



PATIENT

Zoe Teitelbaum

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2008

WEIGHT

11.04 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

0000

DATE

09/30/21

PRESENTING CLINICAL SIGNS

History: Vomiting, diarrhea, inappetence
Mid abdominal mass – Evaluate for lymph node vs other

Inappropriate urination

Treated with Pred + Metro

Evaluate for lymphoma vs other

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** 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 4.66 cm. The left kidney measured 4.2 cm.

Adrenal Glands

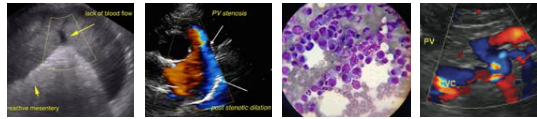
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.36 cm.

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.

Liver

The **liver** is mildly swollen and slightly hypoechoic to the falciform fat. The gallbladder was unremarkable. The common bile duct measured 0.29 cm and was slightly thickened. The cystic duct revealed small calculus or coalesced debris. The calculi measured up to 0.3 cm and were non-obstructive at the time of the sonogram.



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Gastrointestinal

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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. The intestinal wall thickness measured up to 0.37 cm. Early loss of mural detail was noted. The epigastric lymph nodes were slightly enlarged and measured 0.5 x 0.3 cm. The mesenteric lymph nodes were reactive and measured 1.76 x 0.48 cm.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

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Splenohepatic enlargement.

Mild diffuse intestinal thickening.

Slight, regional lymphadenopathy.

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Minor gallbladder calculi/cystic duct calculi.

Otherwise, Unremarable abdomen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend FNA of the spleen and liver to assess reactive spleen and liver versus neoplastic infiltrates. Guarded prognosis.

