



**PATIENT**

Tazzy Martin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

3.49 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Brittany Gardner,  
DVM

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Brittany Gardner,  
DVM

**INVOICE**

16809

**DATE**

8/10/22

**PRESENTING CLINICAL SIGNS**

History: Patient has not wanted to eat for the last 2 days. He has also been vomiting green/yellow bile. He has also been having diarrhea during this time and has been unable to make it to the box on occasion. Patient has also been losing weight but does have an hyperthyroid (medication has been adjusted recently. HX: Hyperthyroid (rDVM has been adjusting dose) and HBC about 3 years ago.  CURRENT MEDICATIONS/SUPPLEMENTS: Cerenia, buprenorphine, metacam r/o GI (gastroenteritis/colitis, IBD, neoplasia, parasites) vs Extra GI (liver/kidney, pancreatitis, endocrine, neoplasia) tense on deep palpation but pliable.

Abnormal PE/Chem/CBC/UA Results: labs done at eDVM 2 days ago. BW at pDVM showed elevated T4, they increased his thyroid medication 3 days ago. BW also showed low alb, could be due to lost. Sent him home on supportive care and recommended recheck if not improving.

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are mild to moderate and most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

**Adrenal Glands**

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

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. This is a mild change.

**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. 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.

**Gastrointestinal**



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The **stomach** was empty. The gastrointestinal tract revealed areas of spastic bowel and minor uniform thickening without loss of mural detail. Enhanced surrounding mesentery was noted. Fluid filled cecum was noted.

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## Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## BREED

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## Free Abdomen

## SEX

Neutered Male

The mesenteric **lymph nodes** were mildly enlarged and rounded, measuring 1.0 cm. 25-gauge ultrasound guided cytology and culture of the mesenteric lymph nodes recommended. Peripheral inflammation was present.

## AGE

14 Years

## ULTRASONOGRAPHIC FINDINGS

- Enteritis/lymphadenitis/typhlitis pattern
- Spleen, scalloping contour. Reactive spleen or splenitis suspected, FNA of the spleen would also be ideal.
- Interstitial nephrosis pattern
- Age-related pancreatic changes

## WEIGHT

3.49 Pounds

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ultrasound guided FNA, cytology and culture of the accessible lymph nodes is recommended. Treatment for enterotoxins is warranted. Acute on chronic inflammatory bowel is likely. I recommend a fresh fecal smear and fecal floatation analysis. Recheck sonogram in 48 hours after treatment. Mild potential for emerging round cell neoplasia in the mesenteric root.

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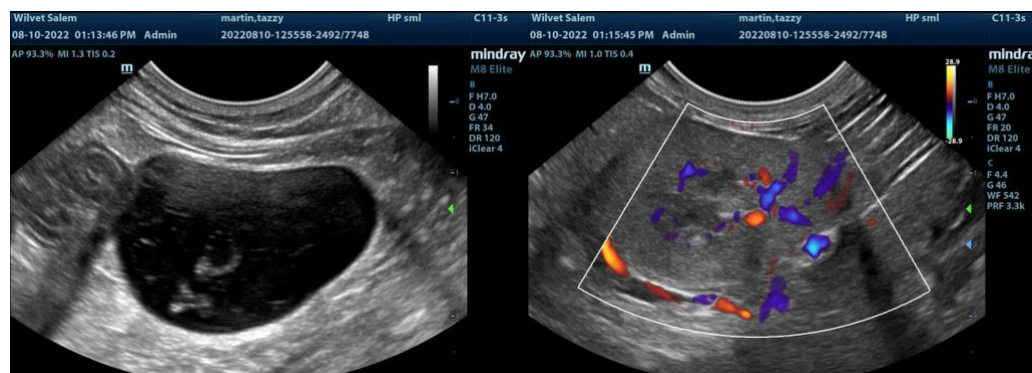
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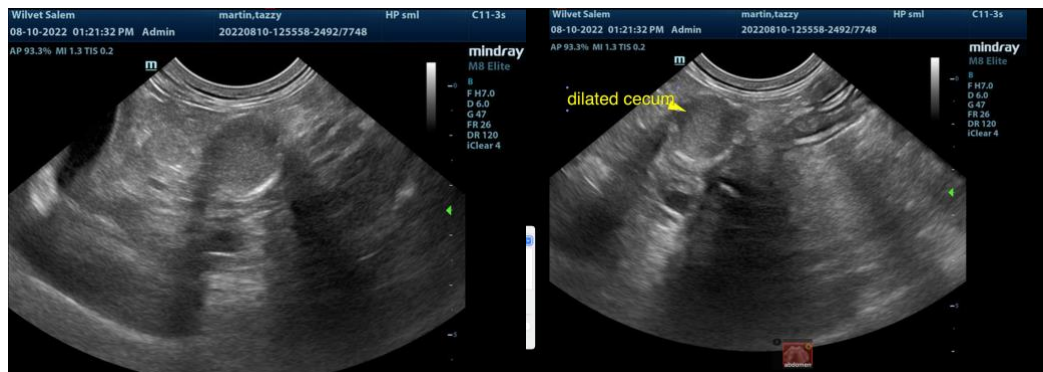
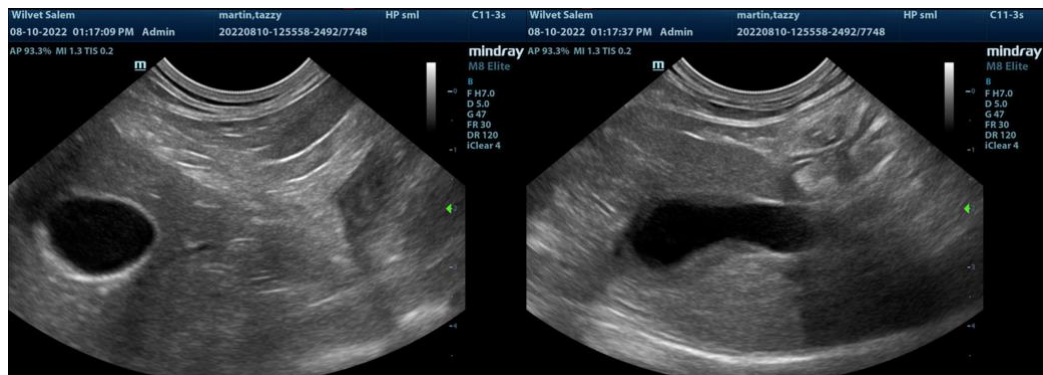
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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