

PATIENT

Valentin Mongolo

SPECIES

Mongolo

BREED

Feline

SEX

Domestic Shorthair

AGE

8 years

WEIGHT

10.7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Sirianni

DATE

8/17/23

Invoice

46661

PRESENTING CLINICAL SIGNS

History: Decreased eating and acute vomiting. Started yesterday. No history of dietary indiscretion. Low grade fever. BARH mm=pink H/L/A - nsf

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Blood work results: -CBC: clumped platelets - otherwise nsf -Chem: mild stress hyperglycemia, ^ALT of unknown origin (toxin, trauma, infection, Cholang. Hep, etc) -fPL: normal -FeLV/FIV test: neg/neg Current Medications Mirtazapine Radiographic Findings Radiographic findings: -Abdomen: the lateral view reveals what looks like a round mass at the level of his kidneys. There are 3 distinct soft tissue opacities - two kidneys and a third opacity. It does not look to originate from the intestinal tract. This mass is not visible on the v/d view. Conclusion: Abdominal mass. r/o: lymph node, neoplasia, lipoma, open

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** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.06 cm. The left kidney measured 4.2 cm.

Adrenal Glands

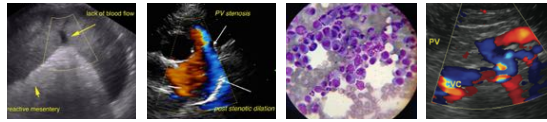
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.33 cm. The right adrenal gland measured

Spleen

The **spleen** revealed slight, irregular contour and normal size at 0.9 cm. This is likely a positional variant.

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. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The **pancreas** was hypoechoic and irregular with enhanced mesentery in the left limb. A region of approximately 2.0 x 1.5 cm consistent with pancreatitis was noted.

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ULTRASONOGRAPHIC FINDINGS

Left limb pancreatitis.

WEIGHT

10.7 lbs

Bladder debris.

Structurally normal GI tract. Inflammatory bowel without structural changes is likely.

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Eric Lindquist, DMV,
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis is warranted if not already performed to assess for any evidence of UTI. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Treatment for pancreatitis is indicated as likely a localized walled off portion of pancreatic pathology even if the FPL is normal. This presentation is classic for pancreatitis and sectoralized to the left base. Left subxiphoid palpation is warranted to assess for discomfort. IV fluid support, broad spectrum antibiotics such as Enrofloxacin and Clindamycin given the history of a fever. Underlying infectious agents such as Toxoplasmosis and Bartonella should be considered. There was no evidence for neoplasia.

