



PATIENT

Oliver Goldstein

PRESENTING CLINICAL SIGNS

History: Vomiting decreased appetite + weight loss

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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.

SEX

Neutered male

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 left kidney measured 3.94 cm. The right kidney measured 4.0 cm.

AGE

10 years

WEIGHT

9.1 lbs

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 adrenal glands measured 0.4 cm each.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Valeryia Shumskaya

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.

HOSPITAL NAME

Summit Dog and Cat
Hospital

Liver

REFERRING VET

Dr. Lepkowski

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 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

Oliver Goldstein

The **stomach** was over distended with chyme. The upper duodenum was dilated. Stasis continued into the distal small intestine. More progressive intestinal thickening was noted with a 4.0 x 3.5 cm cluster of mesenteric lymph nodes and congested mesenteric artery. The colon was unremarkable. A mild amount of free fluid was noted likely owing to lymphatic congestion.

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Pancreas

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

Neutered male

ULTRASONOGRAPHIC FINDINGS

Gastrointestinal obstructive pattern owing to mesenteric lymph node and intestinal mass.

AGE

10 years

Age related abdominal changes elsewhere.

WEIGHT

9.1 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the mesenteric lymph node can be considered for further definition. However, there is significant congestion of the mesenteric artery, which provides an obstacle. Otherwise, full thickness surgical biopsies are indicated. The obstructive pattern could be partially abated by cortisone therapy, yet this would obscure cytology or histopathological interpretation and also potentially comprise eventual chemotherapeutic protocol. I suspect round cell neoplasia; however, inflammatory bowel, lymphadenitis is also possible. Chest radiographs are warranted to assess for comorbidities.

