



**PATIENT**

Joker Matthews

**PRESENTING CLINICAL SIGNS**

Anemia. Elevated bilirubin. Jaundice ++++. Not eating.

**SPECIES**

Feline

**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.

**BREED**

DSH

**SEX**

Neutered Male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.97 cm. The left kidney measured 4.17 cm.

**AGE**

12 Years

**Adrenal Glands**

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

**WEIGHT**

5.4 kg

**Spleen**

The **spleen** was enlarged and hypoechoic to surrounding mesentery. Micronodular changes and generalized enlargement noted. The spleen measured 1.9 cm. Enhanced mesentery noted around the spleen.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Liver**

The **liver** was enlarged with micronodular infiltrative pattern. Surrounding free fluid noted, likely owing to lymphatic congestion. The common bile duct was normal at 2.0 mm. No evidence of post-hepatic obstruction. Enhanced mesentery noted around the liver. Minor gallbladder debris noted, not a primary issue.

**IMAGING PERFORMED BY**

Dr. Dave Stasiuk

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**HOSPITAL NAME**

Calgary Holistic VC

**Pancreas**

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.

**REFERRING VET**

Dr. Qi

**INVOICE**

25797

**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative Splenohepatic pattern with secondary inflammation
- Free fluid – likely caused by hepatic congestion

**DATE**

9/24/21



**PATIENT**

Joker Matthews

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA spleen and liver warranted to confirm suspicion of round cell neoplasia. Coagulation panel would be ideal. Round cell neoplasia such as lymphoma or mast cell disease suspected.