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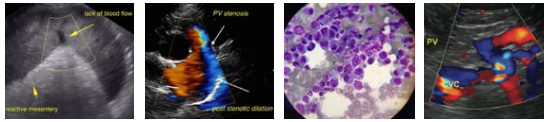
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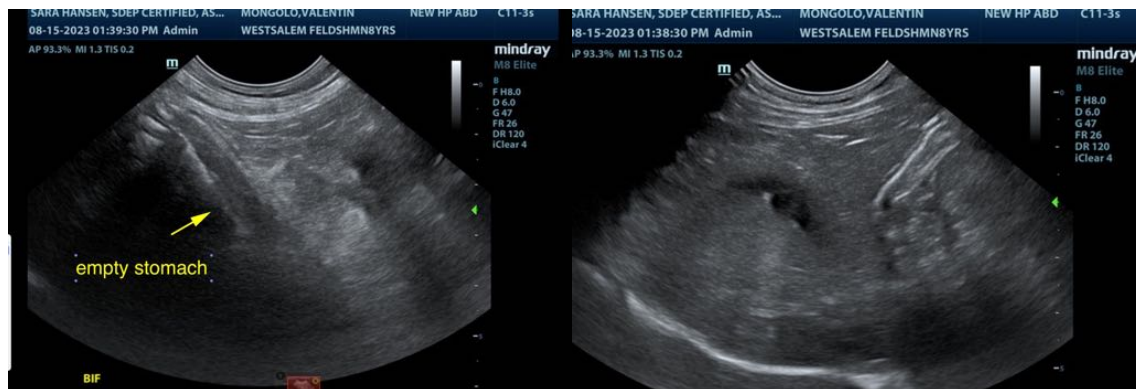
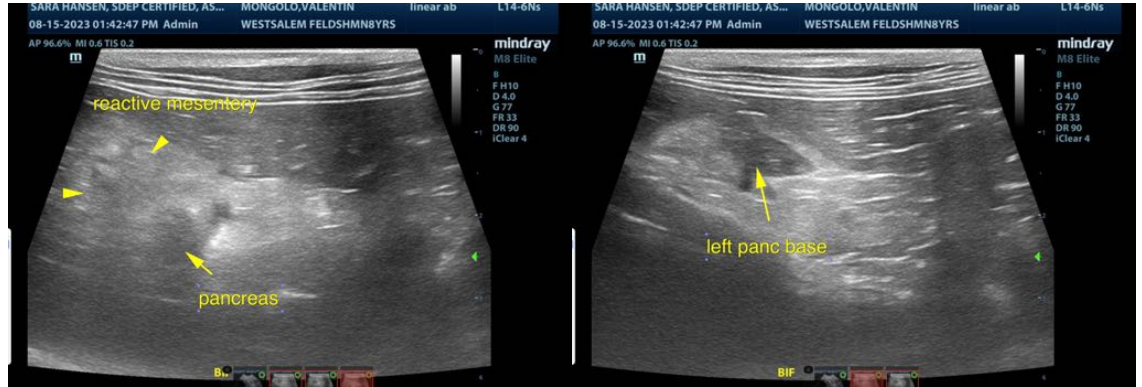
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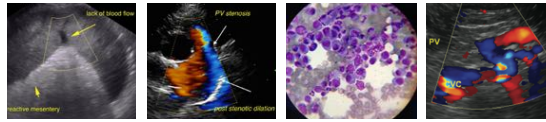
