

PATIENT PRESENTING CLINICAL SIGNS

Peg Berman
Removed cutaneous MCT with high mitotic count; met check today with FNA of spleen and liver
Abnormal PE/Chem/CBC/UA Results: WNL

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

Spayed female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.83 cm.

AGE

3 years

WEIGHT

7.85 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 right adrenal gland measured 0.33 cm. The left adrenal gland measured 0.3 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING

PERFORMED BY

Diane McFadden, RVT

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. The spleen measured 0.76 cm.

HOSPITAL NAME

Vetco Total Care
Kinnelon

Liver

REFERRING VET

Dr. Eisenberg

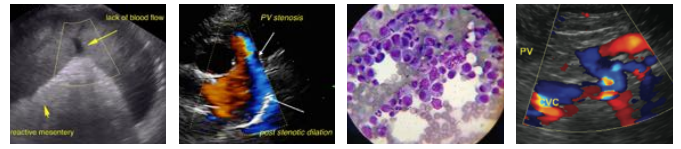
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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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8/17/23



PATIENT *Gastrointestinal*

Peg Berman The **stomach** was over distended with fluid. This is consistent with ileus or gastric irritation. The pylorus was patent with no evidence of pathology. The small intestines and colon were unremarkable.

SPECIES
Feline *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.

BREED

Domestic Shorthair

SEX *Free Abdomen*

Spayed female The iliac lymph nodes were mildly enlarged, hypoechoic and measured 2.3 x 0.77 cm. FNA of the lymph nodes are strongly encouraged given the patient's history.

AGE

3 years

ULTRASONOGRAPHIC FINDINGS

Iliac lymphadenopathy with gastric stasis/ileus. This may be secondary to mast cell degranulation.

WEIGHT

7.85 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the iliac lymph nodes are indicated. GI protectant protocol is indicated. The prognosis is guarded. Benadryl injection is recommended prior to sampling. Reactive lymphadenitis is also possible. Other round cell neoplasia is possible.

INTERPRETED BY

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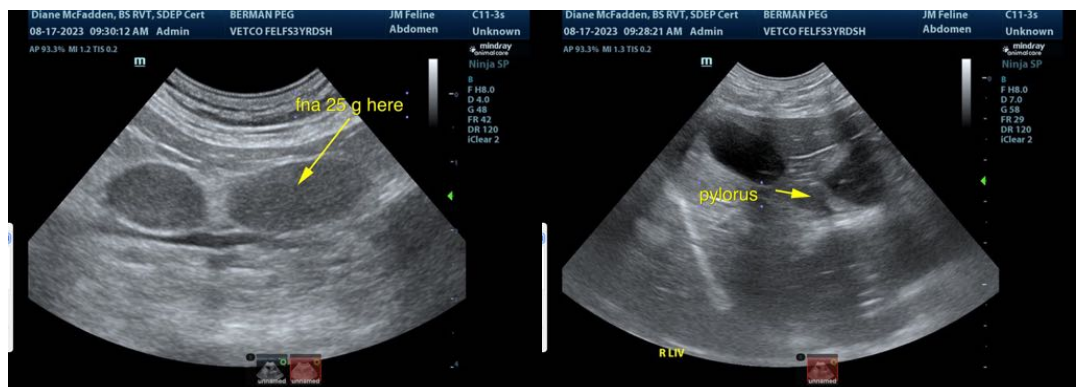
Dr. Eisenberg

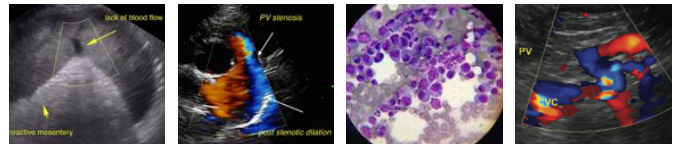
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SEX

