



PATIENT PRESENTING CLINICAL SIGNS

Kosmo Deal He hasn't eaten since Friday; he is lethargic, vomiting; indoor generalized icterus, weight loss, ; thickened abdominal palpation mid abdomen

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC/Chem - non regenerative anemia (manual 22%); significant neutropenia (1.7) , significant thrombocytopenia (59 confirmed on slide) and mild lymphopenia; NSF with chem except Tbili elevated at 50 T4 - WNL fpl - pending

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

14.5 Years

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. The left kidney measured 4.07 cm. The right kidney measured 4.07 cm.

WEIGHT

3.42 kg

INTERPRETED BY

Eric Lindquist, DMV

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

DABVP, Cert. IVUSS

Spleen

The **spleen** was enlarged (1.2 cm) with scalloping contour.

IMAGING PERFORMED BY

Dr. Trudeau

Liver

The **liver** was mildly uniformly enlarged and hypoechoic with slight scalloping contour. The gallbladder and common bile duct were unremarkable.

HOSPITAL NAME

Petworks Vet Hospital

Gastrointestinal

REFERRING VET

Dr. Trudeau

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Reactive mesenteric lymph nodes noted, example measured 1.36 cm x 0.59 cm. Reactive mesentery noted around the intestine. Epigastric lymph nodes were slightly enlarged and hypoechoic, example measured 5.0 mm.

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Pancreas

DATE

8/3/23

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.



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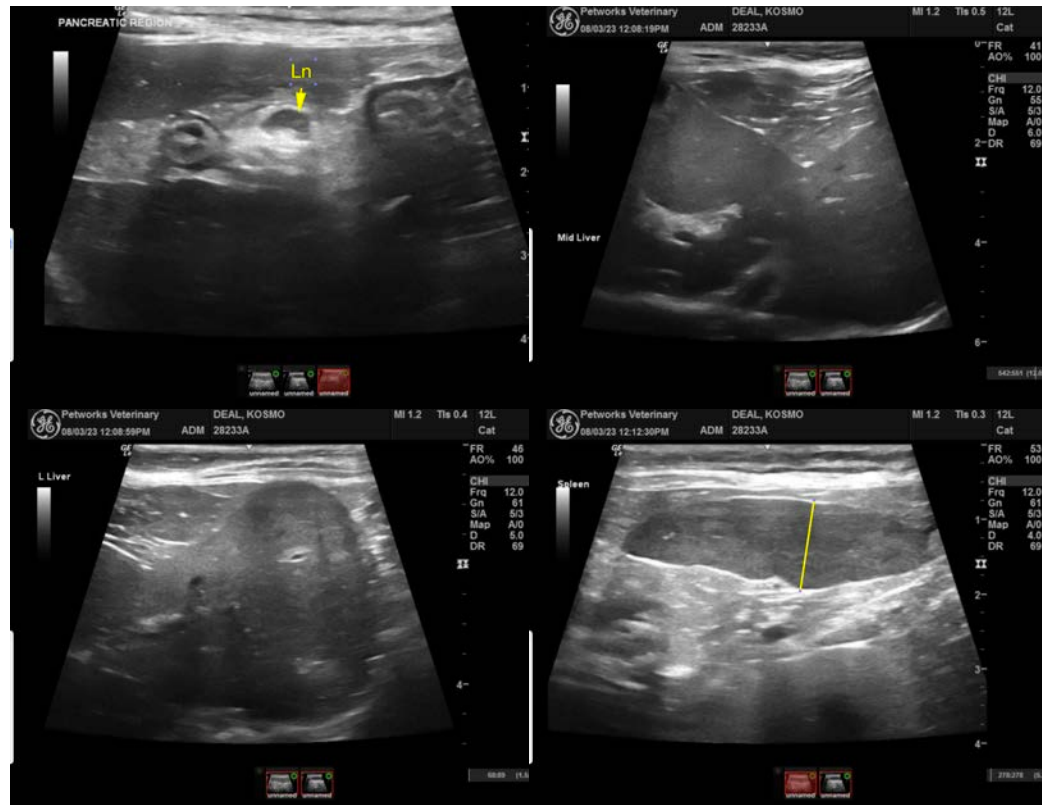
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ULTRASONOGRAPHIC FINDINGS

- Splenohepatomegaly - Reactive spleen and benign hepatopathy versus emerging round cell neoplasia.
- Minor intestinal thickening
- Mesenteric and epigastric lymphadenopathy, minor
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver strongly encouraged. Prognosis is guarded depending upon cytology results.





