**PATIENT**

Grayson Kohl 52875A

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

5.02 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison VS –  
Dr. Graham**INVOICE**

40518

**DATE**

8/17/22

**PRESENTING CLINICAL SIGNS**

Grayson had been vomiting for the past two weeks, occasionally. He stopped vomiting Saturday and was acting normal. Sunday, he began acting lethargic and has not been eating for the past two days. Drank water yesterday but has not drunk water today. He has not defecated in awhile, but has been urinating. He was sick in April with similar symptoms and was given Cerenia and an appetite stimulant. He was given a refill of Cerenia about a week ago, gave 1/4 tablet for 4 days in a row and then started every other day. Did not give Cerenia yesterday due to inappetence. He has environmental allergies, and lives with one other cat. He is not known to ingest anything he is not supposed to.

**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 **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 right kidney measured 4.36 cm. The left kidney measured 4.19 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. The right adrenal gland measured 0.42 cm. The left adrenal gland measured 0.46 cm.

**Spleen**

The **spleen** measured at upper limits of normal (1.0 cm) 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.

**Liver**

The **liver** was slightly swollen and hypoechoic. Minor anechoic effusion noted. The gallbladder was unremarkable.

**Gastrointestinal**

The small intestine was mildly thickened without loss of mural detail. However, the cecum at the ileocecal junction was thickened and irregular with loss of mural detail. Regional inflammation noted. Jejunum in the same region revealed irregular hypertrophy of the muscularis with early loss of detail. A significant amount of inflammation was noted in the mesenteric root region. Epigastric lymph nodes were slightly enlarged, rounded and hypoechoic, measuring 0.87 cm. Areas of hyperechoic, slightly irregular mural penetration noted, suggestive of gas penetration into the wall, consistent with secondary ulcerative disease, yet this is likely owing to lack of mural integrity in variable portions of the small intestine.



**PATIENT**

Grayson Kohl 52875A

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

5.02 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison VS –  
Dr. Graham

**INVOICE**

40518

**DATE**

8/17/22

**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.

**Free Abdomen**

Inguinal lymph nodes were enlarged and hypoechoic. Length to width ratio was maintained. Example measured 2.75 cm x 0.8 cm. A right inguinal lymph node measured 4.0 cm x 0.93 cm with expansive contour with regional inflammation. Other areas of lymphadenopathy present.

**ULTRASONOGRAPHIC FINDINGS**

- Multifocal infiltrative patterns involving the cecum, distal small intestine, spleen, possibly liver, and inguinal lymph nodes with regional inflammation.

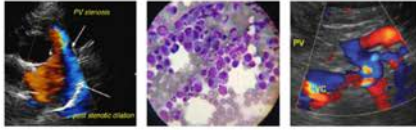
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of the spleen, liver and accessible lymph nodes indicated to confirm suspicion of round cell neoplasia. Prognosis is very guarded. Multifocal to systemic inflammatory/infectious disease possible, yet less likely.



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Grayson Kohl 52875A

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.02 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

