



PATIENT

Turbo Lewin

PRESENTING CLINICAL SIGNS

History: Patient not eating yesterday am, no vomiting or diarrhea. Contrast rads show poss. gastric FB, poss. residual barium.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

SEX

Neutered male

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 3.53 cm. The right kidney measured 3.88 cm.

AGE

2 years

WEIGHT

11.7 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 0.44 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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. The spleen measured 0.91 cm.

HOSPITAL NAME

Chester AH

REFERRING VET

Dr. Migliaccio

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.

INVOICE

91278

DATE

8/10/21



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Gastrointestinal

Turbo Lewin

The **stomach** was largely empty in this patient with slight soft shadowing material that was non-obstructive. This is likely hair or similar. Minor thickening of the distal ileum was noted as well. The mesenteric lymph nodes were enlarged and reactive measuring up to 1.12 cm.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Minor hair type density in the stomach.

AGE

2 years

Minor, mesenteric lymphadenopathy. Likely reactive lymph nodes with a minor potential for emerging round cell neoplasia or dry form FIP.

Slight, splenic enlargement.

WEIGHT

11.7 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is present then FNA of the spleen and mesenteric lymph nodes would be warranted. Hairball therapy is warranted. Supportive gastrointestinal care is recommended along with treatment for inflammatory bowel. Recheck sonogram is recommended in 10-14 days if the patient is still clinical. There was no evidence of obstruction and no obvious neoplastic criteria present.

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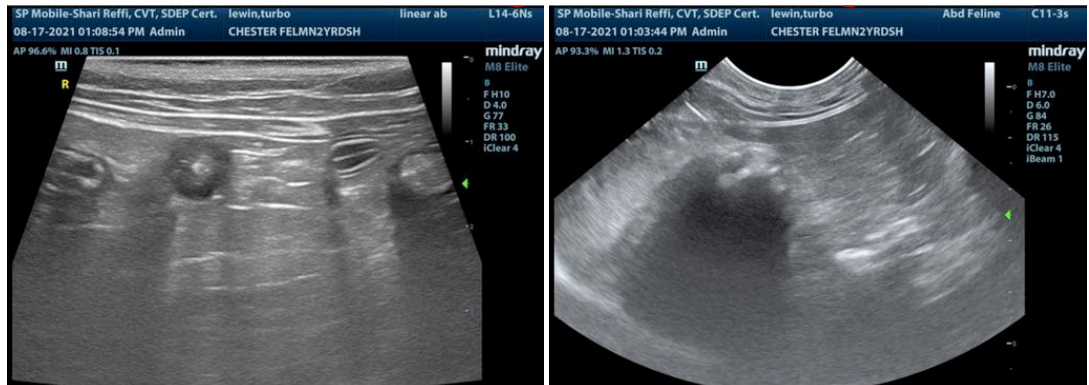
Dr. Migliaccio

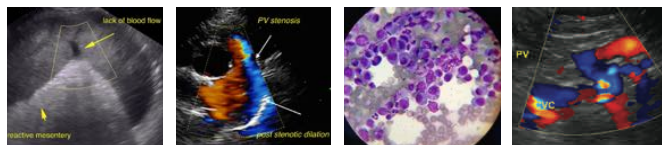
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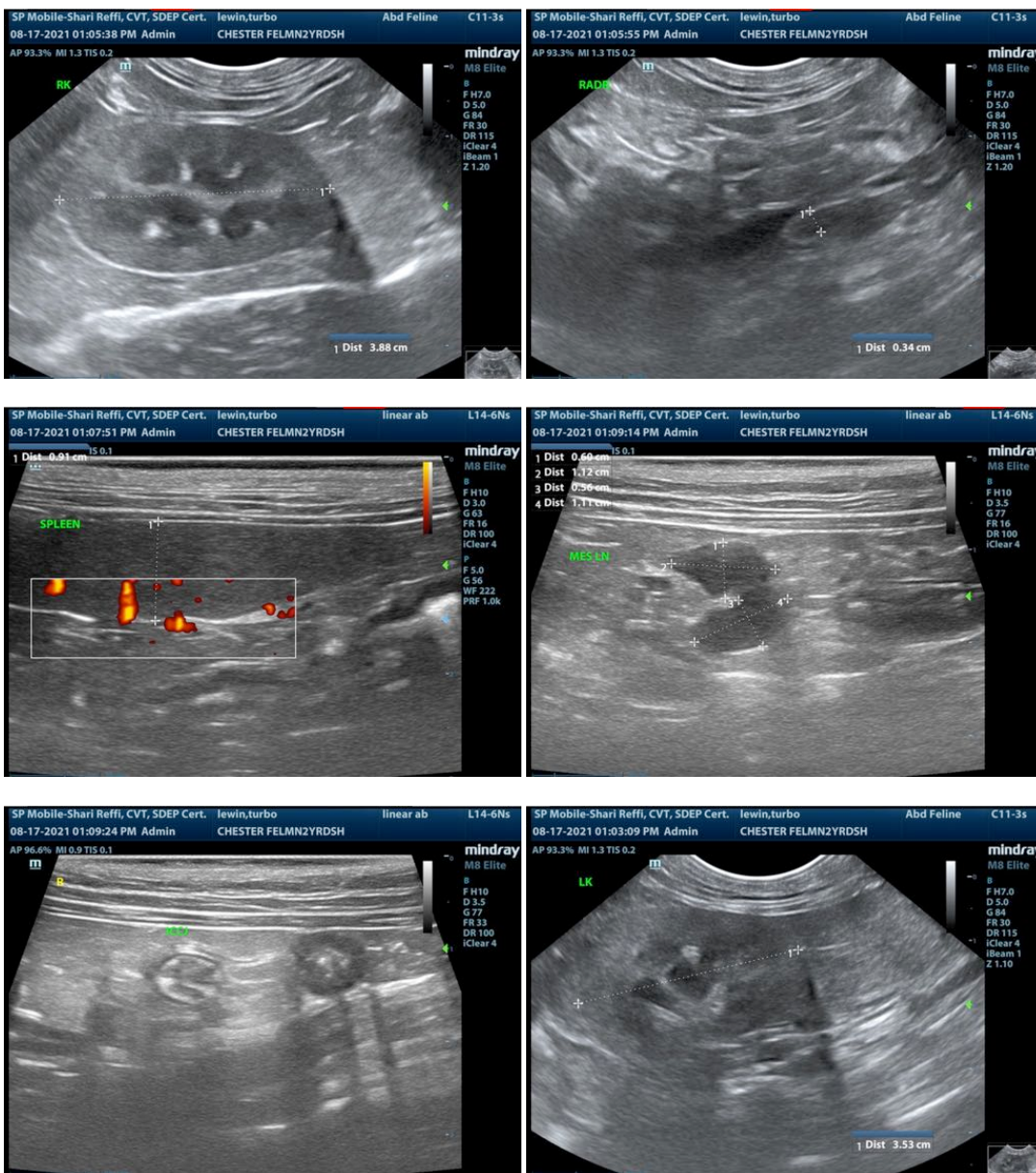
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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