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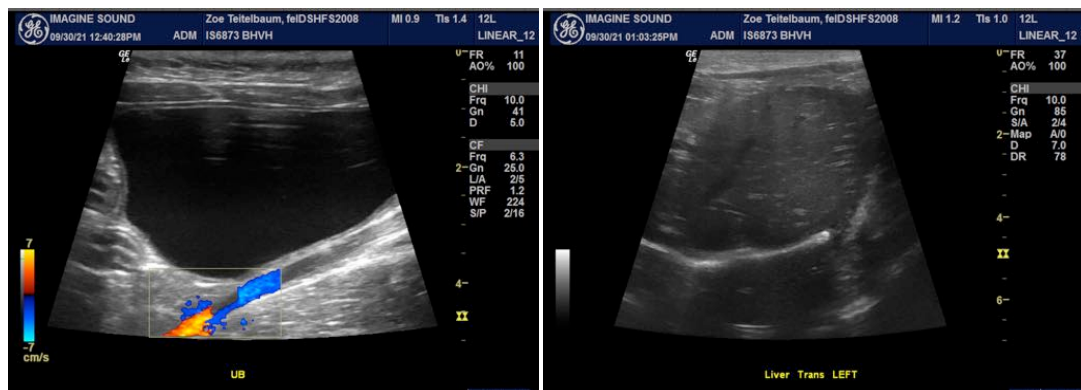
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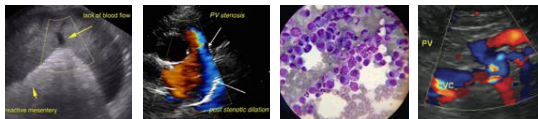
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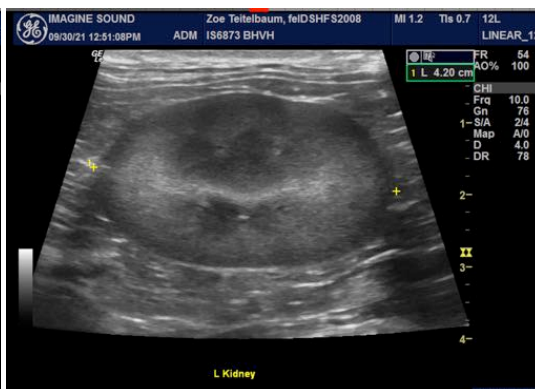
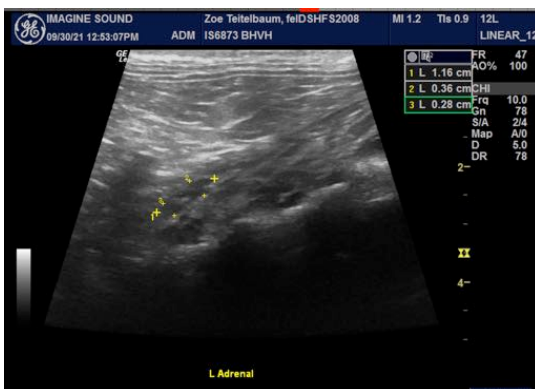
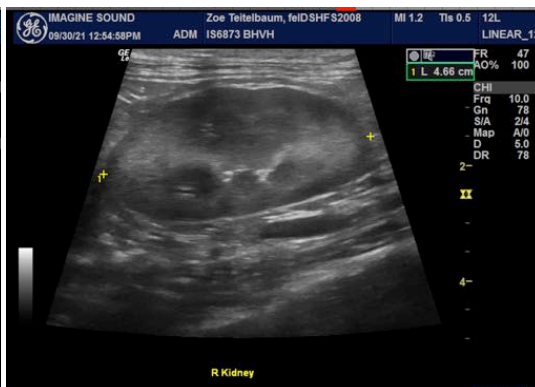
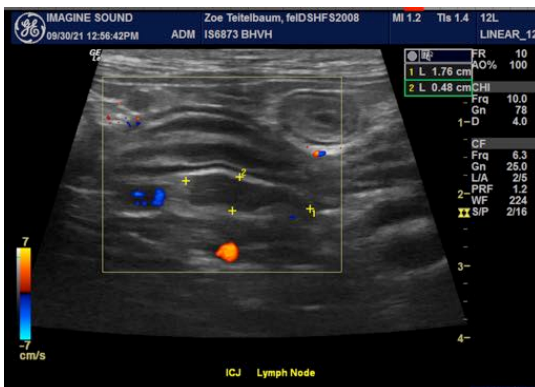
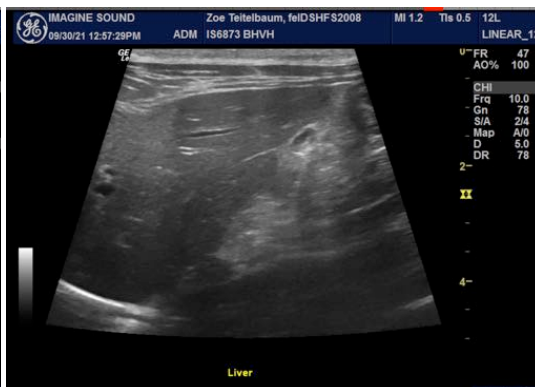
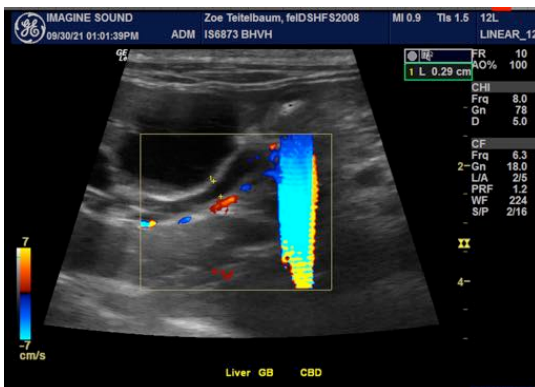
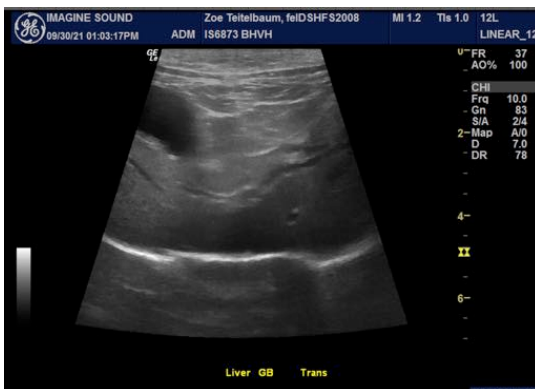
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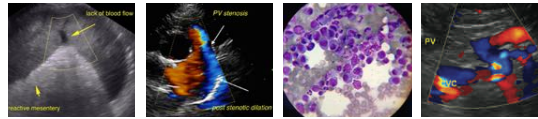
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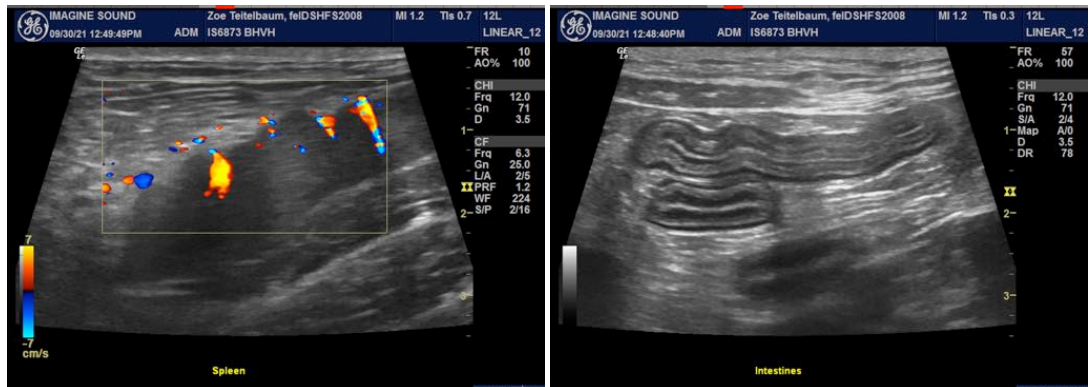
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com