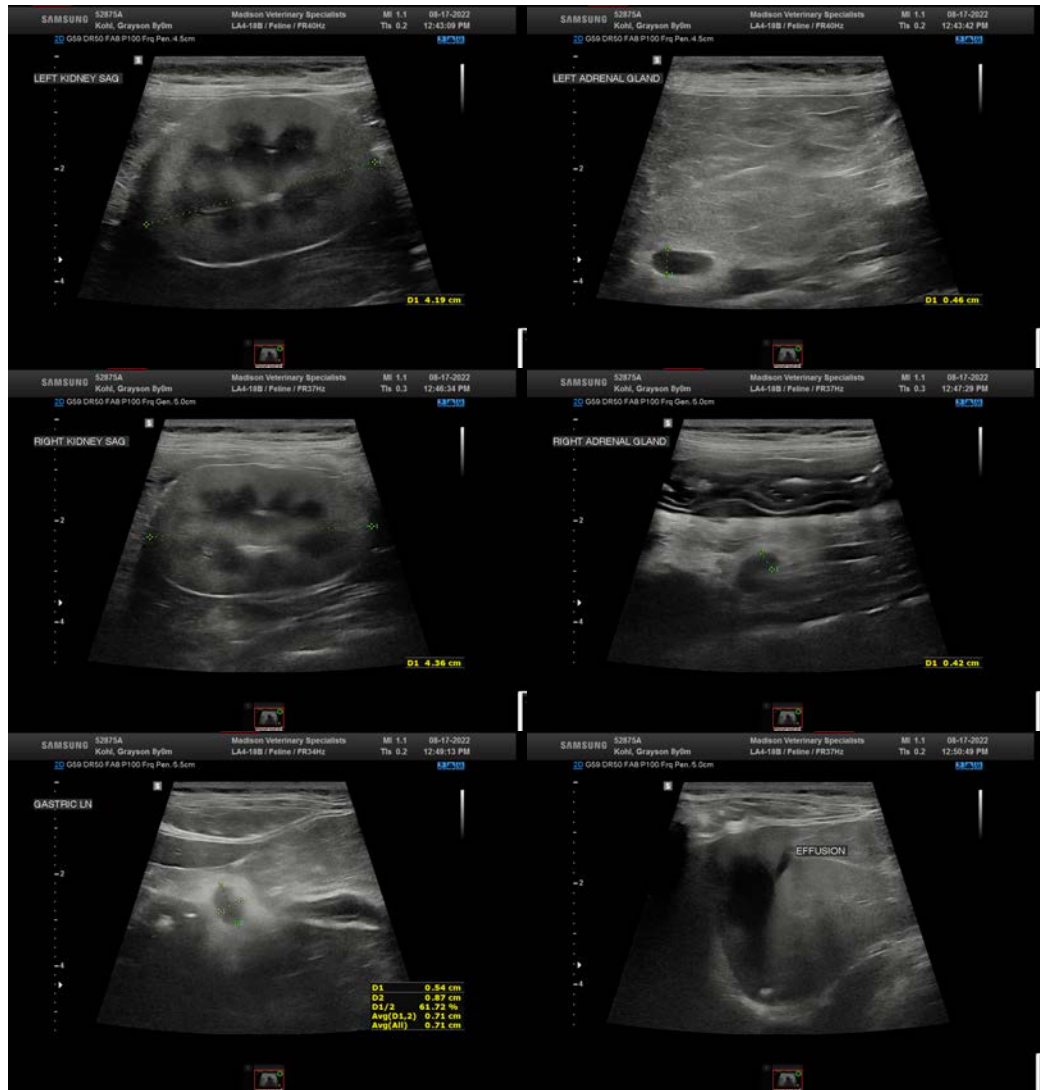
Madison VS –  
Dr. Graham

INVOICE

40518

DATE

8/17/22



**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**PATIENT**

Grayson Kohl 52875A

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

5.02 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

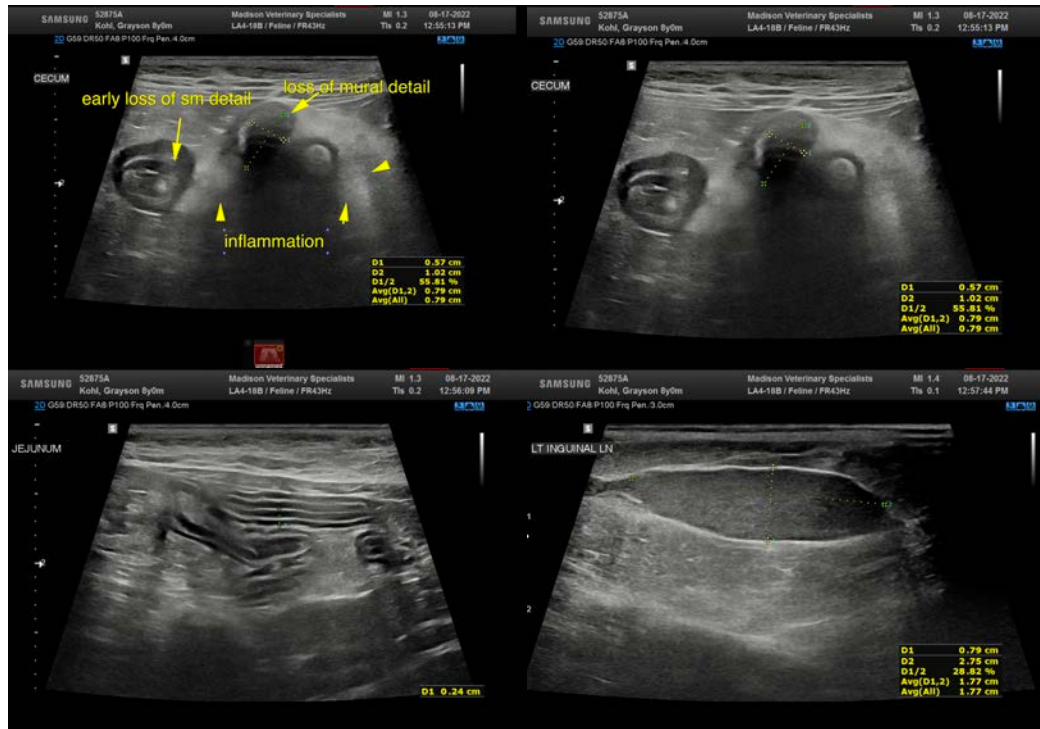
Madison VS –  
Dr. Graham

**INVOICE**

40518

**DATE**

8/17/22



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](mailto:info@SonoPath.com)