



PATIENT

Earnst Porter

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

9 years

WEIGHT

7.5 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Delta Oak

REFERRING VET

Dr. Lahm Dr. Schulke

DATE

12/22/21

Invoice
94847

PRESENTING CLINICAL SIGNS

Dramatic Wt. loss this fall. Episodic nausea. . Appetite became picky. Still is drinking well.
Abnormal PE/Chem/CBC/UA Results: Current Medications Cerenia and SQ fluids LRS

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 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. The left kidney measured 4.17 cm. The right kidney measured 4.81 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 left adrenal gland measured 0.51 cm. The right adrenal gland measured 0.47 cm.

Spleen

The **spleen** was micronodular with a honeycomb type appearance and generalized enlargement. The spleen was folded upon itself.

Liver

The **liver** revealed slight increased portal markings and an echogenic gallbladder wall. The vascularity was normal with no evidence of passive congestion.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue biopsies via



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open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD.

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Pancreas

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Enhanced mesentery was noted around the **pancreas**. Pancreatic lymphadenopathy was rounded and hypoechoic measuring 1.3 cm.

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Free Abdomen

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The abdominal lymph nodes were enlarged, irregular and hypoechoic. Grouping of which measured 2.0 cm in the mesenteric root. A mesenteric lymph node mass was noted and measured 5.0 cm.

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Mesenteric lymph node mass with multi-focal lymphadenopathy.

9 years

Diffuse intestinal thickening.

WEIGHT

Secondary paraneoplastic effusion. I suspect lymphoma.

7.5 lbs

Interstitial nephrosis renal pattern.

Micronodular, honeycomb type splenic appearance.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect multi-centric lymphoma. The prognosis is guarded to poor depending upon response to eventual chemotherapy.