**SPECIES**

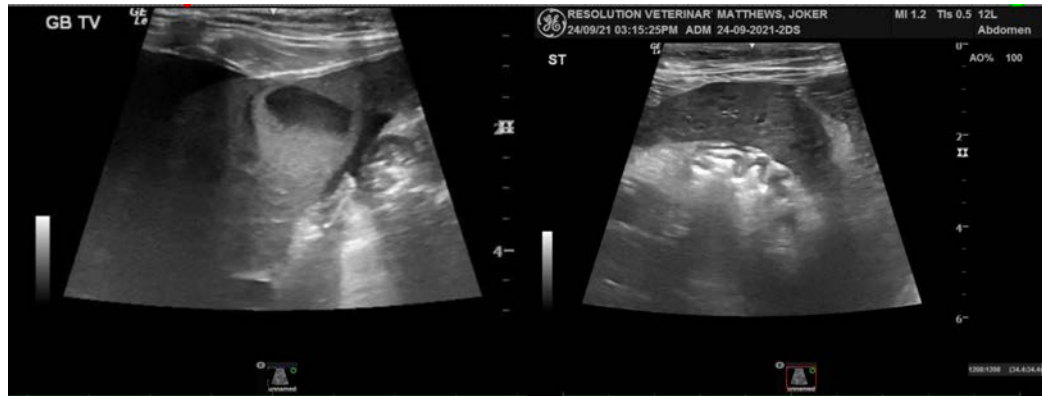
Feline

**BREED**

DSH

**SEX**

Neutered Male

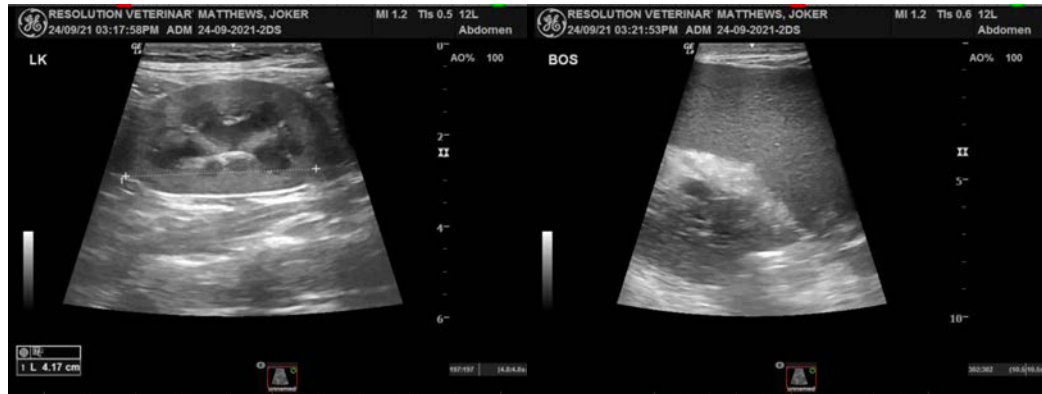


**AGE**

12 Years

**WEIGHT**

5.4 kg



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

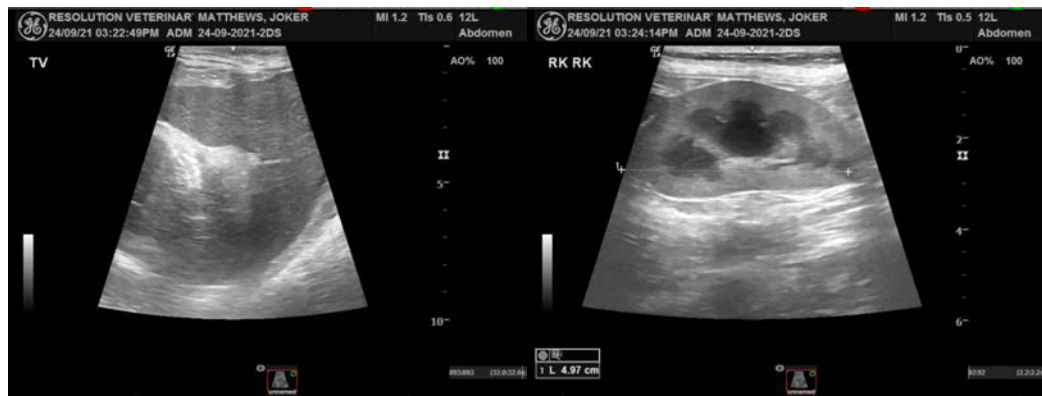
Dr. Dave Stasiuk

**HOSPITAL NAME**

Calgary Holistic VC

**REFERRING VET**

Dr. Qi



**INVOICE**

25797

**DATE**

9/24/21



**PATIENT**

Joker Matthews

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

5.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Dave Stasiuk

**HOSPITAL NAME**

Calgary Holistic VC

**REFERRING VET**

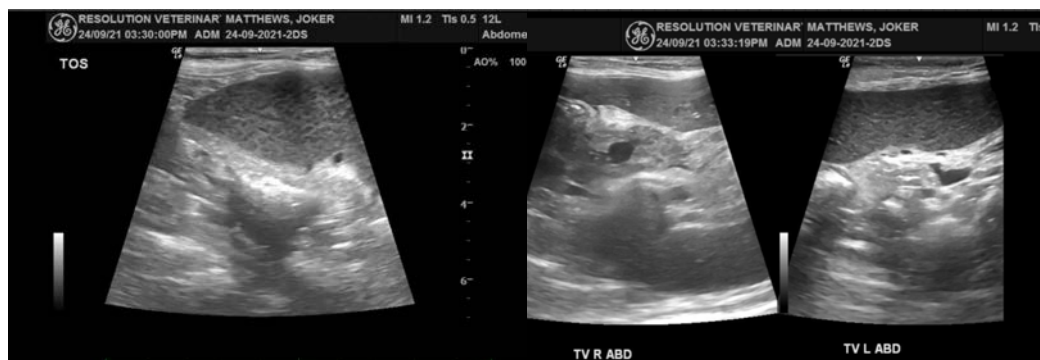
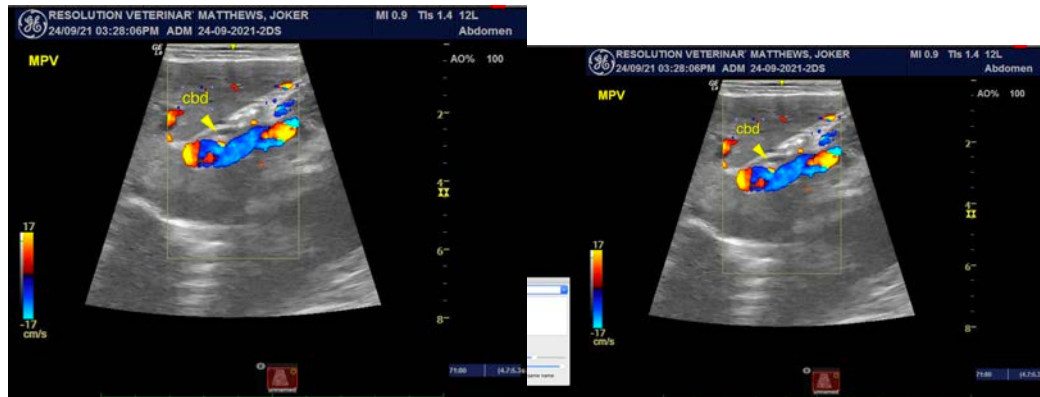
Dr. Qi

**INVOICE**

25797

**DATE**

9/24/21



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](mailto:info@SonoPath.com)