



**PATIENT**

Tiger Thompson

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

9.98 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Santa Clara AH

**REFERRING VET**

Dr. Brasted Maki

**DATE**

10/18/21

**Invoice**

92439

**PRESENTING CLINICAL SIGNS**

History: Weight loss and diarrhea. Blood work does not show anything that would be expected to be a cause of significant weight loss. Recommended abdominal US to further assess for primary Gi disease, neoplasia, etc.

Abnormal PE/Chem/CBC/UA Results: Lymphocytosis, mildly increased SDMA, mild hypocholesterolemia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. A minor amount of suspended 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. 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 infarct was noted in the dorsal cortex of the left kidney. The left kidney measured 3.58 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 0.4 cm. The left adrenal gland measured 0.28 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. The spleen measured up to 1.1 cm.

**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



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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. A hypoechoic 1.63 x 1.42 cm hepatic lymph node was noted.

**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.

**Pancreas**

The **pancreas** revealed heterogenous parenchymal changes with minor regional lymphadenopathy measuring up to 0.8 x 0.3 cm.

**ULTRASONOGRAPHIC FINDINGS**

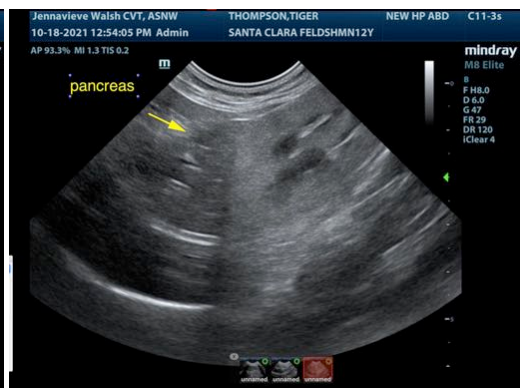
Hepatic lymphadenopathy.

Splenomegaly.

Primary differentials: Reactive spleen/splenitis, lymphadenitis with chronic triad disease versus emerging round cell neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen is recommended. There is a strong suspicion for underlying lymphoma. The hepatic lymph node would likely be difficult to access with ultrasound-guided FNA. Otherwise, GI and hepatic lymph node biopsies would be warranted. I recommend starting with 25-gauge FNA of the spleen to assess further definition. Guarded prognosis depending on cytology results.





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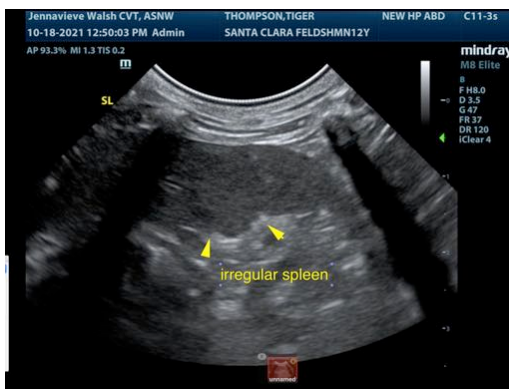
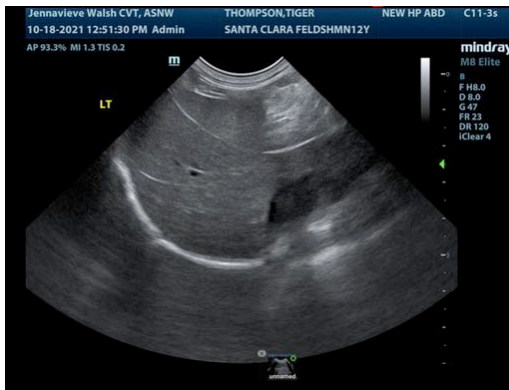
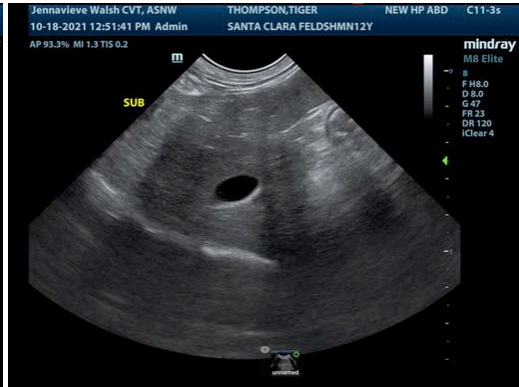
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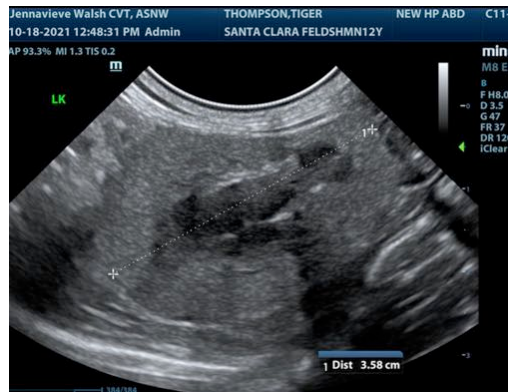
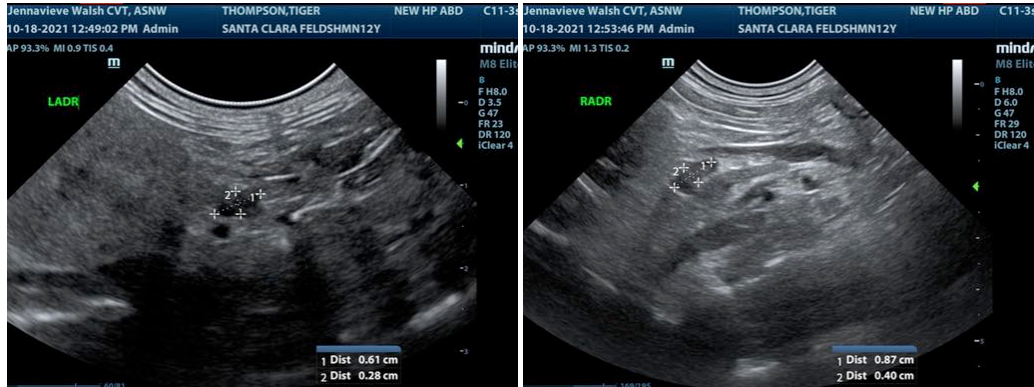
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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