



## PATIENT

Sebastian Parkinson

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

13 years

## WEIGHT

7.25 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Countryside AC

## REFERRING VET

Dr. Cox

## DATE

1/17/22

Invoice  
95298

## PRESENTING CLINICAL SIGNS

Pt has had dark runny stools for about two weeks. He has also had a wet cough/raspy meow/upper airway noise, ocular discharge, decreased appetite, and weight loss.  
Abnormal PE/Chem/CBC/UA Results: Current Medications 1. Mirtazapine 1/4 tab every 3 days; 2. Amoxicillin 62.5mg 1 tab BID; 3. Provable capsules SID, paste 1ml SID

## 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. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. Cortical striations were noted in the renal cortices. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Cortical infarcts and striations were noted. The left kidney measured 3.62 cm. The right kidney measured 4.17 cm. Blood flow to kidneys was subnormal owing to cortical remodeling.

### 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 adrenal glands each measured 0.4 cm.

### Spleen

The spleen in this patient was uniform, yet volume contracted. Hydration status should be assessed. Minor, heterogenous splenic changes were present.

### Liver

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 and common bile ducts were normal. 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. Slight pleural effusion noted through the diaphragm.



**PATIENT**

**Gastrointestinal**

Sebastian Parkinson

The **stomach** was empty with normal wall thickness. Variable intestinal thickening was noted with loss of mural detail. Wall thickness measured up to 0.5 cm. The proximal colonic wall was also thickened. A mesenteric lymph node measured 2.0 x 1.0 cm.

**SPECIES**

Feline

**Pancreas**

**BREED**

Domestic Shorthair

The **pancreas** revealed hypoechoic, irregular contour. Nodular changes were noted and measured up to 1.2 cm.

**SEX**

Neutered male

**Free Abdomen**

An undifferentiated lymph node mass was noted and measured 3.0 x 2.0 cm. Regional inflammation was noted.

**AGE**

13 years

**ULTRASONOGRAPHIC FINDINGS**

Multi-centric lymph node masses.

**WEIGHT**

7.25 lbs

Nodular, irregular pancreas.

Multi-focal lymphadenopathy.

Variable intestinal thickening.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

Chronic interstitial nephrosis renal pattern with cortical infarcts and striations.

**IMAGING PERFORMED BY**

Sara Hansen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the lymph node mass is recommended for further definition. Intestinal and lymph node based lymphoma is suspected. Pronounced nodular hyperplasia of the pancreas versus emerging round cell neoplasia.

