



PATIENT

Forrest Bellamy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

16.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

Dr. Rodriguez

INVOICE

26183

DATE

10/11/21

PRESENTING CLINICAL SIGNS

Presented for decreased appetite since friday when O suspect he ate a piece of ribbon
Abnormal PE/Chem/CBC/UA Results: SDMA: 78, Creat too high to read, BUN: 53, Phos: 9.4, GGT: 6, Tbili: 2.2, Chol: 55T4<<0.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** were mildly irregular with some loss of mural detail and enhanced surrounding mesentery. Regional free fluid noted.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.4 cm. the let adrenal gland measured 0.57 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.04 cm.

Liver

The **liver** was swollen, hypoechoic and irregular. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** revealed a concentric mixed hypoechoic mass with wall thickness of 1.3 cm and a separate undifferentiated hypoechoic mass measuring 5.0 cm. Variable intestinal masses noted with diffuse intestinal thickening. Regional inflammation was noted throughout the mid abdomen. Regional lymphadenopathy noted up to 1.58 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Other

Pleural effusion was noted through the diaphragm.



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ULTRASONOGRAPHIC FINDINGS

- Multicentric aggressive round cell neoplasia/lymphoma involving intestinal masses, lymph nodes, liver, likely spleen, likely kidney

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of any of the reported organs and immediate chemotherapeutic intervention recommended. Prognosis is poor. This is a particularly aggressive presentation.

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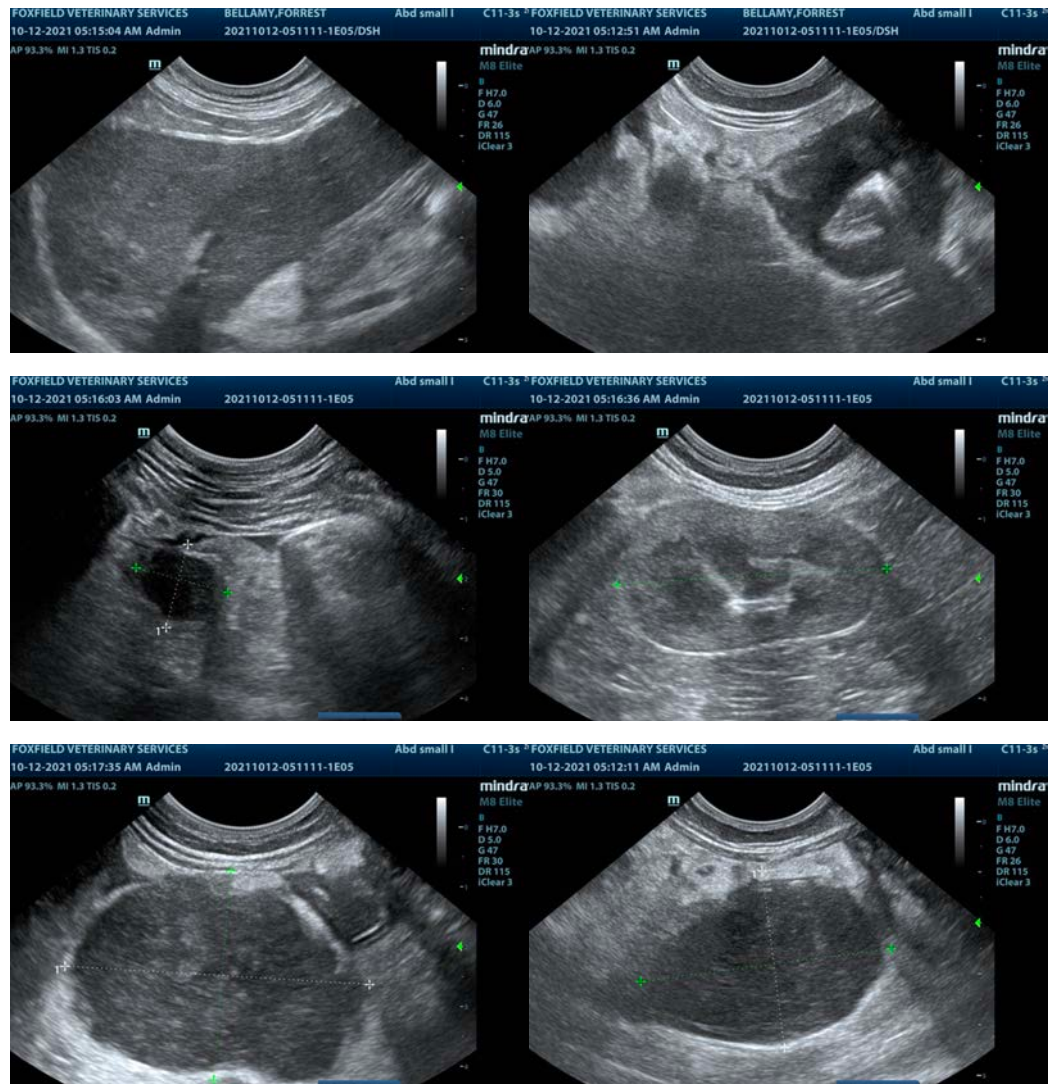
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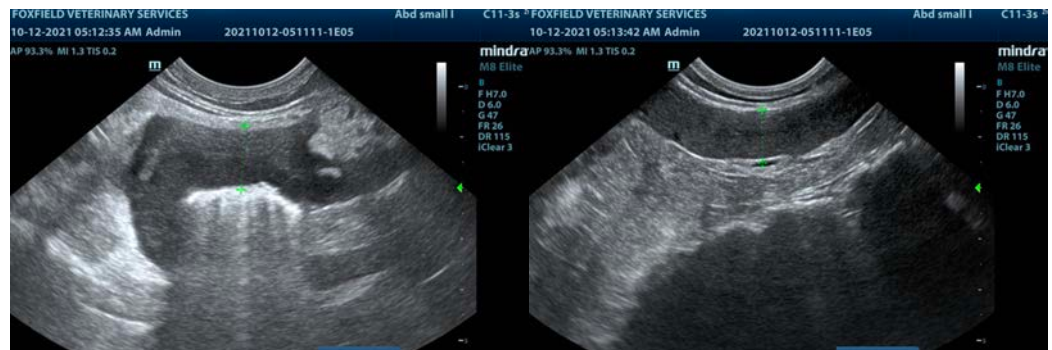
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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