



PATIENT

Spes Morgan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 ½ years

WEIGHT

9.4 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Oregon Mobile Pet
Care

REFERRING VET

Dr. Koppel

DATE

10/19/21

Invoice
92476

PRESENTING CLINICAL SIGNS

History: Mass in abdomen found on palpation last exam, September 2021. Patient has history of eating cat litter, has been vomiting on occasion, occasionally having soft stool or diarrhea. Was previously diabetic, isn't anymore. Vomiting controlled by Cerenia for short time periods. Indoor only cat, up-to-date on vaccines, no other pets in household.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.86 cm. The right kidney measured 3.95 cm.

Adrenal Glands

The right adrenal gland was slightly heterogenous and mildly enlarged measuring 0.73 cm. The left adrenal gland was normal in size and contour measuring 0.38 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was coarse in architecture with surrounding free fluid. Increased portal markings were noted. The gallbladder was unremarkable.



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Gastrointestinal

The **stomach** presented shadowing material. This is consistent with hairball accumulation. Variable intestinal thickening was noted. Slight epigastric lymph node enlargement was noted at 0.5 cm. The mesenteric lymph nodes were enlarged, irregular and hypoechoic. The largest of which measured 2.6 x 3.5 cm. Smaller lymph nodes are also enlarged. The grouping measured approximately 5.0 cm of various lymph nodes that were enlarged.

Pancreas

The **pancreas** was enlarged and irregular, yet uniform. The pancreas was hypervascular on color flow assessment. Regional inflammation was noted throughout the pancreas.

Free Abdomen

Minor areas of free fluid were noted with reactive mesentery. Regional mesenteric lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Mesenteric lymphadenopathy with distorted architecture.

Concurrent pancreatitis.

Inflammatory bowel presentation with reactive mesentery.

Hairball density accumulation in the stomach.

Chronic renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern for round cell neoplasia. Granulomatous disease is possible. Ultrasound-guided FNA of the most accessible lymph node with cytology and culture would be ideal. The prognosis is very guarded. Round cell neoplasia, mast cell disease, FIP and chronic granulomatous lymphadenitis is all possible. Three view chest radiographs are warranted to assess for metastatic disease.



