



**PATIENT**

Flower Reetz

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

15 years

**WEIGHT**

2.15 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

42577

**DATE**

1/9/23

**PRESENTING CLINICAL SIGNS**

History: Owners noticed bloody stools out of litter pan on 1/7/23 in AM then again in the AM of 1/8 and 1/9. Patient did have some formed stool this evening. Owner also noted a small amount of vomit today around 430pm on her walk. Patient has been losing weight and getting weaker over the past few days. Owner noted normal urination habits. Patient has been eating well during this episode. Owner informed that patient is hyperthyroid and has an adverse reaction to methimazole. Owner gives SQF, NaCl with B12, B6 and KCl added, gave 60mL today and 50mL yesterday. Feeds variety of wet food, poultry blends.

Abnormal PE/Chem/CBC/UA Results: \_Firm mass mid abdomen \_generalized muscle atrophy 2/9 BCS \_previous BW in november: Chem: Na 163 Anion gap 29 osmolality 246 T4: 9.7 CBC: WBC 21.5 Hct 41 Neut 19.958 plts 171 Today 1/10/23 CBC: HCT 17.4 WBC 53.96 Neut 49.05 mono 1.23 eos 0.01 EPOC: Na 148 K 4.1 cl 119 BUN 13 HCT 18 pH 7.433 CHEM17: CREA 0.4mg/dl BUN 11mg/dl Ca 7.7mg/dl ALB 2.1g/dl

**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.

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 right kidney measured 3.3 cm. The left kidney measured 4.0 cm.

**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.5 cm.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen measured 0.5 cm in width.

**Liver**

The **liver** revealed coarse architecture and increased portal markings with multi-focal nodular changes throughout the liver. There is a strong concern for metastatic disease. The gallbladder was edematous and the cystic duct was tortuous.



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**Gastrointestinal**

Flower Reetz

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The small intestine revealed a mass that measured 2.8 x 4.3 cm with reactive surrounding mesentery. The mass appears to be in the ileocecal region. Focal areas of mineralization and regional free fluid was noted.

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**Pancreas**

**BREED**

Domestic Shorthair

The **pancreas** revealed heterogenous parenchymal changes in the right limb and right base.

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**ULTRASONOGRAPHIC FINDINGS**

Intestinal mass with undefined hepatic nodular changes. The hepatic nodular changes are strongly suggestive for metastatic disease.

**AGE**

15 years

Free fluid. This is likely owing to lymphatic obstruction.

Minor concurrent pancreatitis is likely.

**WEIGHT**

2.15 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the intestinal mass and liver is recommended. I suspect carcinoma versus lymphoma. FNA is indicated for further definition. Chest radiographs are indicated to assess for comorbidities.

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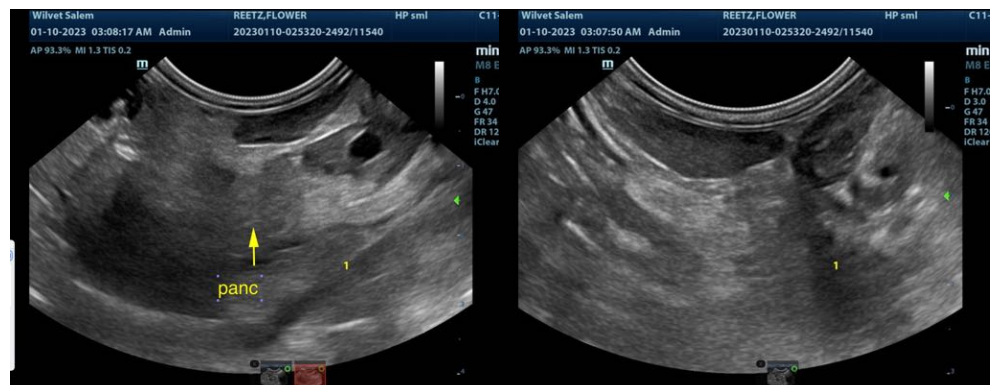
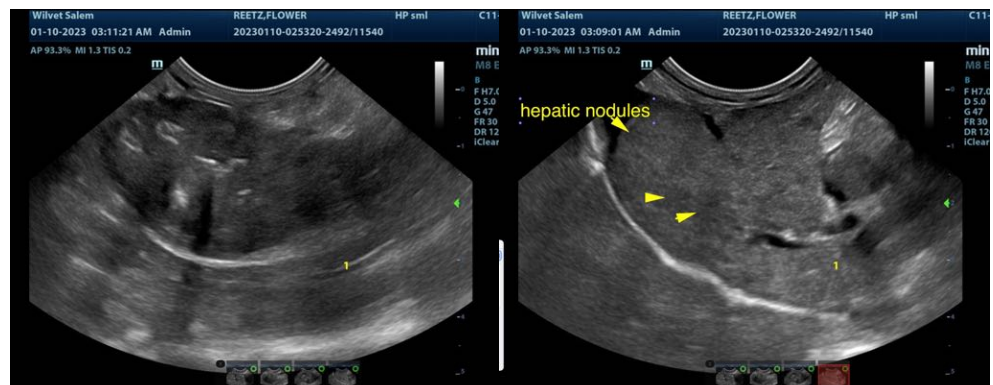
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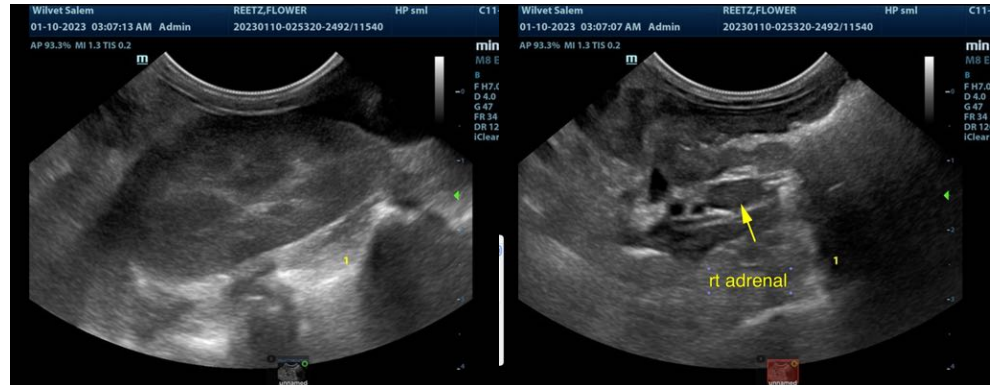
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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