INTERPRETED BY

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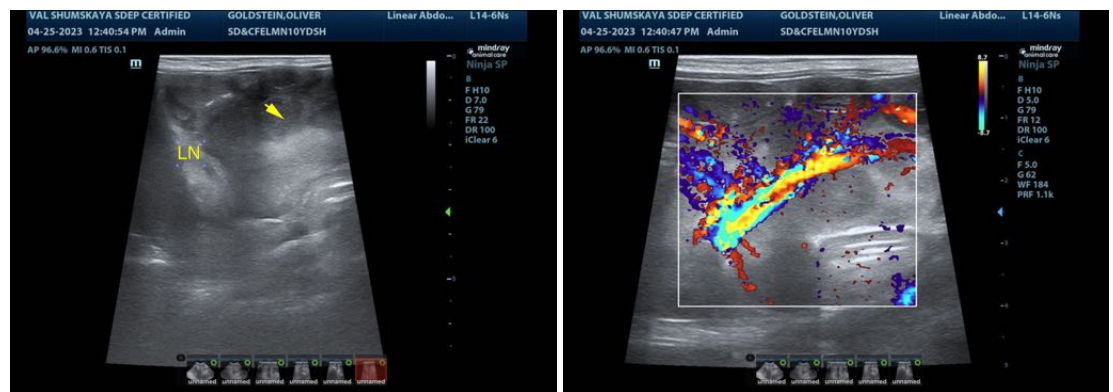
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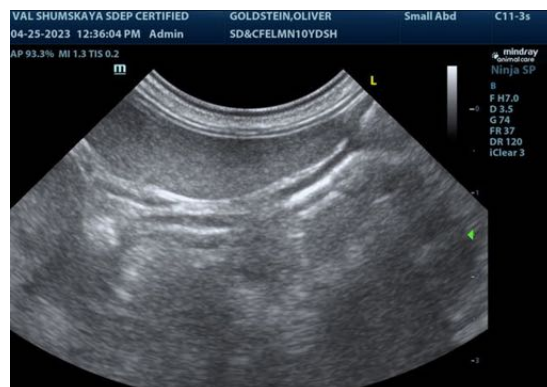
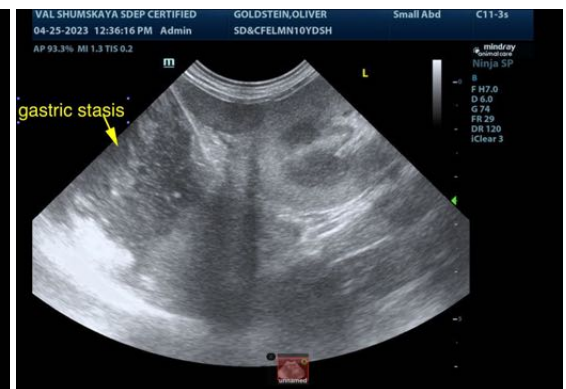
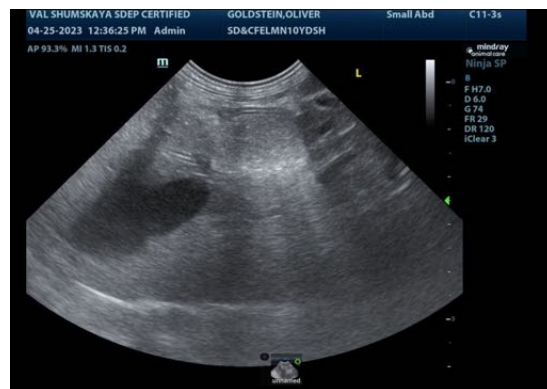
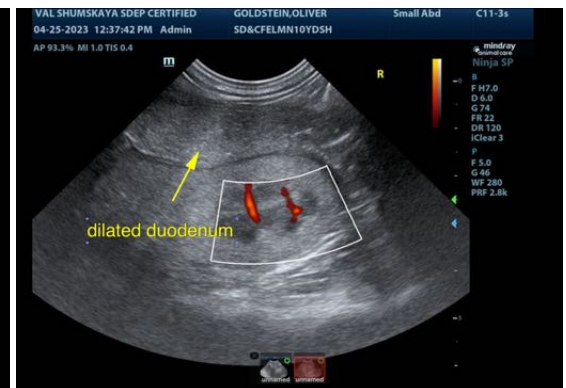
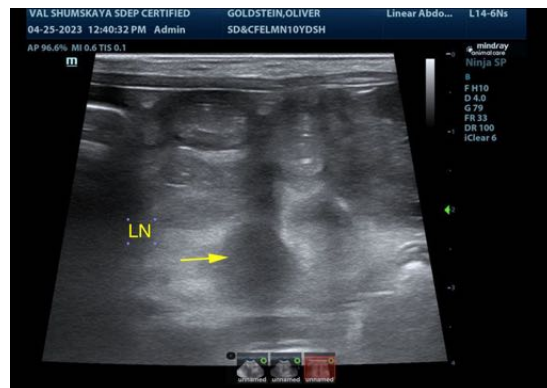
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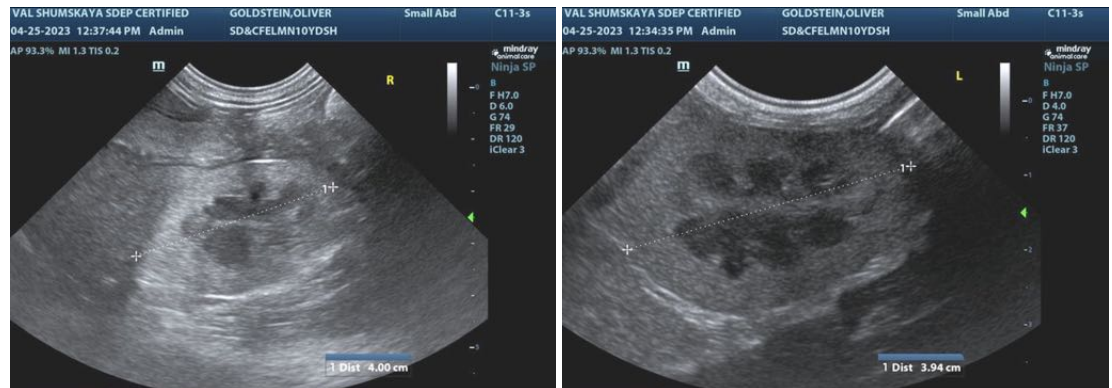
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com