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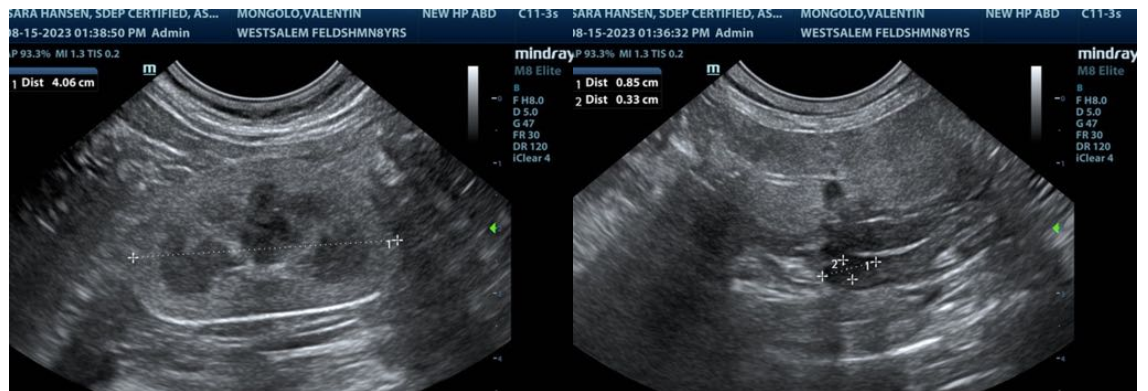
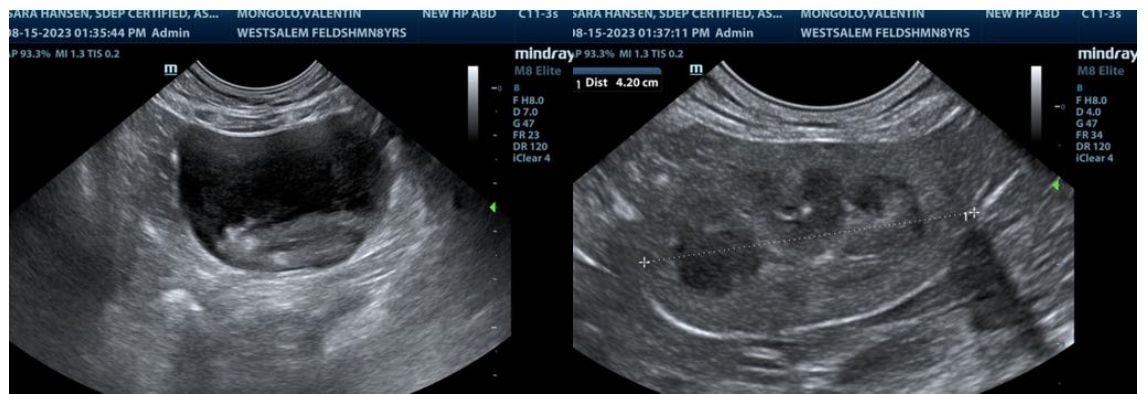
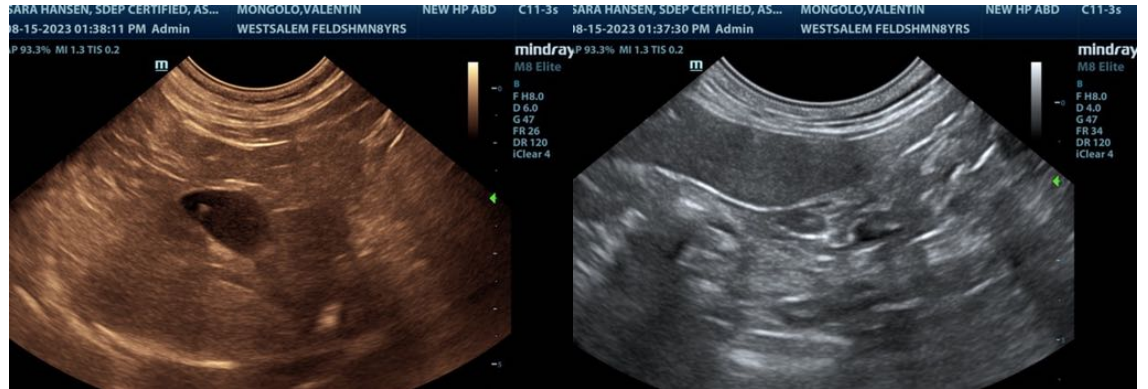
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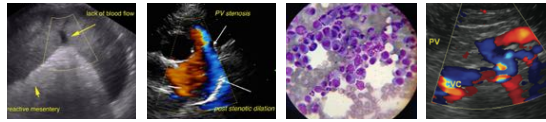
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ADDENDUM 8/17/23

