



PATIENT

Mischief Ward

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

7.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gogluizza

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

REFERRING VET

Dr. Gogluizza

INVOICE

46503

DATE

8/9/23

PRESENTING CLINICAL SIGNS

History: Presented on 8/8/23 for ongoing worsening diarrhea, and a cough. Diarrhea has been going on for a couple of weeks and started soft but has gotten more liquid. Cough has been going on for a couple of weeks, sounds more like a wheeze but trying to get up a hairball. Has been lethargic, laying around more and not playing. Appetite has decreased, recent weight loss, roughly 2 pounds in the past 3 months. Has been getting B-12 injections since 5/16/2022.

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 left **kidney** 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 at the cranial pole of the left kidney. The left kidney measured 3.3 cm. The right kidney was not visualized and was potentially obscured by colonic artifact.

Adrenal Glands

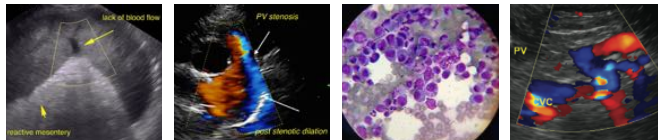
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** 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. The spleen measured 1.0 cm.

Liver

Minimal **liver** was visualized, yet appeared unremarkable.



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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" 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. The mesenteric lymph nodes were enlarged, hypoechoic and irregular measuring up to 1.0 cm in width. Grouping of which measured 2.0 x 1.5 cm.

Pancreas

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.

Free Abdomen

Occasional abdominal lymph node was mildly enlarged.

ULTRASONOGRAPHIC FINDINGS

Minor, splenic enlargement.

Diffuse intestinal thickening.

Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and mesenteric lymph nodes, cytology and culture are indicated. Splenitis, lymphadenitis, inflammatory versus round cell neoplasia are the primary differentials.



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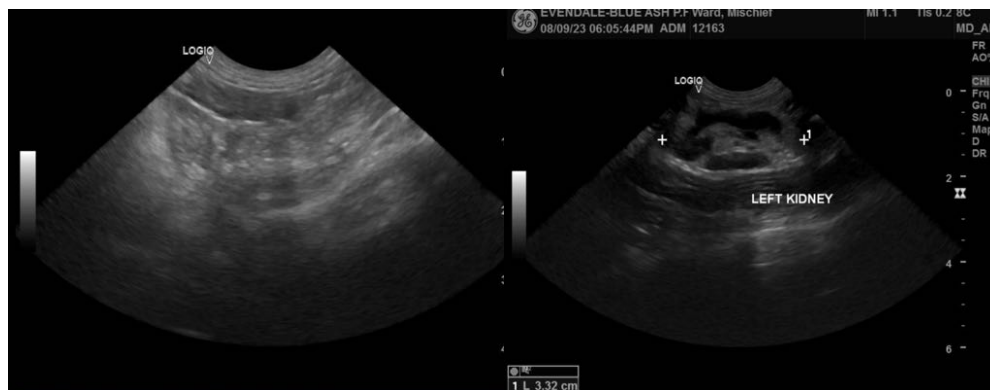
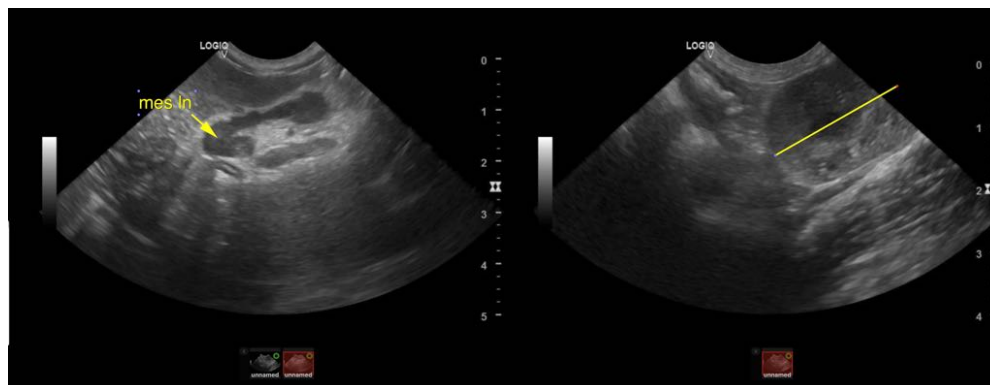
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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