



**PATIENT**

Cher Kaplow

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

6.57 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Summit Dog and Cat

**REFERRING VET**

Dr. Lepkowski

**INVOICE**

44999

**DATE**

6/27/23

**PRESENTING CLINICAL SIGNS**

History: on going wt loss in last 3 months, owner reports great appetite, thickened loops of small intestine, palpable formed stool Current meds: Pet-tinic  
Abnormal PE/Chem/CBC/UA Results: FeLV - neg, t4 3.2, Free T4 2.3, Normal anem, borderline anemia, RBC 6.72, HCT 31.3, HGB 10.1, SDMA 19 UA: WNL with Caox crystals 1+, 1.015

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.65 cm and the right kidney measured 3.42 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.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**Liver**

The **liver** images submitted revealed subjectively normal liver contour and structure. The liver appeared mildly swollen. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. An anechoic cyst was noted in the left medial liver. 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.



**PATIENT**

**Gastrointestinal**

Cher Kaplow

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted with loss of mural detail. Mesenteric lymph node enlargement as well as splenic and pancreatic lymph node enlargement was noted. The mesenteric lymph node measured 3.6 x 1.8 cm. The lymph node was somewhat rounded and hypochoic.

**SPECIES**

Feline

**BREED**

**Pancreas**

Domestic Shorthair

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**

14 years

Multi-focal lymphadenopathy with variable intestinal thickening. Muscularis hypertrophy is a primary issue with the intestinal tract; however, submucosal layer is intact. Therefore, not completely meeting neoplastic criteria, yet I am strongly concerned for emerging intestinal round cell neoplasia.

**WEIGHT**

6.57 lbs

Early splenohepatic infiltrative disease is possible.

Age related renal changes.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the lymph nodes and spleen are indicated even though the spleen was normal in size it did have subtle, irregular contour present. FNA of the spleen, lymph nodes and liver are indicated. Inflammatory bowel with severe lymphadenitis/lymphadenopathy is possible, yet less likely. Round cell neoplasia and dry form FIP are the primary concerns.