RADIOGRAPHS: Density in the region of the kidneys in lateral view, yet in VD view the spleen appears to be superimposed upon the kidneys. The spleen is enlarged on the radiographs. Slight fat density was noted cranial to the urinary bladder.

The **pancreas** in this patient was distinctly hypoechoic primarily in the left limb with enhanced mesentery; however, it appears to be mildly improved compared to the prior sonogram. The **spleen**, however, has increased in size and has enlarged, scalloping contour with enhanced surrounding mesentery and localized free fluid. I am very concerned for an emerging neoplastic process or splenitis in this patient. The hairball density in the **stomach** is persistent. The **caudal abdominal structure** that



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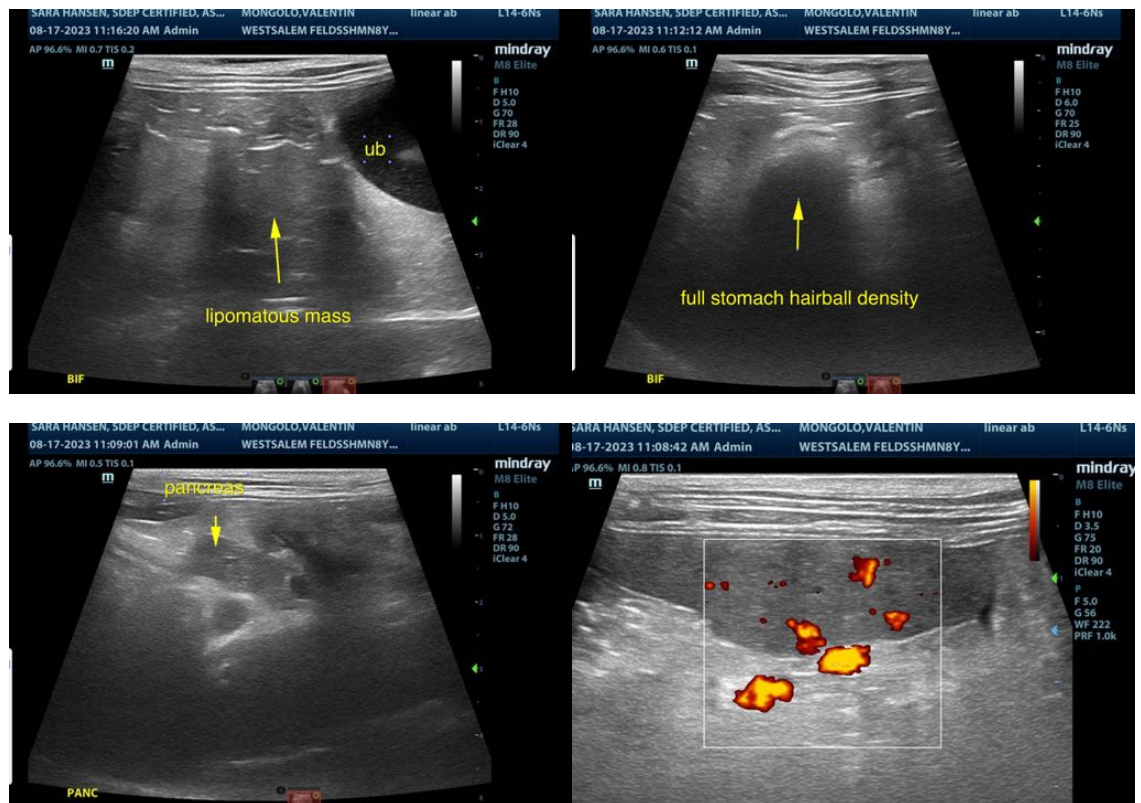
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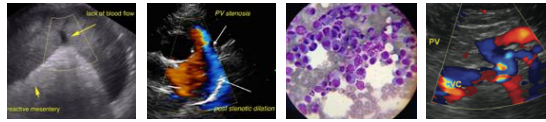
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was evaluated cranial to the urinary bladder measures approximately 2.2 cm and is consistent with lipoma. In this image set two separate subcutaneous densities were noted. They were hypoechoic and irregular. These appear to be fibrosing and mineralized. Dystrophic mineralization and fibrosis owing to trauma or potential emerging round cell neoplasia or sarcoma should be considered. 22-gauge ultrasound-guided FNA of the subcutaneous structures would be recommended, 25-gauge FNA, cytology and culture of the spleen is also indicated. The subcutaneous structures may not readily exfoliate, which would suggest connective tissue pathology. They do appear resectable however, the prognosis is guarded.

DIAGNOSIS

Pancreatitis and splenitis with caudal abdominal lipoma and subcutaneous nodules, possible dystrophic mineralization, fibrosarcoma or other sarcoma is possible.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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

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