

PATIENT

Oliver Bellush

PRESENTING CLINICAL SIGNS

History: lethargic, decreased appetite, increased drinking
Abnormal PE/Chem/CBC/UA Results: WBV 21.12 with neutrophilia 19.3, Ca 8.4, Crea 0.2, TP 5.5; USPG >1.050

SPECIES

Feline

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.

BREED

Domestic Shorthair

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 3.87 cm. The right kidney measured 4.19 cm.

AGE

12 years

WEIGHT

9.2 lbs

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.45 cm. The right adrenal gland measured .04 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

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** was swollen and mildly irregular with slightly increased portal markings. The gallbladder and common bile duct were unremarkable.

INVOICE

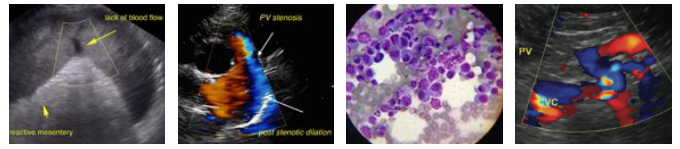
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DATE

7/5/22

Gastrointestinal

Examination of the **gastrointestinal tract** revealed multi-focal, infiltrative hypoechoic masses with undifferentiated tissue proliferation. Enhanced surrounding mesentery was noted.



PATIENT *Pancreas*

Oliver Bellush

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.

SPECIES

Feline

Free Abdomen

BREED

Domestic Shorthair

Regional free fluid was noted owing to lymphatic obstruction. This is likely paraneoplastic effusion. Regional lymphadenopathy was noted and the largest lymph node measured 2.5 cm. The lymph node was dramatically hypoechoic.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Multi-centric lymphoma pattern involving intestinal tract, lymph nodes and regional omentum.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor. FNA and immediate chemotherapeutic intervention is recommended. There is a potential for early hepatic involvement. This is not a surgical presentation.

WEIGHT

9.2 lbs

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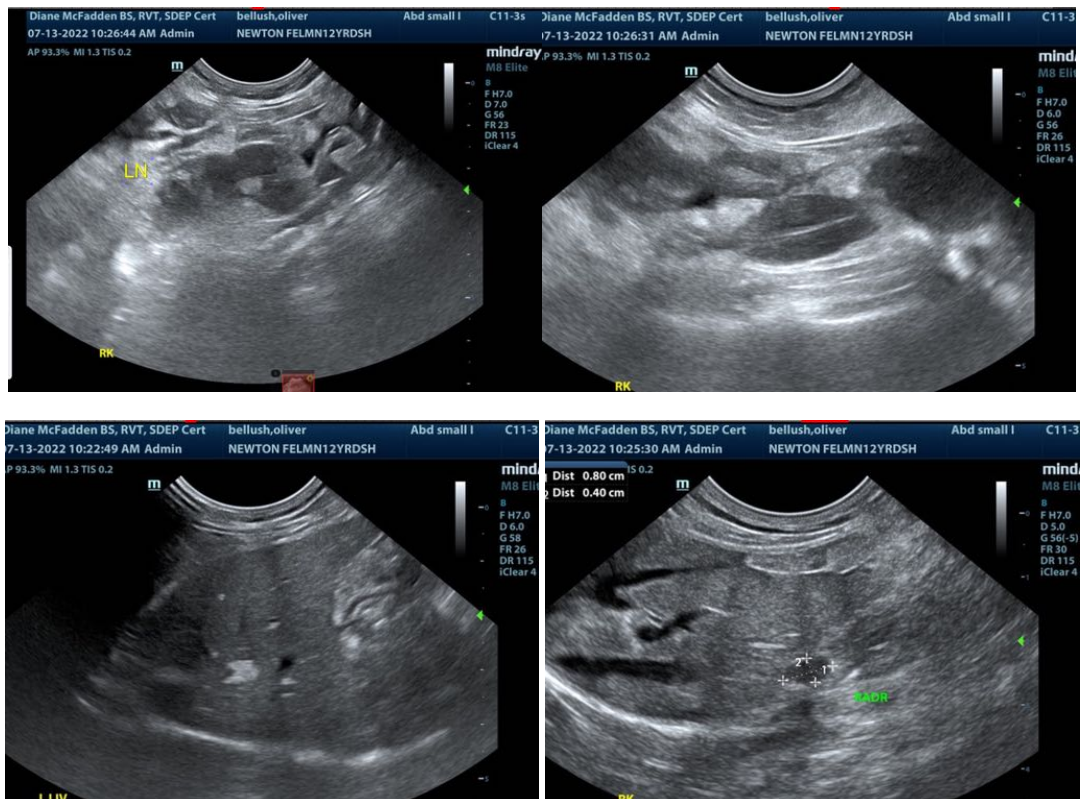
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PATIENT

Oliver Bellush

SPECIES

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BREED

Domestic Shorthair

SEX

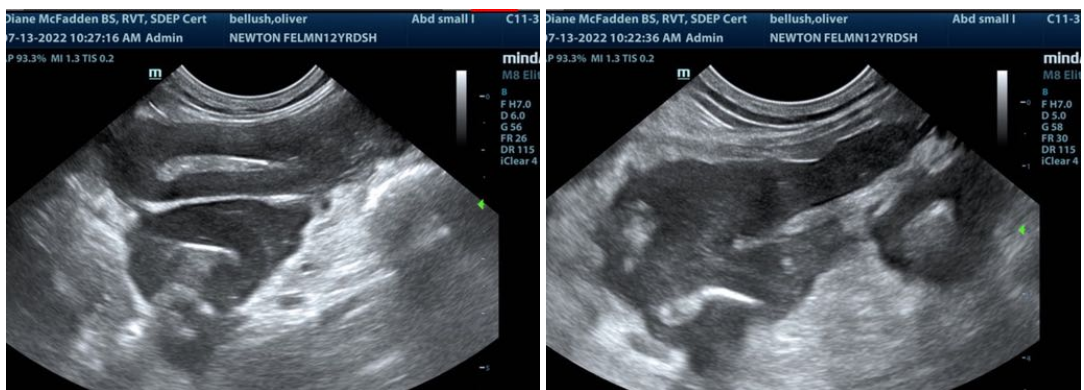
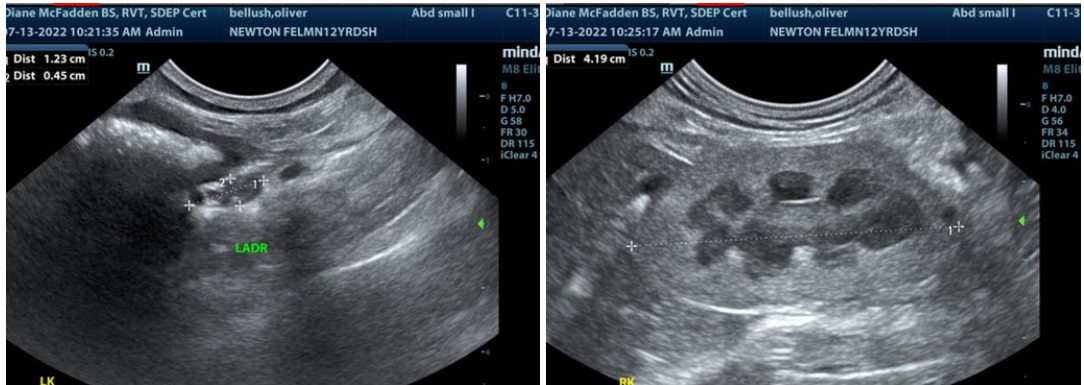
Neutered male

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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.

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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.

DATE

7/5/22

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