Spayed female

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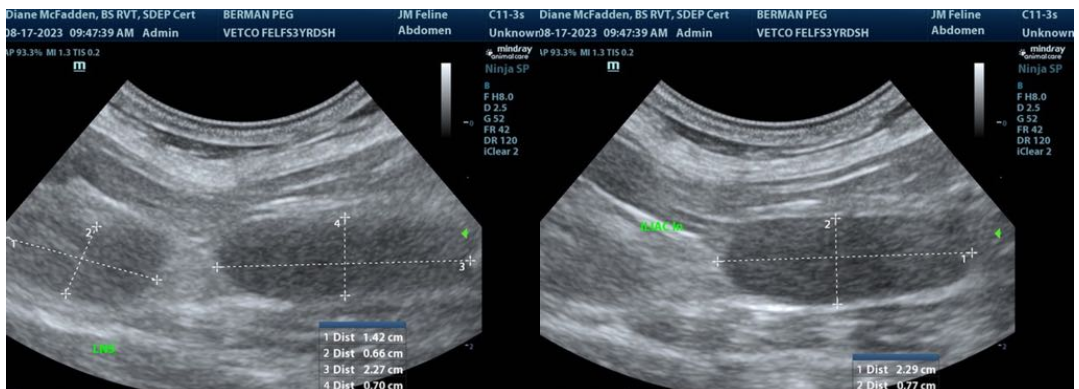
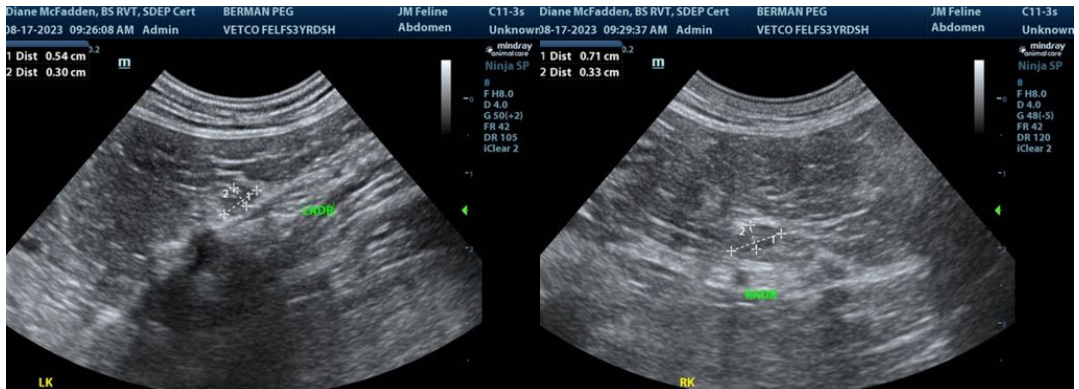
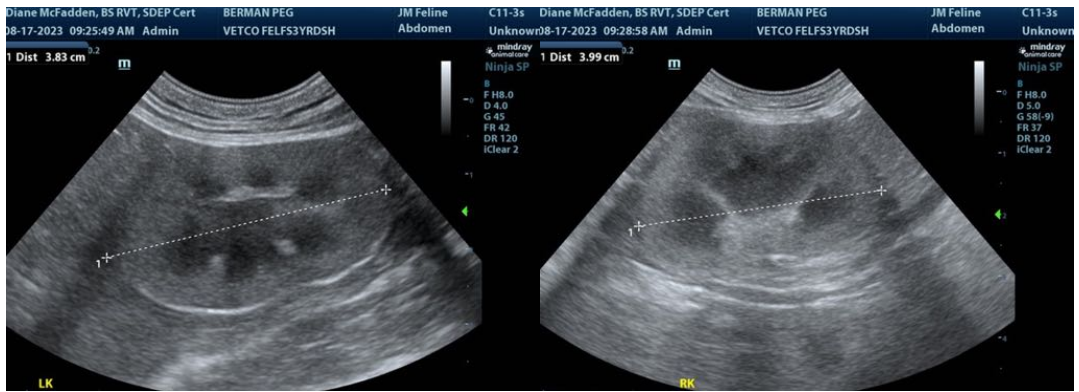
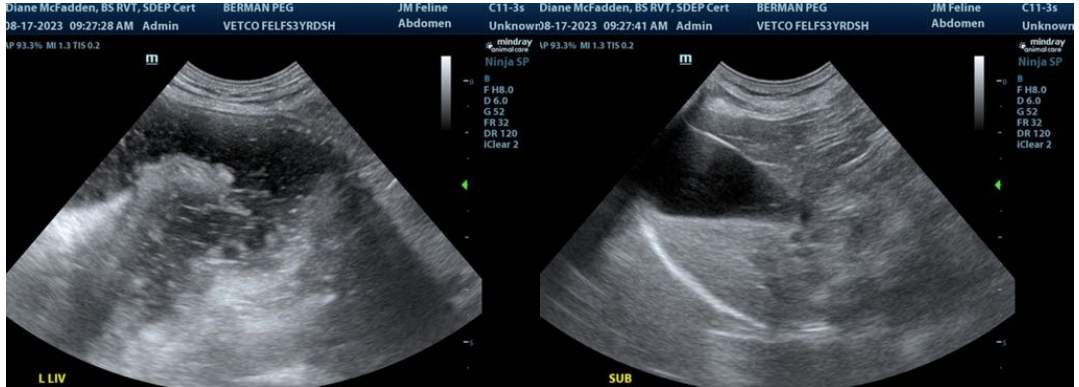
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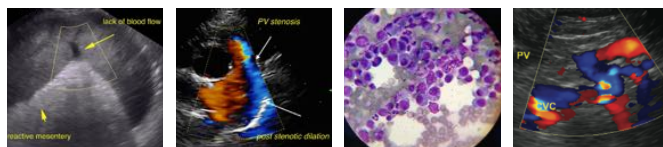
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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