



PATIENT

Scruffie Washam

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

14 years

WEIGHT

10.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Cleff

INVOICE

91840

DATE

9/20/21

PRESENTING CLINICAL SIGNS

History: Cat presented ADR. Bloodwork shows increased WBC. Renal Failure (increased creatinine, Increased BUN). T-4 WNL. Large liver palpated. Ultrasound done for further diagnostics

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 **kidneys** were bilaterally enlarged with slight pyelectasia. The left kidney measured 4.5 cm and the right kidney measured 4.0 cm.

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. The right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.5 cm.

Spleen

The **spleen** was mildly enlarged and measured 1.2 cm with micronodular changes and enhanced surrounding mesentery with splenic lymphadenopathy.

Liver

The **liver** was enlarged and hypoechoic to the falciform fat. Increased portal markings were noted. Gallbladder calculus was noted and non-obstructive measuring 0.6 cm. The gallbladder wall was slightly echogenic and thickened. The hepatic lymph nodes were also enlarged, hypoechoic and irregular.

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. 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 **pancreas** was enlarged, hypoechoic and irregular.

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ULTRASONOGRAPHIC FINDINGS

Splenohepatomegaly with regional lymphadenopathy, non-obstructive gallbladder calculus.

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Concurrent pancreatitis.

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IBD GI pattern.

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Reactive spleen/splenitis and cholangiohepatitis is possible, yet less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am strongly concerned for splenohepatic neoplasia/round cell neoplasia. FNA of both organs is recommended. There is a potential for renal involvement.

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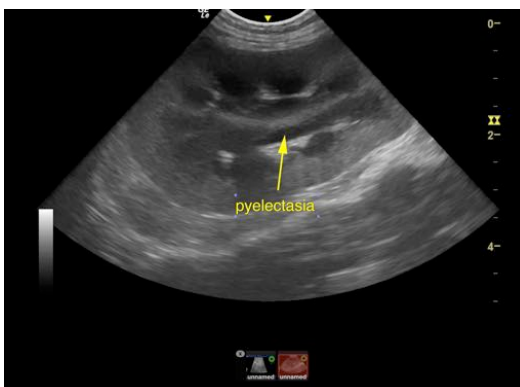
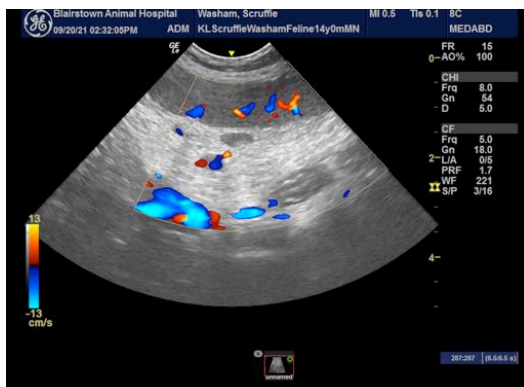
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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image/video clips provided.

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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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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