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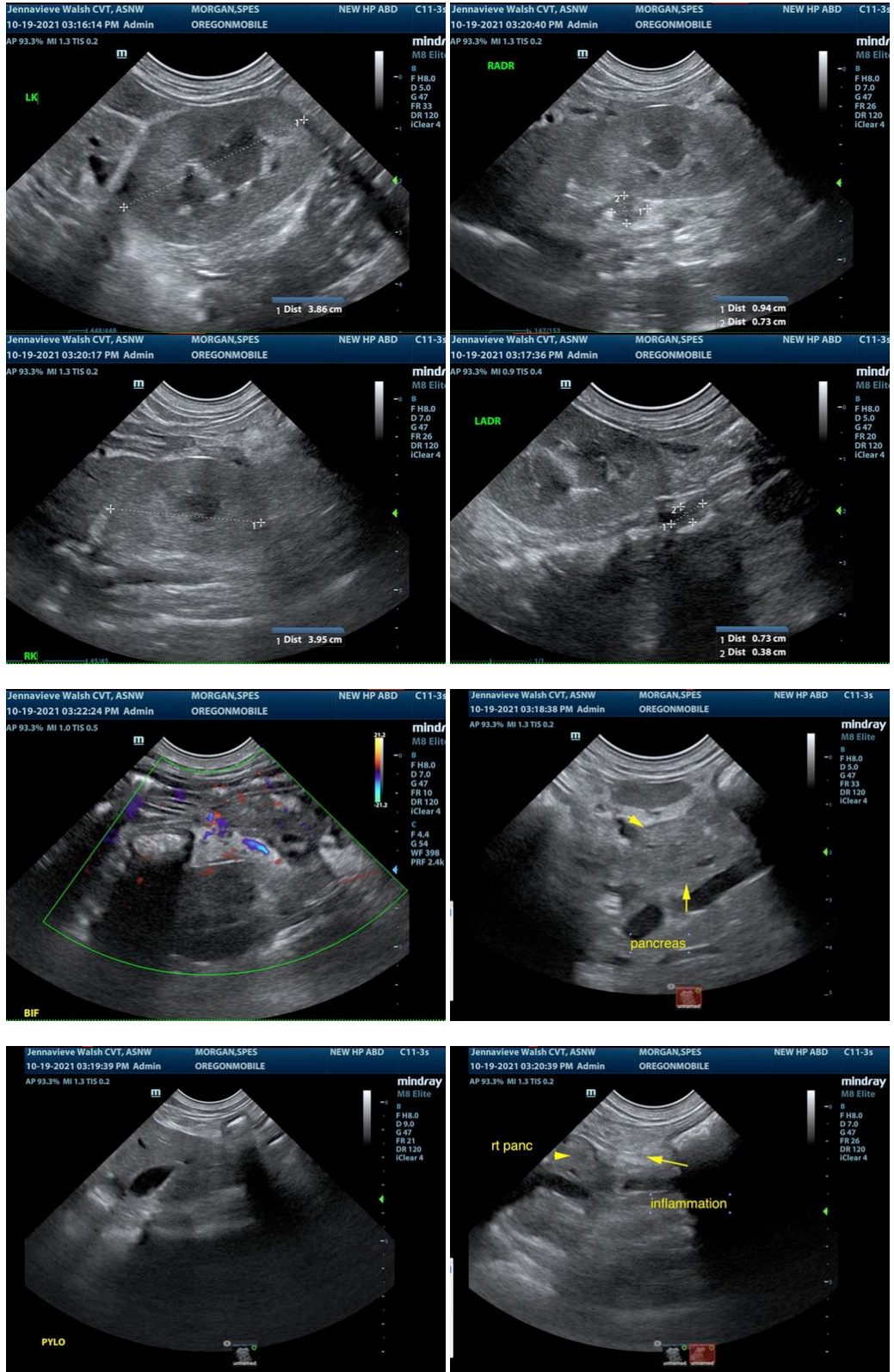
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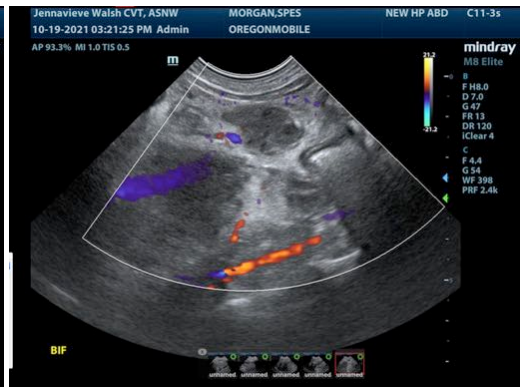
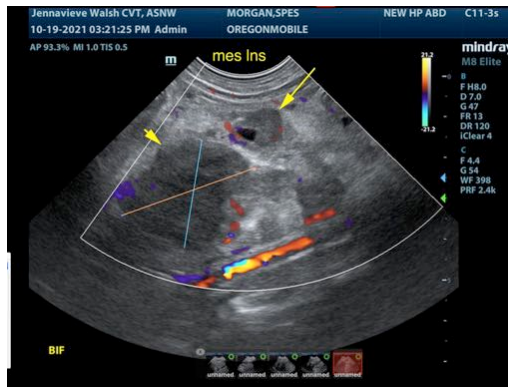
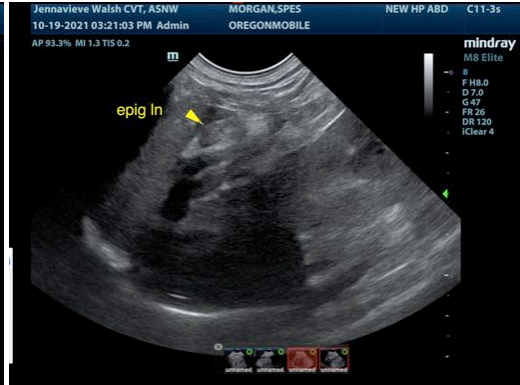
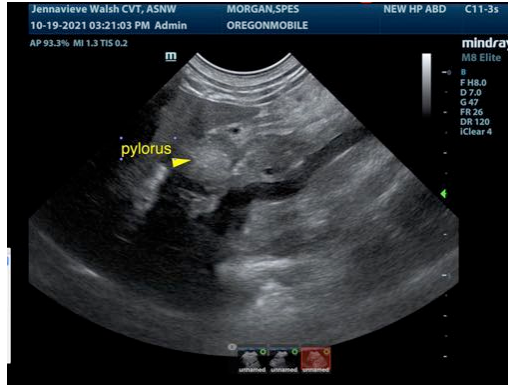
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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