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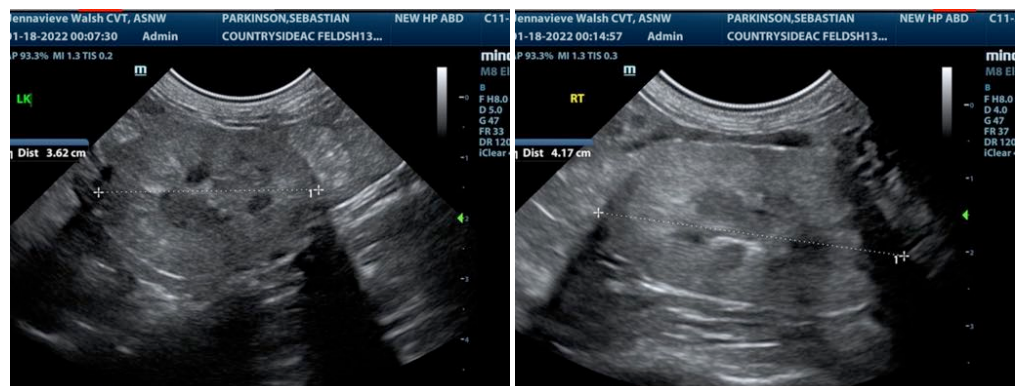
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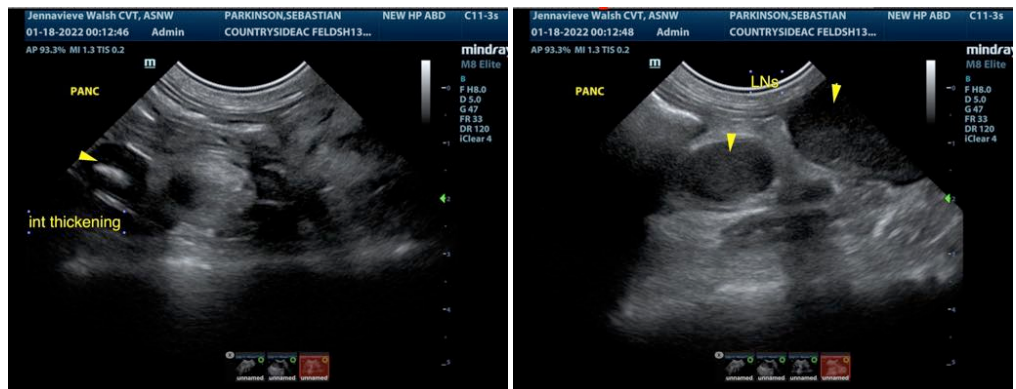
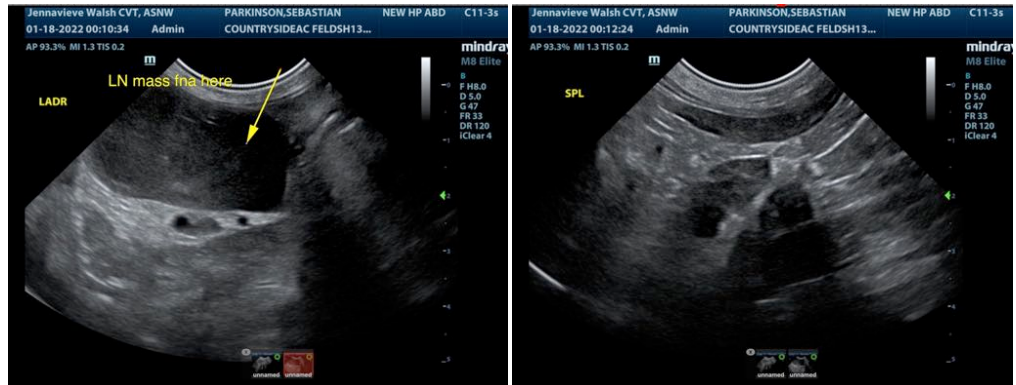
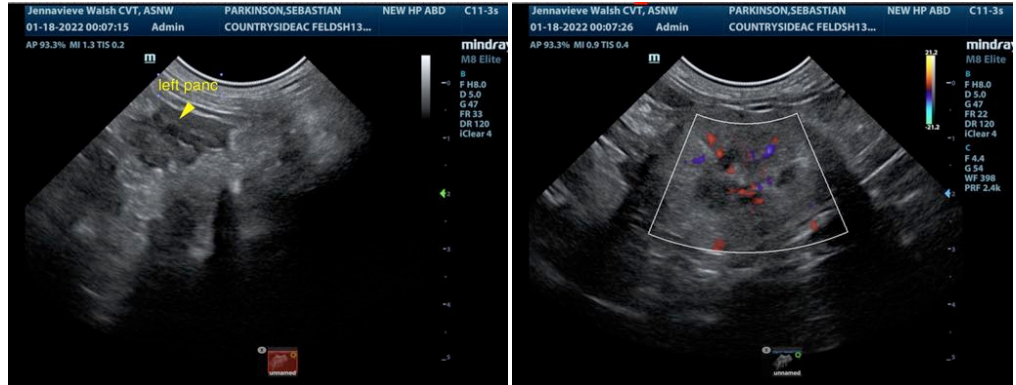
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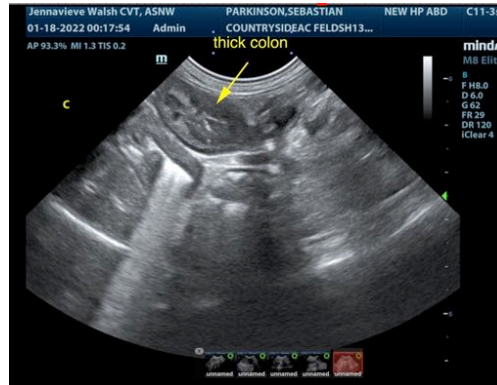
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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