



PATIENT

Cookie Lindquist

PRESENTING CLINICAL SIGNS

Continued weight loss. Had abd u/s by sonopath 5/2/22 with hx of pancreatitis and enlarged colonic lymph nodes. Possible splenomegaly on exam today.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Pending

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DMH

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.

SEX

Spayed Female

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 3.4 cm. The right kidney measured 3.4 cm.

AGE

14 Years

WEIGHT

6 Pounds

Adrenal Glands

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

Spleen

The **spleen** was mildly enlarged (1.1 cm). Some reactive mesentery was noted.

INTERPRETED BY

Eric Lindquist, DMV

Liver

DABVP, Cert. IVUSS

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic duct was tortuous. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American AH

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. A hypoechoic 2.0 cm structure was noted in the mid abdomen, appears to be ileocecal junction, but could not be completely defined. Minor colonic thickening.

REFERRING VET

Dr. Stockmal

Pancreas

INVOICE

The **pancreas** was hypoechoic and irregular with undulating contour. The pancreatic duct was tortuous. Enhanced mesentery noted around the pancreas.

41255

Free Abdomen

DATE

Reactive mesentery noted in the mesenteric root region.

9/12/22



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INVOICE

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DATE

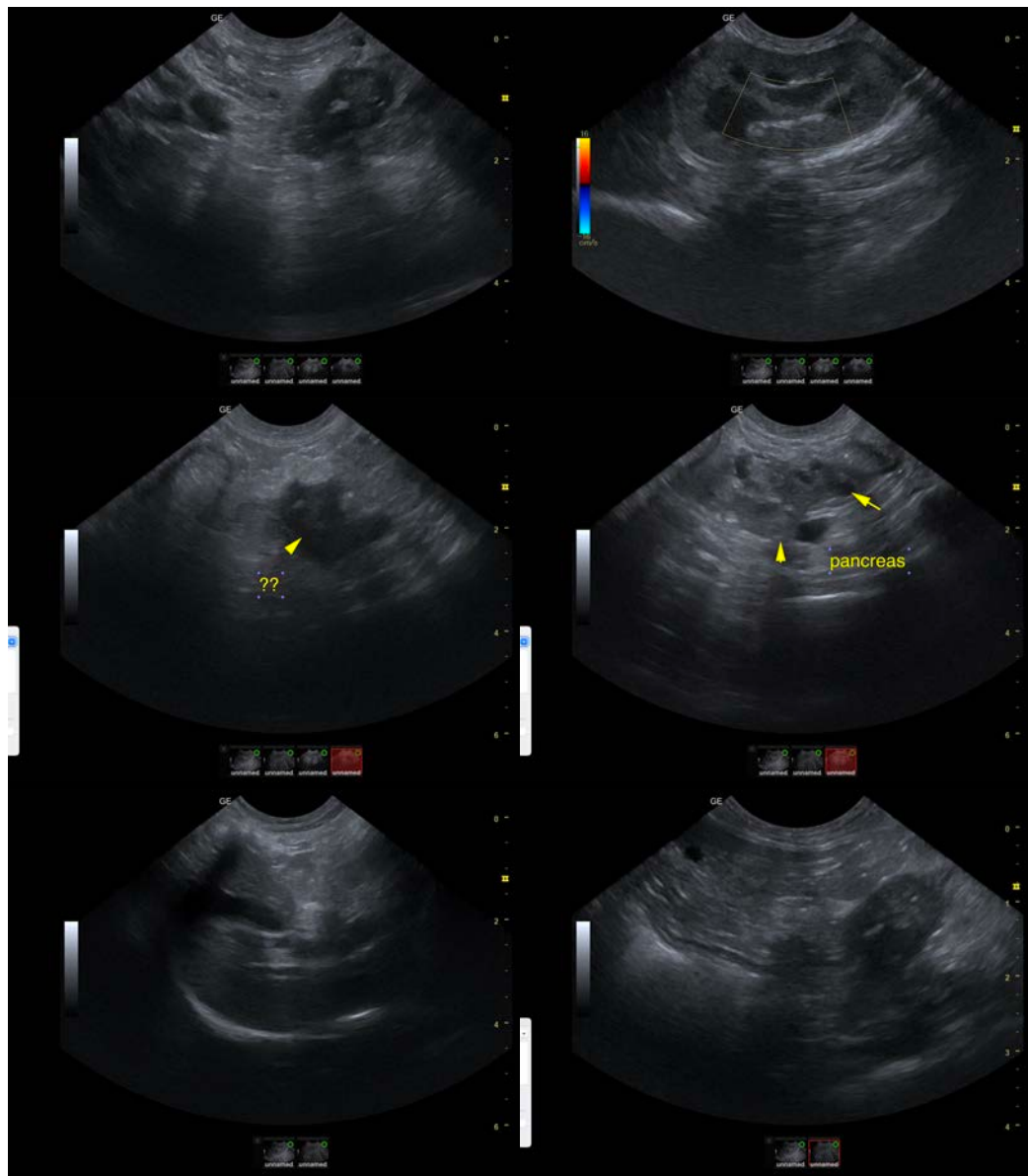
9/12/22

ULTRASONOGRAPHIC FINDINGS

- Undifferentiated structure at the ileocecal junction – suspected to be ileocecal lesion, meets neoplastic criteria. Granulomatous disease possible.
- Enlarged spleen – reactive versus round cell neoplasia.
- Chronic pancreatic changes
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend FNA of the spleen and the structure in the ileocecal junction. Prognosis is guarded depending upon cytology results.





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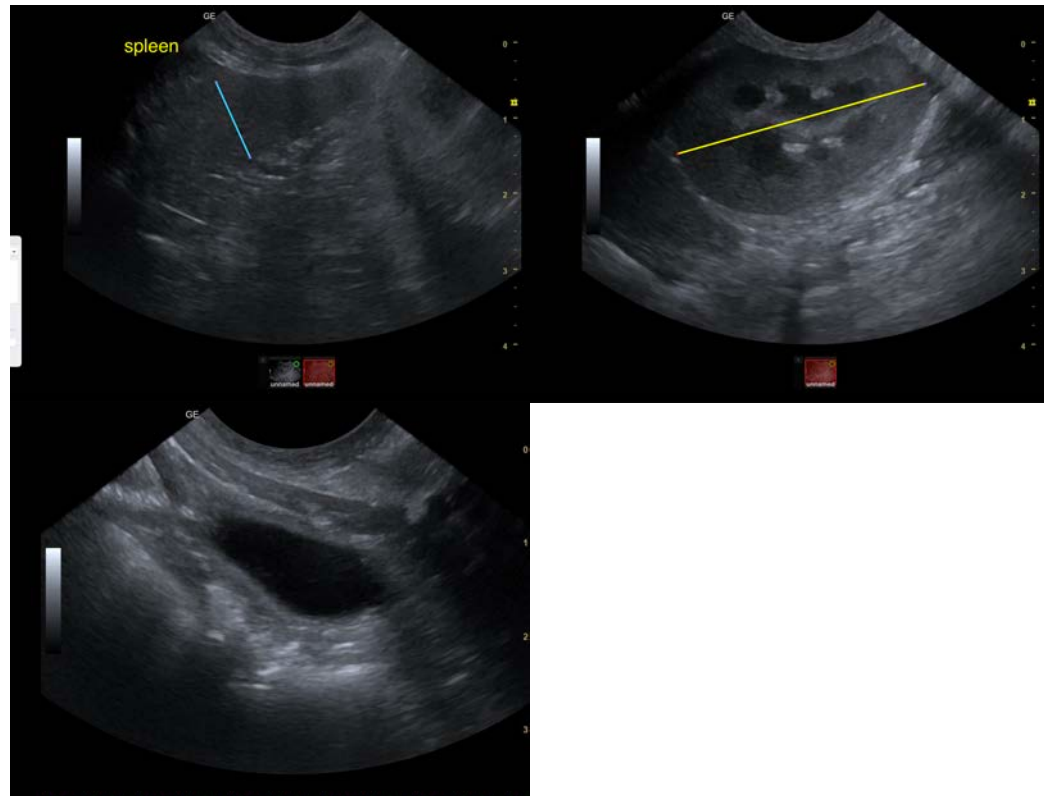
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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