



PATIENT

Binx Whittaker

PRESENTING CLINICAL SIGNS

Weight loss
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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 were noted. Ureteral papillae were normal.

SEX

Neutered Male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.3 cm. The left kidney measured 3.78 cm.

AGE

11 Years

Adrenal Glands

WEIGHT

7.5 Pounds

The regions of the **adrenal glands** were unremarkable.

Spleen

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

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Liver

The **liver** presented coarse architecture. The gallbladder and common bile duct were unremarkable. Mild increased portal markings noted.

Gastrointestinal

IMAGING PERFORMED BY

Dr. Rodriguez

Examination of the **gastrointestinal tract** revealed variable areas of distal small intestinal thickening up to 0.45 cm with loss of mural detail. Minor regional lymphadenopathy present. Variable intestinal thickening noted throughout the GI Tract. Slight areas of free fluid noted. A mesenteric lymph node was enlarged at 1.7 cm, hypoechoic, rounded and undifferentiated.

HOSPITAL NAME

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

REFERRING VET

Dr. Rodriguez

ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with variable intestinal thickening and regional lymphadenopathy

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35120

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

1/27/22

FNA of the lymph node with cytology indicated. FNA of the intestinal mass could be attempted, yet may be difficult exteriorize. Otherwise, exploratory surgery with resection and anastomosis of the affected



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portion of intestine and lymph node biopsy would be indicated. The slight free fluid is likely owing to lymphatic obstruction. Suspect intestinal/lymph node based lymphoma.

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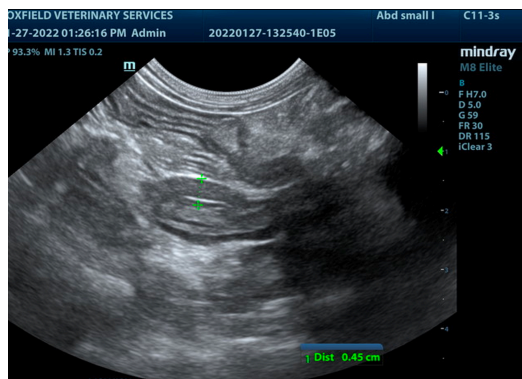
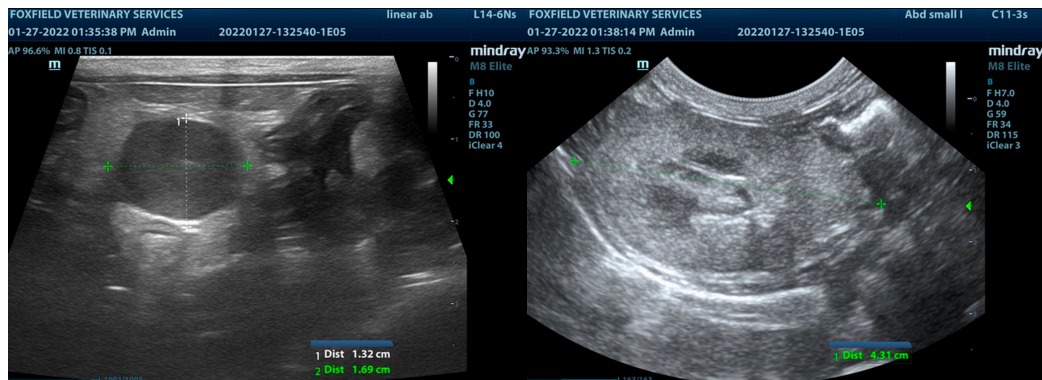
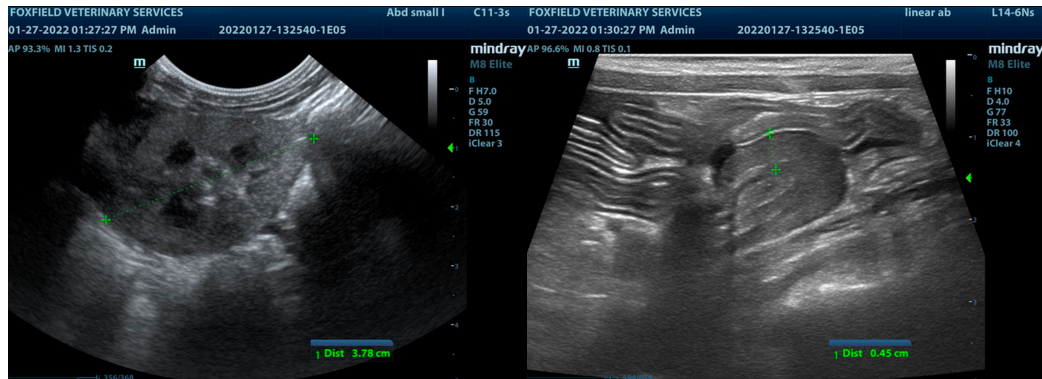
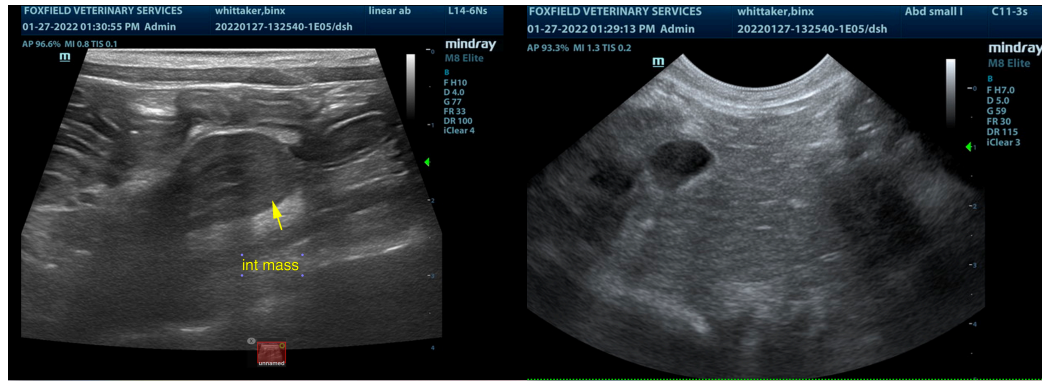
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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