



PATIENT

Cochise Allen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.0 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Baum, LVT

HOSPITAL NAME

Brunswick Vet Hospital

REFERRING VET

Dr. Heather Burrows

INVOICE

44013

DATE

1/5/23

PRESENTING CLINICAL SIGNS

Anorexia and losing weight. Appetite waxes and wanes. Chem is normal. CBC shows high WBC cell count, which goes away with abx, but comes right back. Has been on going for 3 months.

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 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 3.9 cm. The left kidney measured 3.18 cm.

Adrenal Glands

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

Spleen

The **spleen** was visualized in part obliquely. Mildly enlarged at approximately 1.3 cm.

Liver

The **liver** presented a passive congestion pattern. Minor coarse architecture noted. Dilated hepatic veins noted. The gallbladder was mildly echogenic.

Pleural effusion noted through the diaphragm.

Gastrointestinal

The **stomach** was empty. An intestinal mass was noted in this patient with variable infiltrative intestinal pattern. Widest point of the intestinal mass measured 1.5 cm. Enhanced surrounding mesentery noted.

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.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative intestinal pattern with intestinal mass
- Age related renal changes
- Passive congestion liver pattern
- Mildly enlarged spleen
- Pancreatic remodeling
- Pleural effusion



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytospin warranted. FNA of the intestinal mass could be considered. Strong concern for lymphoma. Prognosis is guarded to poor.

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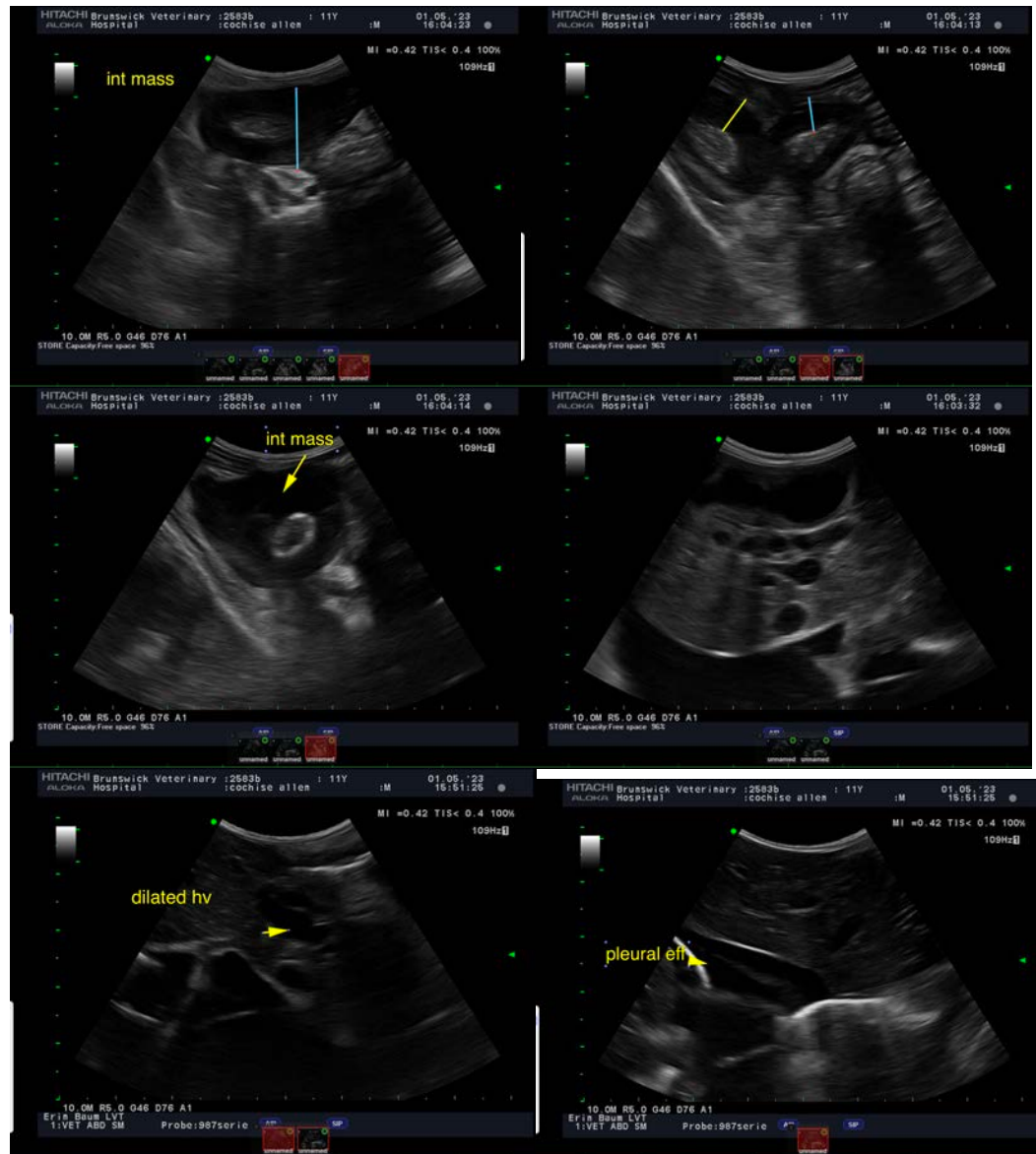
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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