**PATIENT**

Tim Lisicki

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

13.8 lbs

**INTERPRETED BY**Dr Brittany Sinclair,  
BVSc(hons), DACVECC**IMAGING PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Dr. Dyer

**INVOICE**

42557

**DATE**

2/6/23

**PRESENTING CLINICAL SIGNS**

History: Straining to defecate. No vomiting. Last BM yesterday. Not eating. On Laxatone and Amoxicillin.

Abnormal PE/Chem/CBC/UA Results: BW done at another hospital this week, but they're closed.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted. A small amount of scant free fluid was noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 4.06 cm. The left kidney measured 3.76 cm.

**Adrenal Glands**

The adrenal glands were not visualized.

**Spleen**

The spleen was diffusely enlarged with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma, slightly irregular capsule, with normal splenic vasculature with no signs of congestion or thrombosis. A solitary hyperechoic nodule was visualized. There was scant surrounding free fluid.

**Liver**

The liver is subjectively enlarged in size with rounding of lobes with hyperechoic somewhat coarse parenchymal appearance. No specific masses are visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. Surrounding small volume free fluid. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

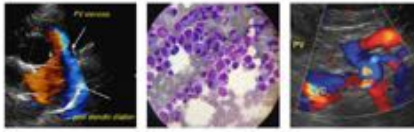
**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Section of small intestine, suspected to be jejunum, is severely thickened and diffusely hypoechoic measuring up to 1.3cm with complete obliteration of normal wall layering consistent with small intestinal mass. Surrounding severe lymphadenopathy\*

**IMAGING PERFORMED BY**

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svsimagingmi@gmail.com

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The other visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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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 and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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***Lymph Nodes*****AGE**

10 years

Two severely enlarged (3.2x2.1cm), rounded and hypoechoic mesenteric lymph nodes were visualized near the small intestinal mass.

**WEIGHT**

13.8 lbs

***Free Abdomen***

Scant to small volume free fluid in all quadrants

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**ULTRASONOGRAPHIC FINDINGS****Primary Findings****IMAGING PERFORMED BY**

Amy Mayhew LVT

1. Small intestinal mass, associated severe lymphadenopathy
2. Splenomegaly
3. Free fluid

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most concerning finding is the presence of the small intestinal mass and associated lymphadenopathy. The loss of wall layering and severe thickening is most consistent with a neoplastic process with lymphoma and carcinoma being top differentials. Splenomegaly is significant and raises the concern for round cell tumor such as lymphoma, though reactive or inflammatory changes are possible as well. The presence of free fluid in the face of small intestinal mass and reported abdominal pain during scan is most concerning for possible septic effusion. Reactive/inflammatory effusion (sterile peritonitis) remains a possibility. I recommend aspirating the spleen, lymph node and small intestinal mass or further differentiation. Attempt to aspirate free abdominal fluid and immediately evaluate microscopically for evidence of septic effusion, along with submission for cytology and culture is warranted as emergent abdominal exploratory surgery may be required. The likely source of septic effusion, if present, is leakage from the small intestinal mass. If effusion is too scant to get a sample, rehydration and subsequent repeat free fluid evaluations and continued attempted abdominocentesis is recommended.

**REFERRING VET**

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**INVOICE**

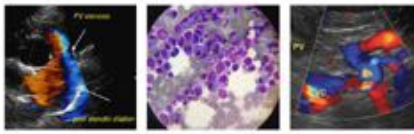
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**SonoPath**  
Clinical Sonography & Telecytology

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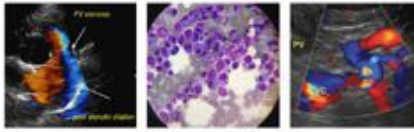
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC  
info@SonoPath.com