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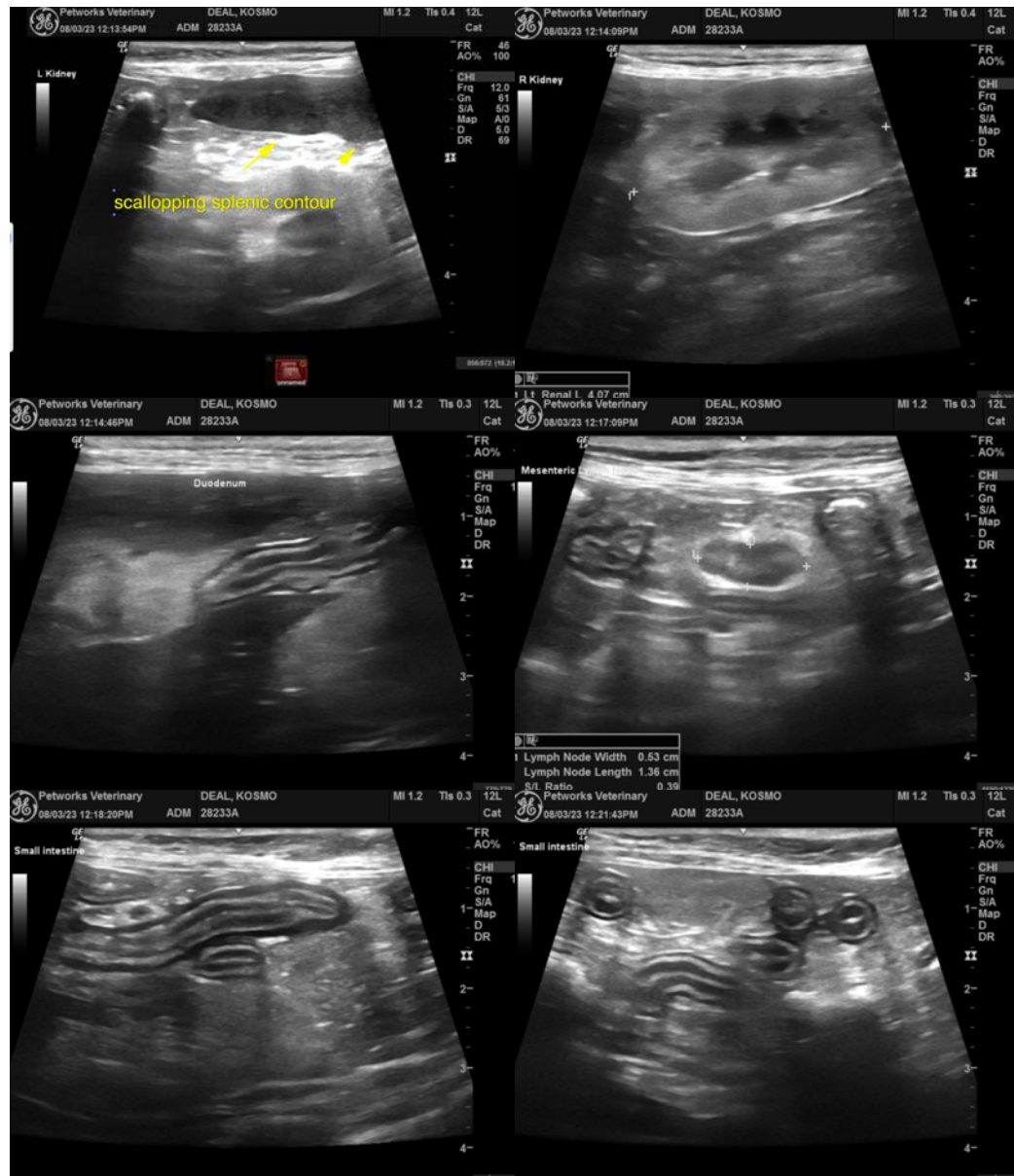
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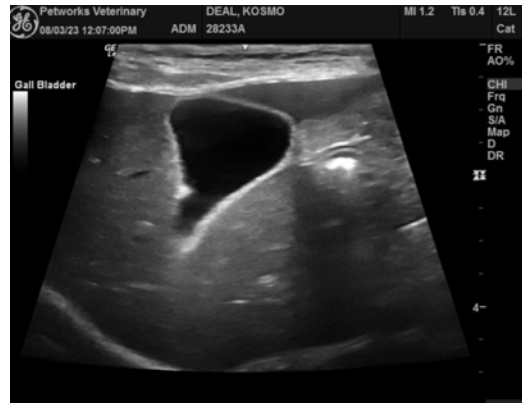
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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