



**PATIENT**

Henry Jacobs

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

10.3 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Bethany Coe

**HOSPITAL NAME**

Riverside AC

**REFERRING VET**

Dr. Bethany Coe

**INVOICE**

23752

**DATE**

8/4/23

**PRESENTING CLINICAL SIGNS**

Profound inappetence over the past month. Weight loss over the past month. No known vomit/diarrhea.

Abnormal PE/Chem/CBC/UA Results: Labwork in 7/2023 - Mildly elevated globulin, mild hypoalbuminemia, low cholesterol. Liver parameters WNL. Stress leukogram, stress hyperglycemia. Chest x-rays in 4/2023 - NSF PE today: Icteric mm, pinnae, abdominal skin when shaved. Pale mm. H/L - nsf. BCS 2/9. Hair coat color change (lightening) of face. Dull mentation. Normothermic. PCV today: 21% Liver profile: TBili 1.9. Mild elevation AST. ALT/ALKP WRI. Suspect hemolytic anemia.

**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** were mildly swollen in this patient with slight irregular contour. The left kidney measured 4.5 cm. The right kidney measured 4.57 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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.

**Liver**

The **liver** revealed swollen and irregular contour. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.



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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. Some 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. The caudal aspect of the left limb was hypoechoic and irregular.

***Free Abdomen***

Slight **free fluid** was noted. The mesenteric lymph nodes were enlarged and rounded, measuring up to 1.0 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Diffuse intestinal thickening
- Swollen irregular contour to the liver
- Slight free fluid
- Enlarged, rounded mesenteric lymph nodes
- Scalloping contour to the spleen
- Swollen, irregular kidneys
- Hypoechoic and irregular left limb of the pancreas, age-related pancreatic changes otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Coagulation panel and 25G FNA of the spleen and liver is warranted in this patient to assess for underlying neoplasia/round cell neoplasia. Concurrent paraneoplastic hemolytic anemia may be an issue as well. Prognosis is guarded.



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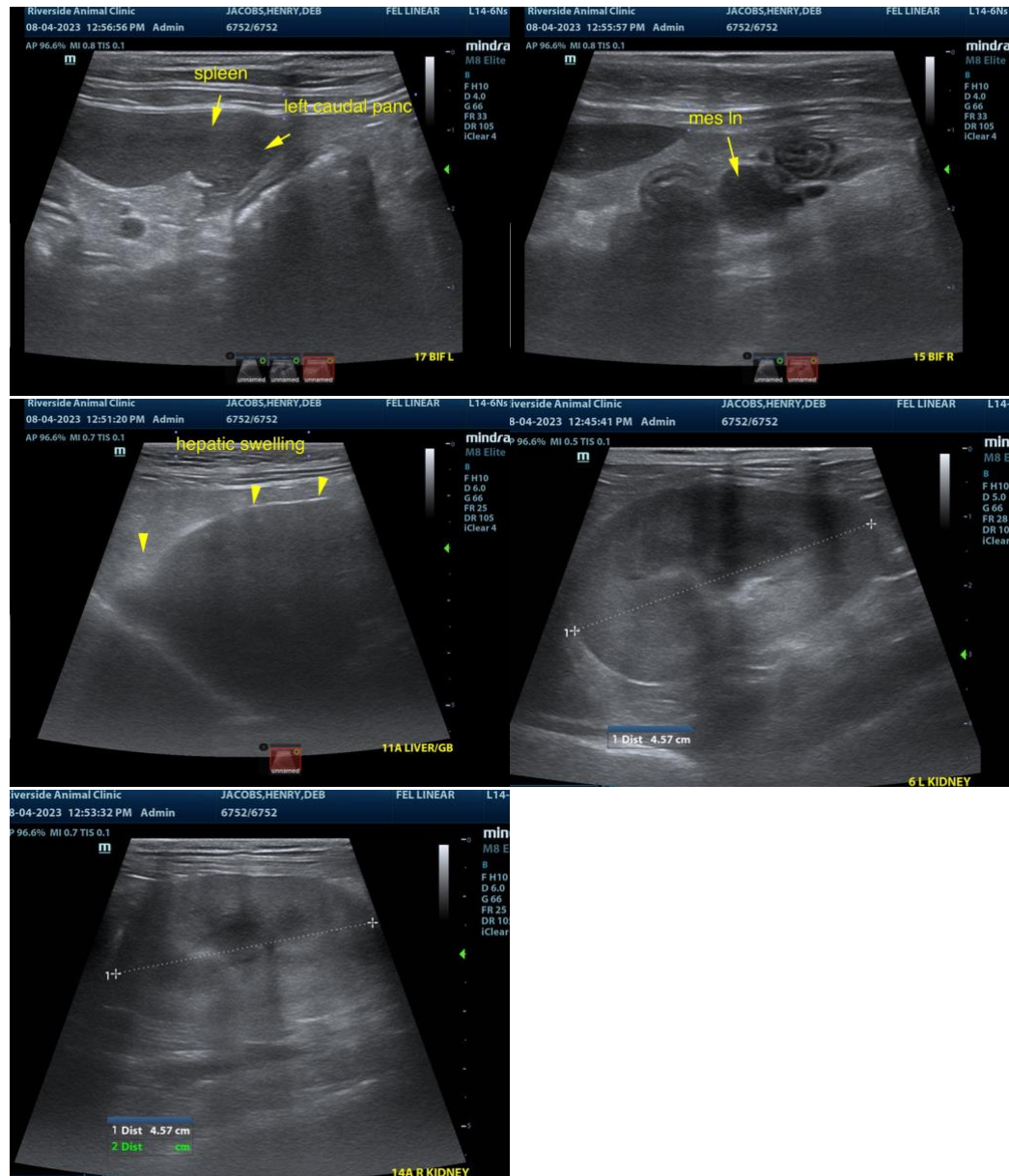
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)



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