



PATIENT

Midnight Donich

PRESENTING CLINICAL SIGNS

History: Presented for decreased appetite, indoor/outdoor cat. Mild vomiting
CBC is normal, Chemistry showed mild decreased protein count, and snap fPL normal

SPECIES

Feline

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.

BREED

Domestic Shorthair

SEX

Neutered male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomodullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Hyperechoic medullary rim sign was noted.

AGE

8 years

WEIGHT

5.2 kg

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

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.

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

Dr. Singh

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Increased portal markings were noted. 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.

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PATIENT

Gastrointestinal and Pancreas

Midnight Donich

The stomach in this patient revealed a concentric mass. Wall thickness measured up to 1.4 cm. There was some retention of ingesta was noted. The mass is non-resectable. There is an infiltrative pattern through the majority of the stomach. Enhanced, surrounding mesentery is present.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

The enhanced mesentery extended into the **pancreas** with secondary inflammation.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Gastric mass with potential splenic involvement.

Interstitial nephrosis renal pattern with medullary rim sign.

AGE

8 years

Secondary perigastric inflammation extending to the pancreas.

WEIGHT

5.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the stomach, spleen +/- liver is warranted for staging. Immediate chemotherapeutic intervention is recommended.

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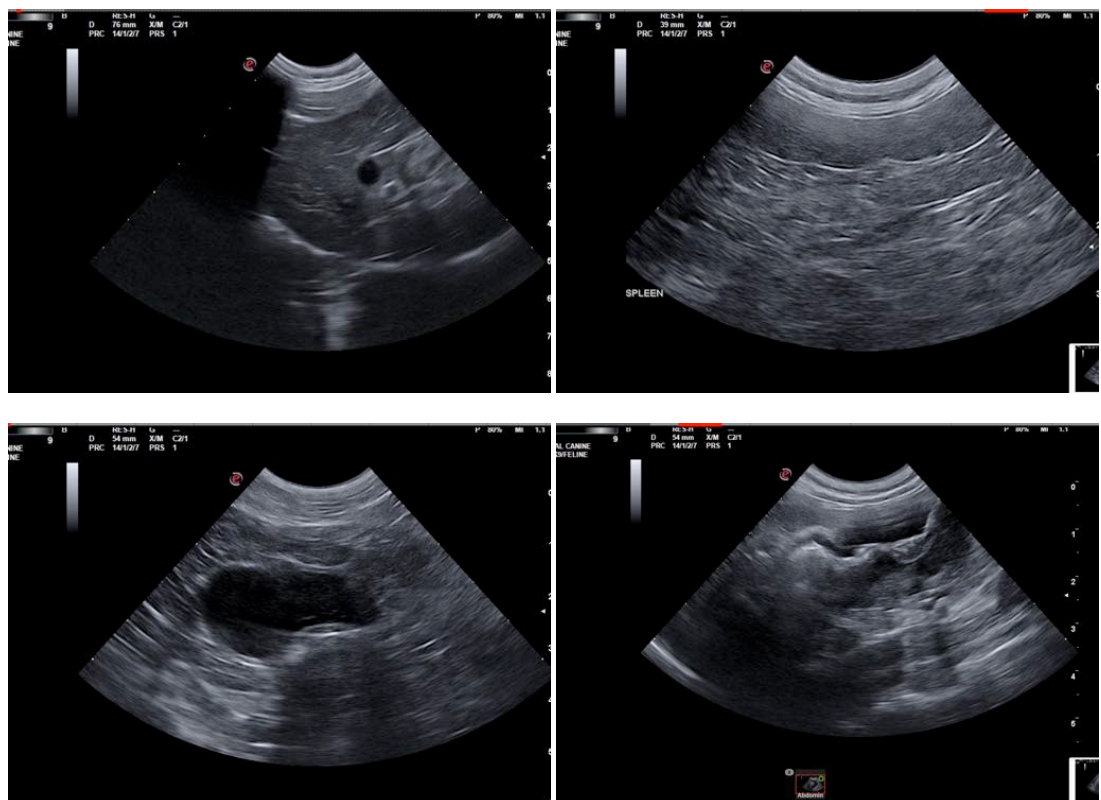
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PATIENT

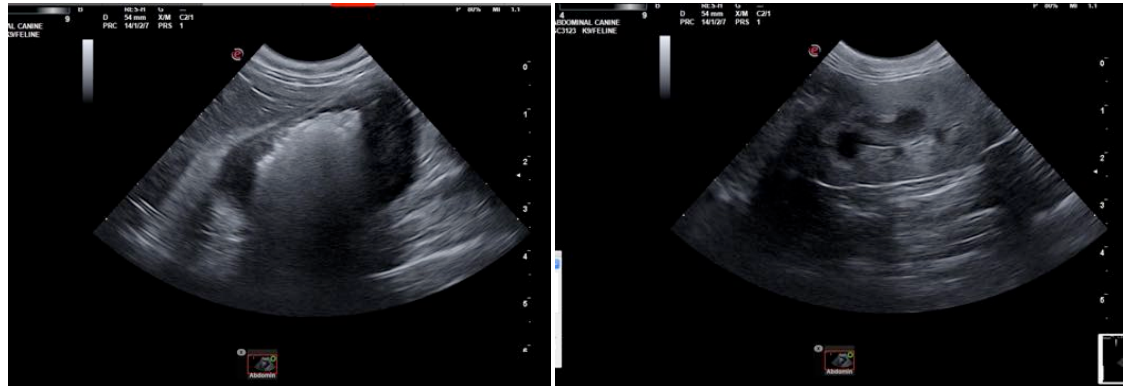
Midnight Donich

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Feline

BREED

Domestic Shorthair



SEX

Neutered male

AGE

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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.

IMAGING PERFORMED BY

Dr. Singh

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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