



PATIENT

Marvin Wuliger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

8.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenny Parrish

HOSPITAL NAME

Local Mobile Vet

REFERRING VET

Jenny Parrish

INVOICE

12825

DATE

8/27/21

PRESENTING CLINICAL SIGNS

History: Owner called us out because cat developed frequent severe diarrhea, Os changed his food from Fancy Feast exclusive to offering some science diet multi care, when they returned from trip cat had multiple episodes of watery diarrhea around the house and cont. to do so even after O switch back to FF exclusive however frequency decreased, no change in attitude or appetite, O reports cat demands to eat very frequently, asks for food every 30min people are awake, O started feeding cat more often after Dx of SCC at vocal cords via biopsy at TVRH in Sept 2018, at time of Dx O was advised survival would likely be less then several months, cat mostly lost voice shortly after Dx but has exhibited no other symptoms

Abnormal PE/Chem/CBC/UA Results: fecal with giardia was WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small bladder sand accumulation, non-obstructive, a grouping of which measured approximately 4.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The right kidney measured 4.07 cm. The left kidney measured 3.24 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 left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Cranial folding of the spleen was noted.

Liver

The **liver** was largely normal with slightly tortuous cystic duct.

Gastrointestinal

The **stomach** and upper duodenum were unremarkable. Mucosal fogging was noted in variable portions of the small intestine. Variable small intestinal thickening noted. Slight free fluid noted, likely owing to lymphatic congestion.

Pancreas



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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.

Free Abdomen

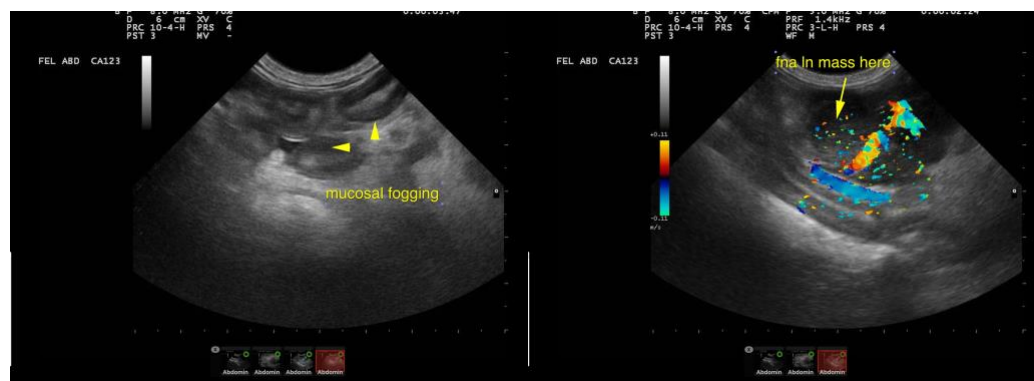
A completely undifferentiated mesenteric mass noted in the mid **abdomen**, likely of lymph node origin. Reactive mesentery and adhesions noted. Regional inflammation present.

ULTRASONOGRAPHIC FINDINGS

- Lymph node mass
- Regional inflammation
- Variable intestinal thickening with intestinal mucosal fogging
- Urinary bladder sand, non-obstructive
- Age-related renal changes
- Splenic fold
- Tortuous cystic duct
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the mass warranted with immediate chemotherapeutic intervention likely necessary. Suspect lymphoma. Granulomatous disease/FIP, minor potential. No overt organ metastasis noted, however, micrometastasis to the liver and elsewhere cannot be completely ruled out. Screening FNA would also be indicated.





