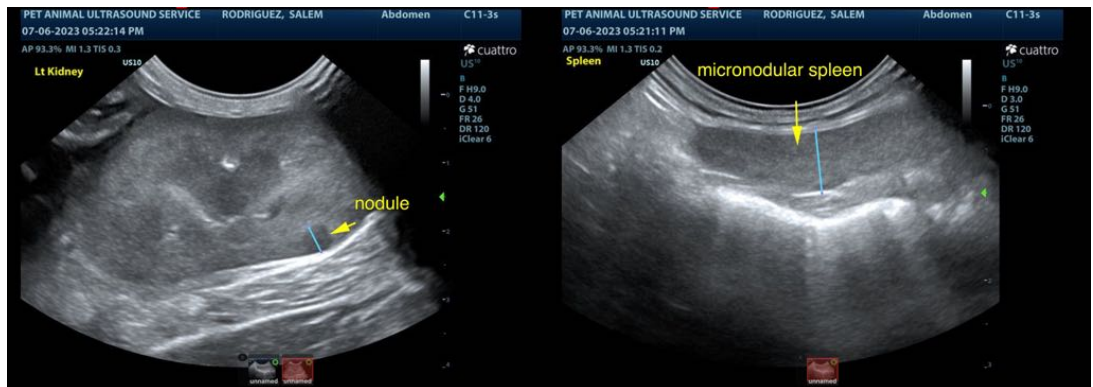
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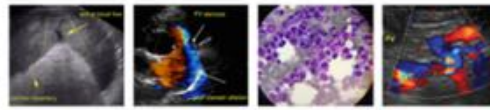
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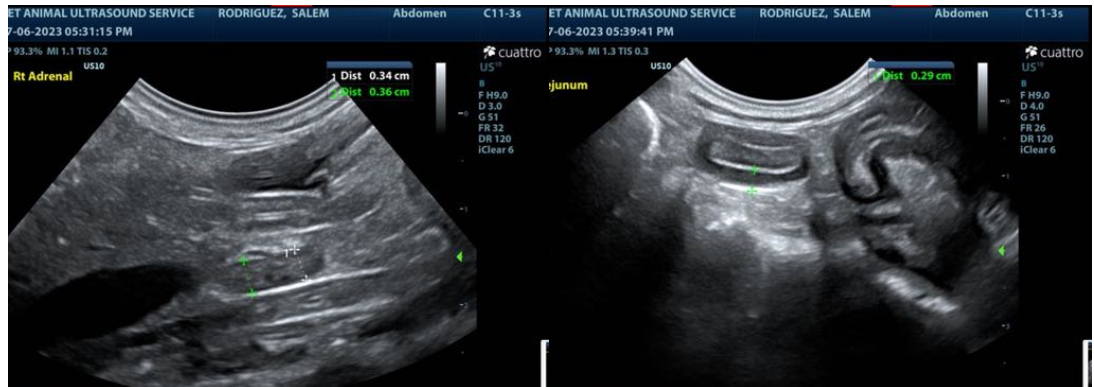
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Info@SonoPath.com

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