



PATIENT

Obi Chicas

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

11 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho-Ho-Kus VH

REFERRING VET

Dr. Scott

INVOICE

33936

DATE

1/3/22

PRESENTING CLINICAL SIGNS

Hx of IBD diagnosed September 2020 and elevated folate- was doing well on duck and rabbit food- recently has had a decreased appetite which has severely worsened will eat and then vomit tried a short course but pred but no improvement

Abnormal PE/Chem/CBC/UA Results: PE- very dehydrated

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 were noted. Ureteral papillae were normal.

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 kidneys measured 3.0 cm each.

Adrenal Glands

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

Spleen

The **spleen** presented subtle micronodular changes with scalloping contour. Upper limits of normal in width at 1.0 cm.

Liver

The **liver** was swollen with increased portal markings. The gallbladder was empty to collapsed and mildly deviated. Swollen, irregular contour noted in the liver.

Gastrointestinal & Pancreas

The **stomach** itself was unremarkable. Variable intestinal thickening noted with loss of mural detail, much more dramatic than the prior sonogram. Reactive mesentery noted as well. The intestinal thickening was multifocal to diffuse, not surgically resectable. An overt mixed hypoechoic intestinal mass was noted. Ultrasound guided FNA warranted. The mass measured approximately 3.0 cm x 4.0 cm. Reactive mesentery noted throughout the cranial abdomen, associated with the GI tract and extending to the pancreas. Secondary pancreatic inflammation noted.

Free Abdomen

Multifocal lymphadenopathy noted, measuring up to 3.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Multicentric intestinal and lymph node based lymphoma with probable splenic and hepatic involvement



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph nodes, intestinal mass and liver all indicated. Lymphoma or other round cell neoplasia suspected.

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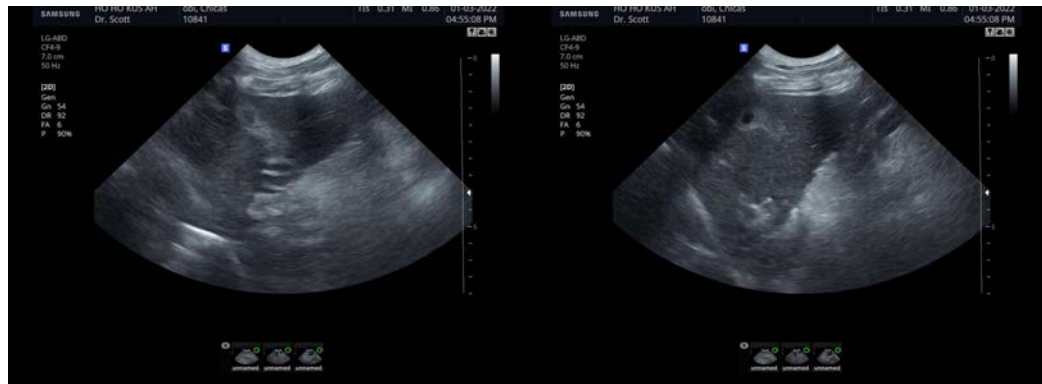
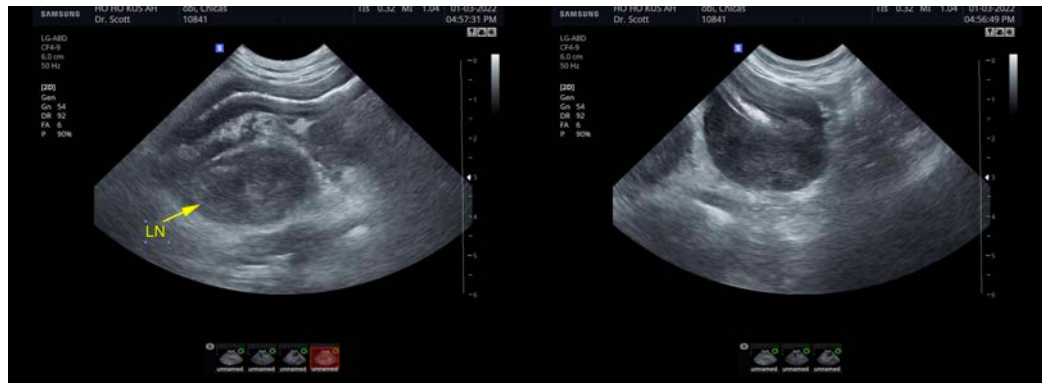
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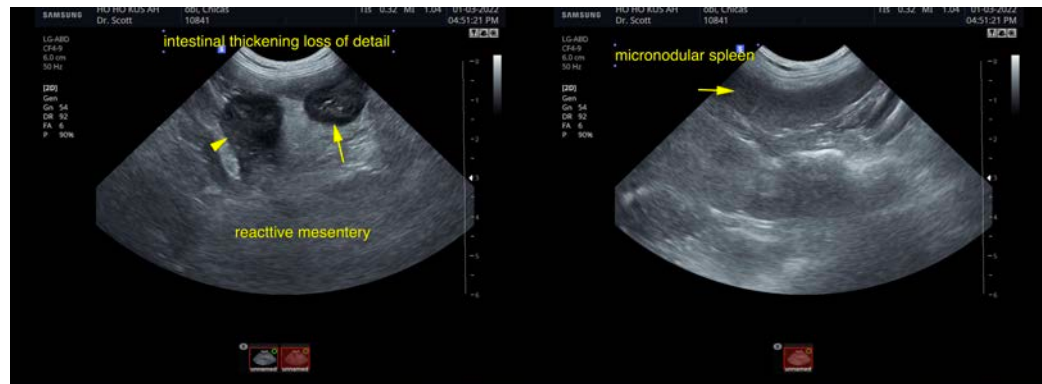
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com