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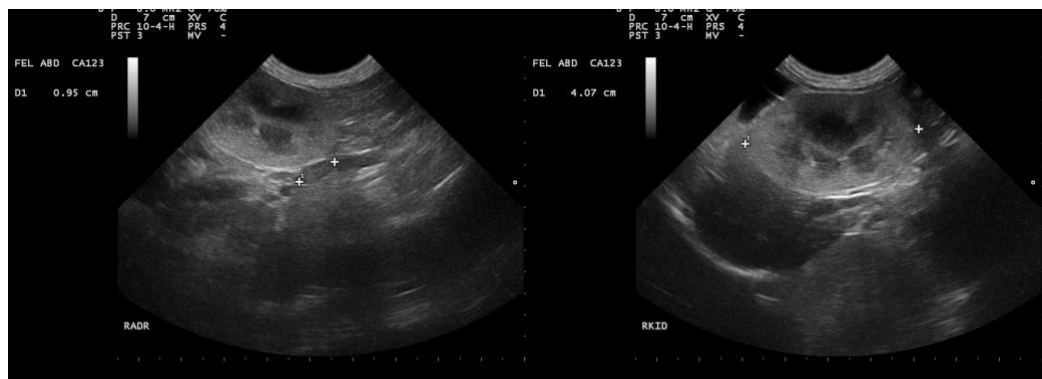
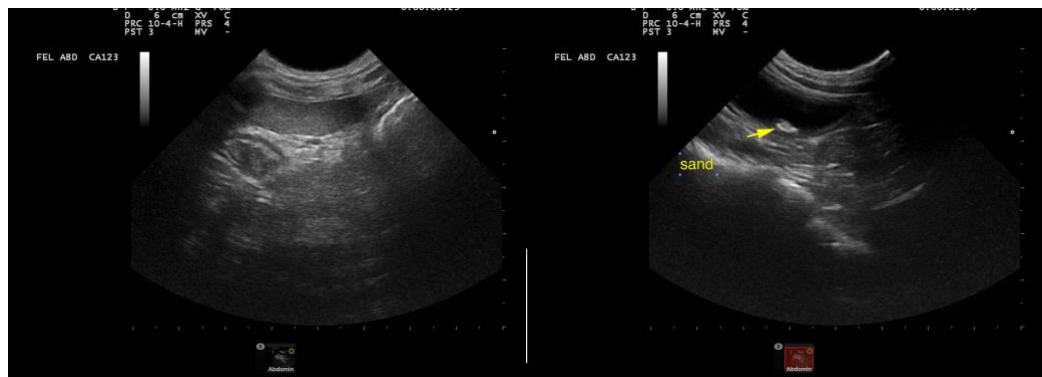
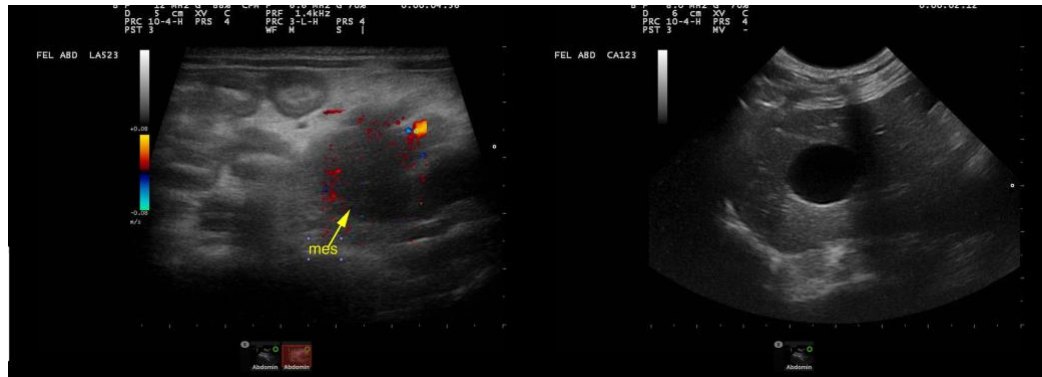
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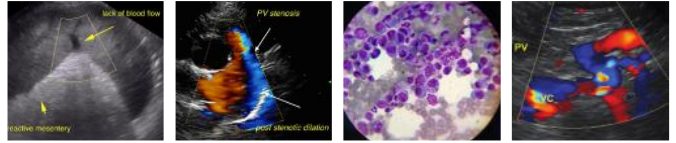
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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