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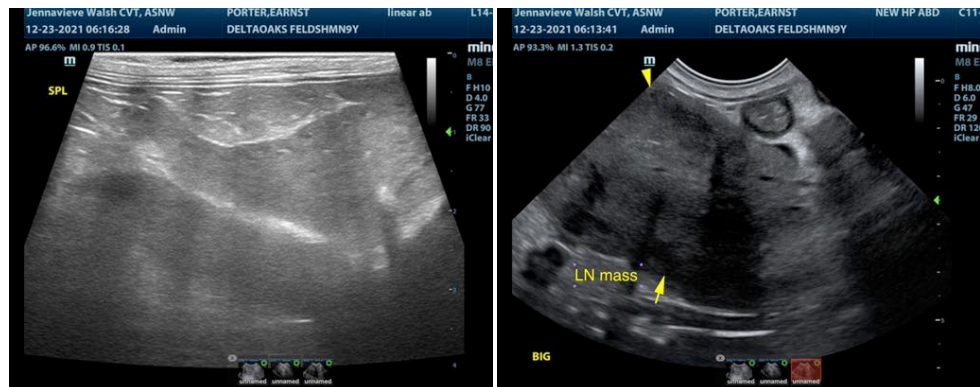
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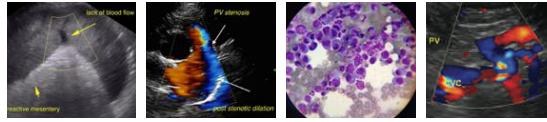
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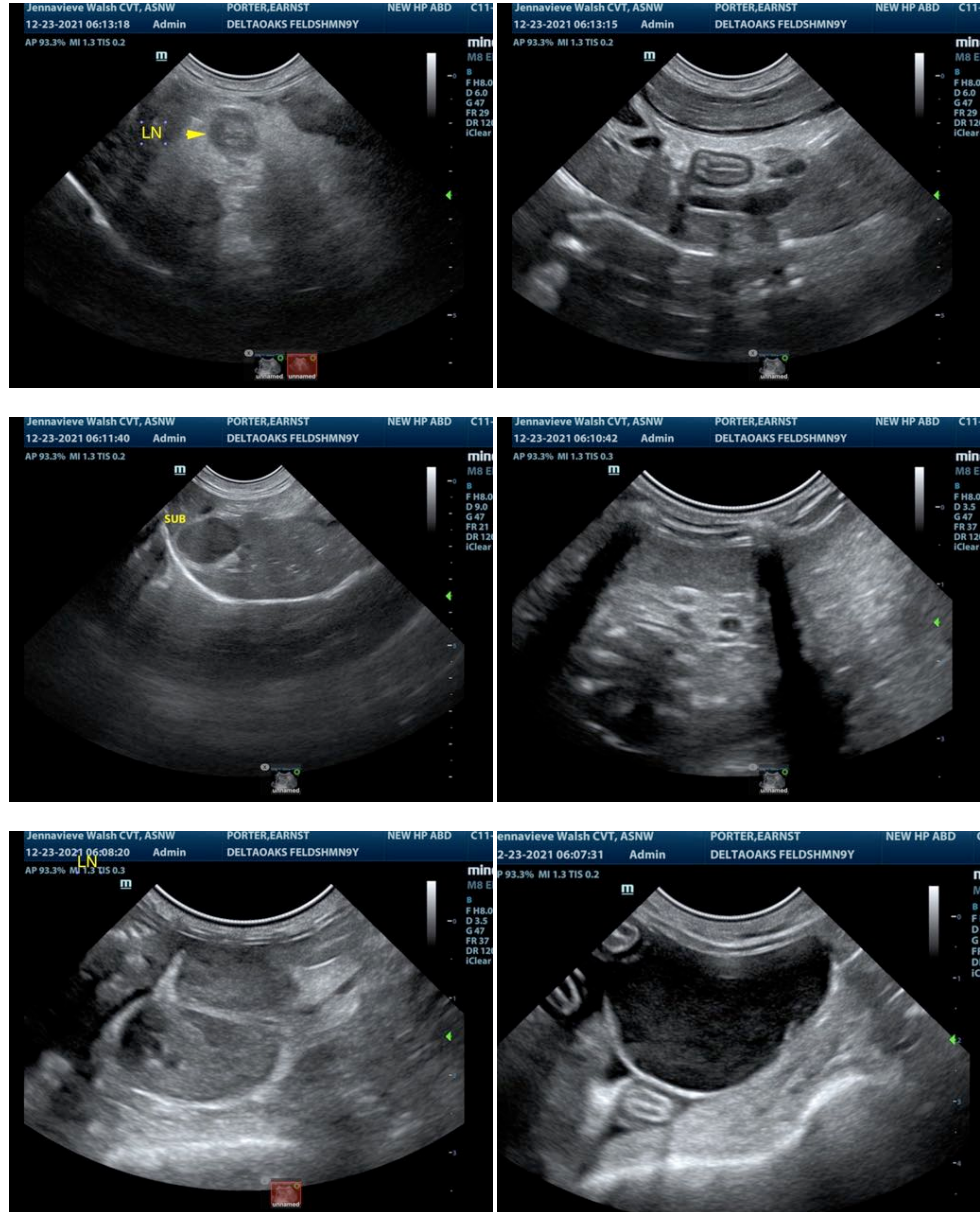
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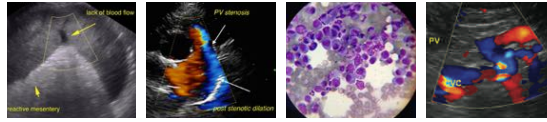
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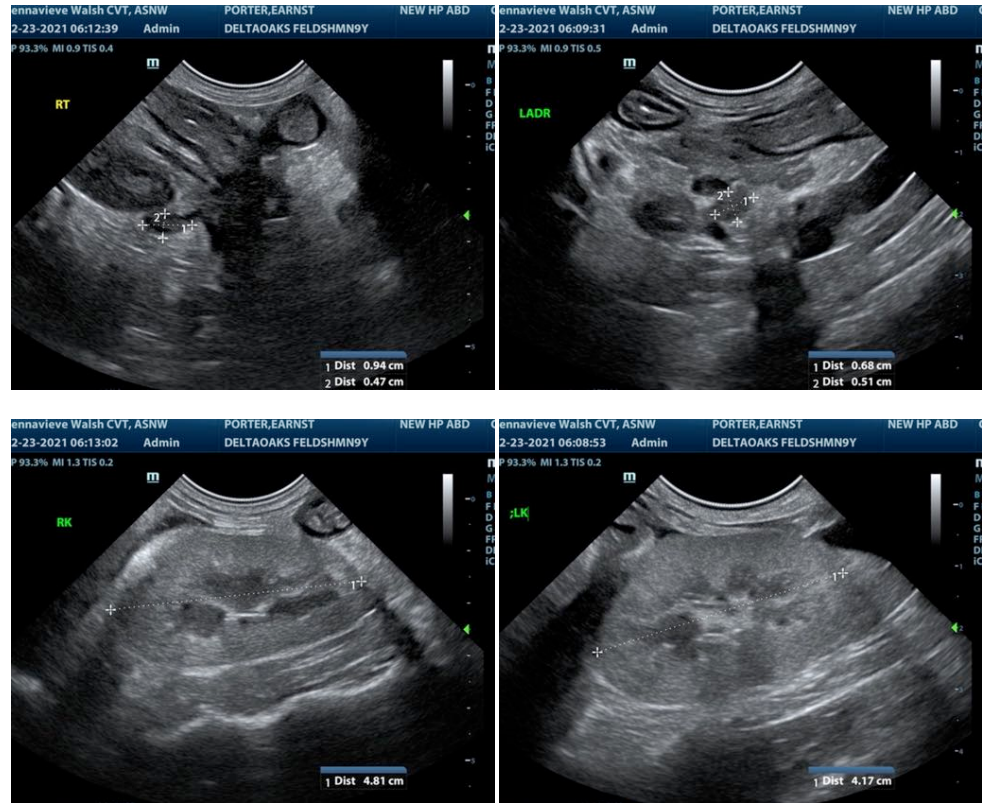
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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