

**PATIENT**

Zoey Rekas

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

4 years

**WEIGHT**

4.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING  
PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Orchard AH

**REFERRING VET**

Dr. D'Amico

**INVOICE**

31901

**DATE**

7/25/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting regularly and recently she is vomiting daily. Still eating well, not lethargic. Cerenia helps when on it but vomiting returns when it stops. Switched diet to i/d but no change. PE normal. Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork and rads. Neutrophils 1.5 (2.6-15.2) , rest normal. Will email full blood.

**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** 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 right kidney measured 3.0 cm. The left kidney measured 3.19 cm.

**Adrenal Glands**

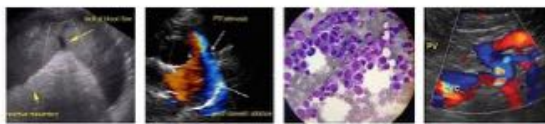
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.29 cm. The right adrenal gland measured 0.34 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**Gastrointestinal**

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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. The mesenteric lymph nodes are enlarged, hypoechoic and irregular measuring up to 2.0 x 1.0 cm with pericapsular inflammatory pattern.

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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

4 years

Mesenteric lymphadenopathy.

Interstitial nephrosis renal pattern.

**WEIGHT**

4.2 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA, cytology and culture is indicated with regional peri-lymph node inflammation. Lymphadenitis is likely, emerging round cell neoplasia is possible, yet less likely. Full urinary work-up is warranted to assess for inflammatory sediment. The lymph node presentation is likely the underlying cause of the clinical signs. Midabdominal palpation is warranted to assess for discomfort associated with the lymph node pathology.

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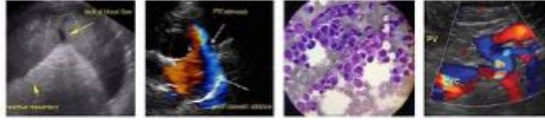


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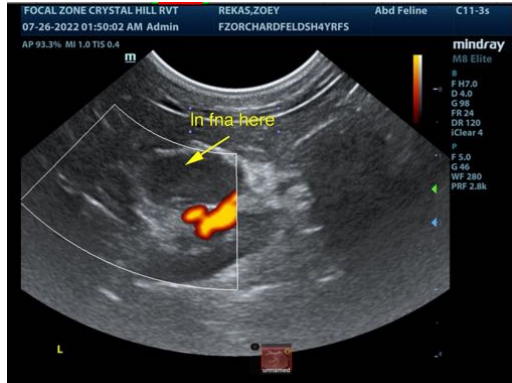
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com