



PATIENT

Cookie Lindquist

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

American Animal
Hospital

REFERRING VET

Dr. Stockmal

INVOICE

17312

DATE

9/16/22

PRESENTING CLINICAL SIGNS

History: Weight loss. Recheck performed and FNA of spleen recommended on prior u/s report.

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** 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. Mineralization was present in the kidneys. This change is similar to the prior sonogram. The right kidney measured 3.67 cm. The left kidney measured 3.57 cm.

Adrenal Glands

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

Spleen

The **spleen** was similar to the prior sonogram with scalloping contour, measuring 0.9 cm. Ultrasound guided FNA of the spleen performed without complication recommended.

Liver

The **liver** presented coarse architecture, increased portal markings and remodeling. The common bile duct was dilated, measuring 5.0 mm, yet if bilirubin elevations are not an issue, then this is likely an age-related change. No overt cause of obstruction is present.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

A nodular and mineralized lesion was present in the caudal aspect of the right **pancreatic limb**, measuring 1.9 cm x 1.18 cm. The mass at the caudal end of the pancreas appears to be more well defined and appears to be lymph node in origin, as it is encompassing the mesenteric artery with limited angle to sampling. A regional lymph node was mildly enlarged, measuring 0.55 cm. The pancreatic duct and common bile duct were dilated. Some heterogeneous pancreatic changes were noted, consistent with resolving pancreatitis.

ULTRASONOGRAPHIC FINDINGS



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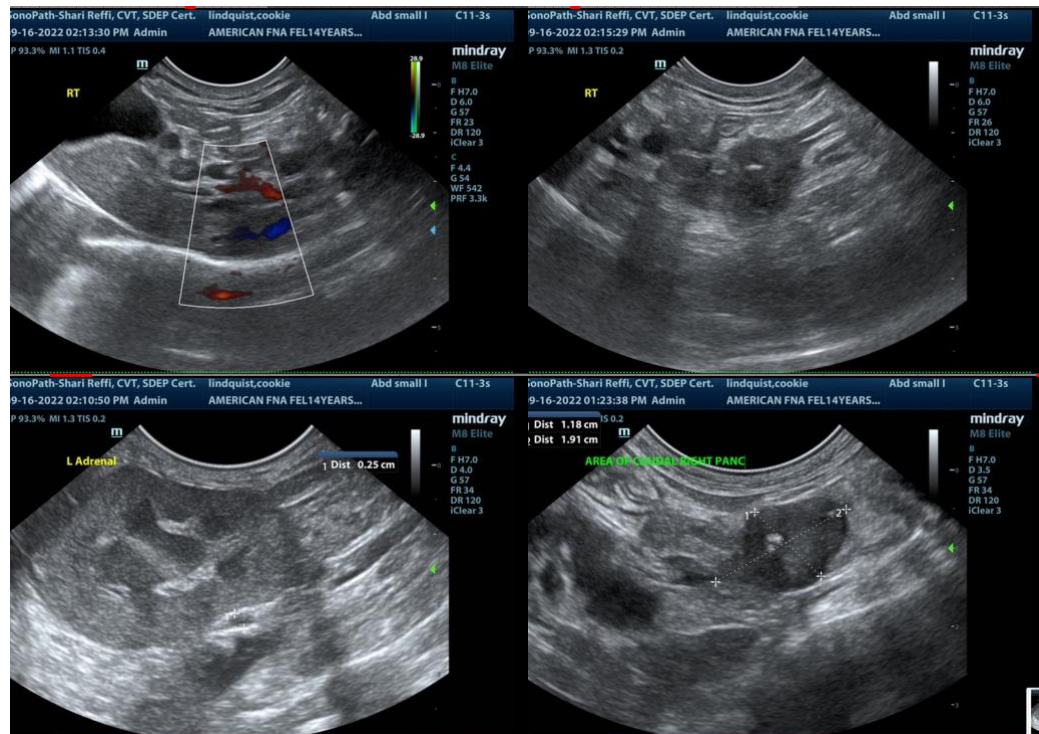
DATE

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- Splenic enlargement, similar to the prior sonogram.
- Undifferentiated mass in the mesenteric root caudal to the left pancreatic limb, likely lymph node in origin. A separate regional lymph node was mildly enlarged. Heterogeneous pancreatic changes were noted otherwise, consistent with resolving pancreatitis.
- Age-related renal changes with mineralization, similar to the prior sonogram.
- Coarse architecture, increased portal markings and remodeling were noted in the liver.
- Common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is likely that the patient is undergoing periods of pancreatitis and chronic inflammatory pancreatic and hepatic disease with reactive spleen or splenitis with a mild potential for splenic neoplasia. The presumed distorted mesenteric lymph node encompassed by mesenteric vasculature may be related directly or indirectly to the weight loss. Sampling would be ideal; however the weight loss may be an issue owing to chronic triad disease and the presumed mesenteric lymph node may be a granulomatous lesion, however, sampling is necessary to know this. A maldigestion panel is warranted if not already performed, as well as full CNS and thoracic examination to assess for comorbidities.