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Summit Dog and Cat

**REFERRING VET**

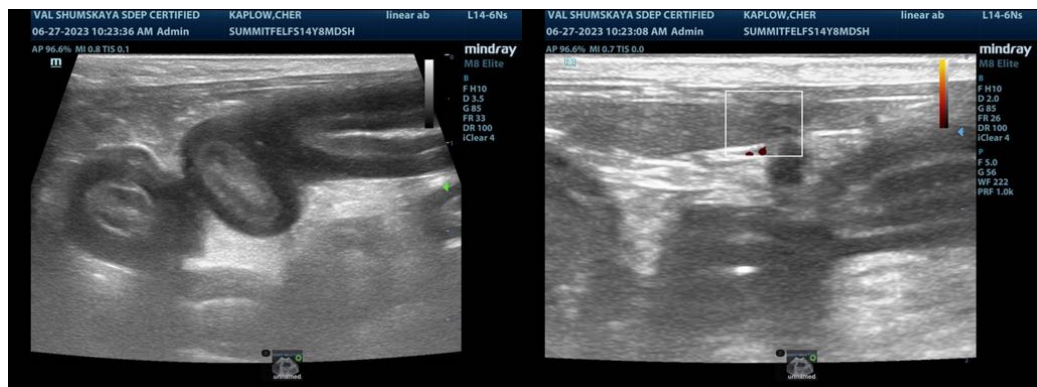
Dr. Lepkowski

**INVOICE**

44999

**DATE**

6/27/23





**PATIENT**

Cher Kaplow

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

6.57 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Summit Dog and Cat

**REFERRING VET**

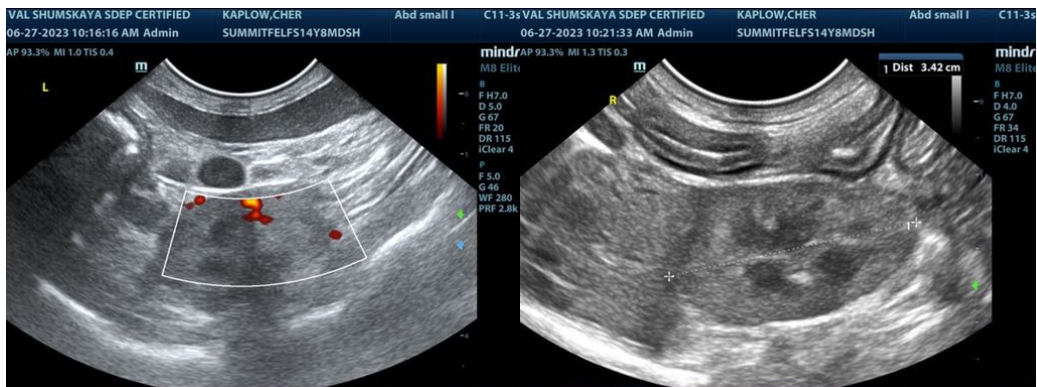
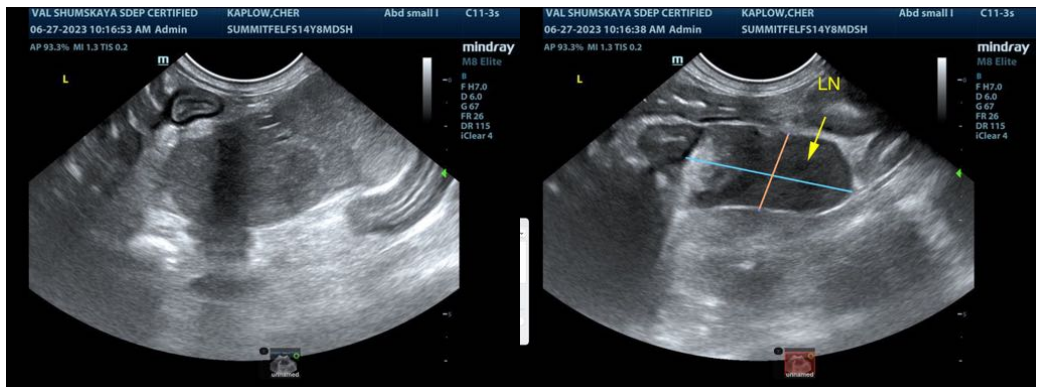
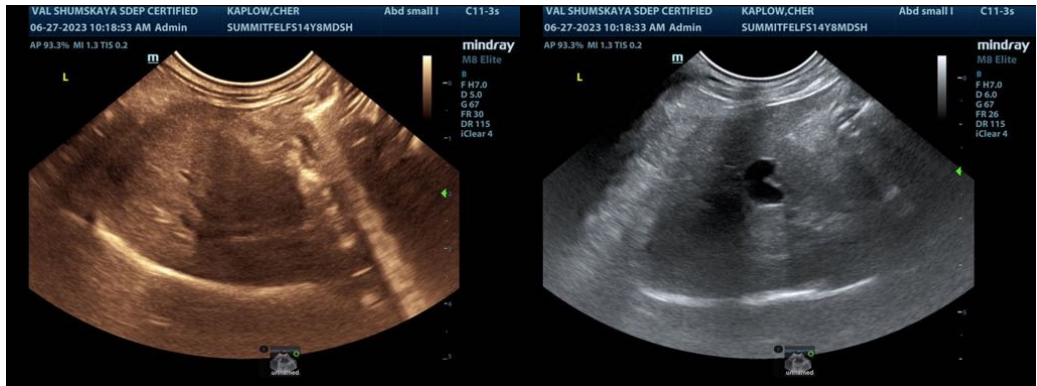
Dr. Lepkowski

**INVOICE**

44999

**DATE**

6/27/23





**PATIENT**

Cher Kaplow

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.

**SPECIES**

Feline

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.

**BREED**

Domestic Shorthair

Eric Lindquist, DMV, DABVP, Cert. IVUSS  
info@SonoPath.com

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

6.57 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Summit Dog and Cat

**REFERRING VET**

Dr. Lepkowski

**INVOICE**

44999

**DATE**

6/27/23