



PATIENT

Oatmeal Crisman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

7 years

WEIGHT

5.13 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Massa

HOSPITAL NAME

Animal Emergency
Hospital of Volusia

REFERRING VET

Dr. Massa

INVOICE

32483

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: Oatmeal (Odie) is a 7y MN DSH presenting as a transfer for ultrasound. The patient has been projectile vomiting the past few days and had diarrhea yesterday. Still trying to eat wet food per O but not drinking/eating much. Went to rDVM today- concerned for mass effect in abdomen. On rads, rDVM could not visualize the stomach and concerned for enlarged L kidney. Nothing he could have gotten into and no change in diet per O. P is indoor only and FIV+ PE: gingivitis/stomatitis, tense abdomen

Abnormal PE/Chem/CBC/UA Results: CBC: mild leukopenia/neutropenia EPOC: Sodium 139 (148-163), Chloride too high to read, Calcium 0.39 (1.21-1.51) Chem: Protein 8.6, Globulin 6.2 (2.8-4.8) FPLi: normal

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.

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 and no evidence of pelvic dilation was present. Slight cortical infarct was noted in the cranial pole. The right kidney measured 4.36 cm. The left kidney measured 4.01 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.

Spleen

The **spleen** revealed an enlarged, subtle, micronodular honeycomb type appearance.

Liver

The **liver** was mildly swollen and potentially involved in early neoplastic process. Increased portal markings were also noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastric** wall was thickened with regional inflammation. The gastric wall measured up to 0.76 cm. Minor areas of muscularis hypertrophy is noted elsewhere in the gastrointestinal tract, yet without neoplastic criteria. The colon was unremarkable. The epigastric lymph node is slightly enlarged.



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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

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

Infiltrative splenic and gastric pattern. Strong concern for round cell neoplasia. Splenitis and gastritis is possible, yet less likely.

SEX

Potential hepatic involvement.

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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7 years

FNA of the spleen, liver and gastric wall can be considered if the sonographer is comfortable with the procedure as the gastric target is relatively small. Strong concern for round cell neoplasia/lymphoma or similar.

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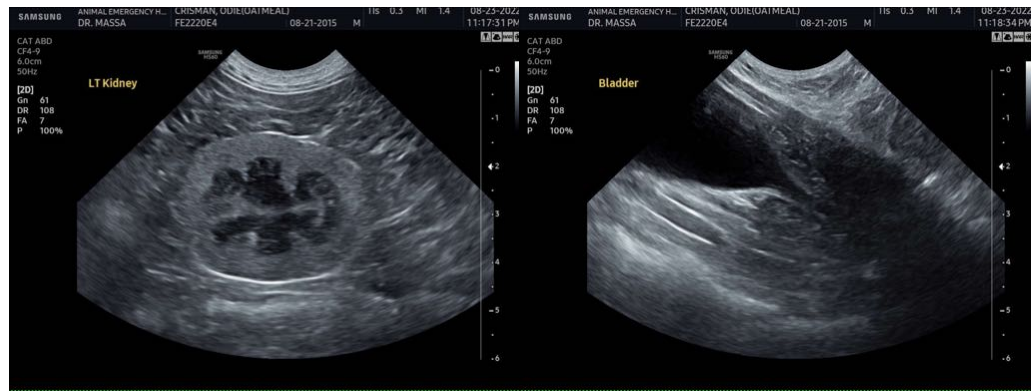
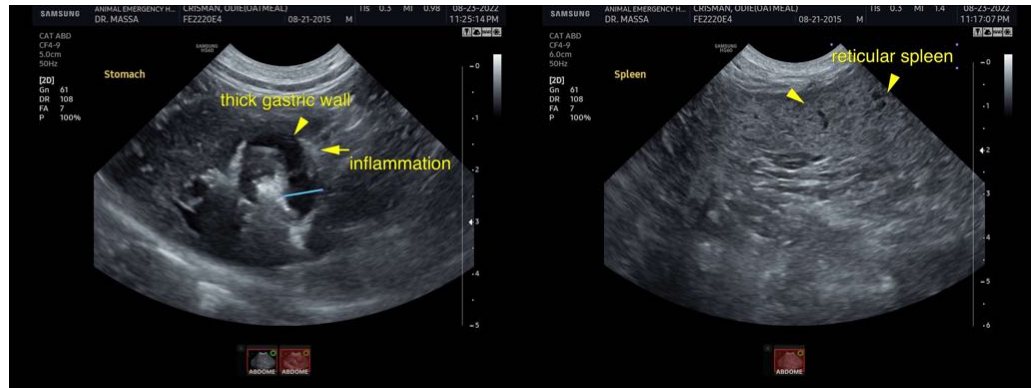
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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