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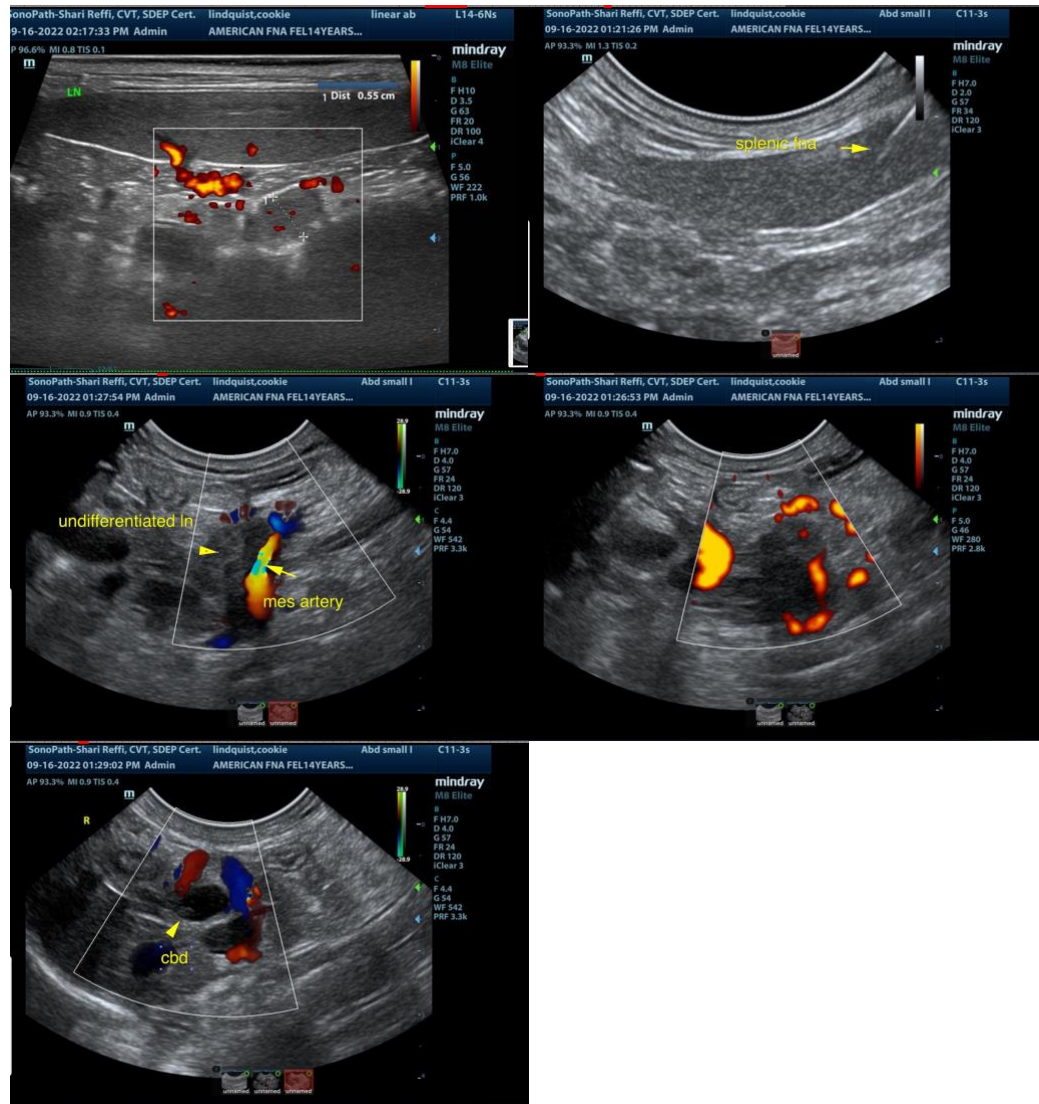
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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