



**PATIENT**

Misty Soucy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Franklin Lakes AH

**REFERRING VET**

Dr. Kozak

**INVOICE**

13709

**DATE**

10-12-21

**PRESENTING CLINICAL SIGNS**

History: Recheck of possible intestinal lymphoma/had U/S on 8/4/21/Hx of triaditis. Area of bowel appeared to have less of layering and one area may have mass.

**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 4.9 cm. The left kidney measured 4.9 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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.

**Liver**

The **liver** was enlarged, irregular and heterogenous with swollen scalloping contour, increased portal markings and multifocal nodular changes. Localized free fluid was present. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastrointestinal tract** revealed variable thickening with areas of loss of detail with a focal infiltrative mass measuring 4.0 cm x 1.13 cm in the jejunum.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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.

**Free Abdomen**



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The mesenteric lymph nodes were enlarged, irregular and hypoechoic with loss of structural detail, measuring 3.11 cm.

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**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- Multicentric round cell neoplasia, escape from remission
- Age-related renal changes
- Scalloping spleen

Feline

**BREED**

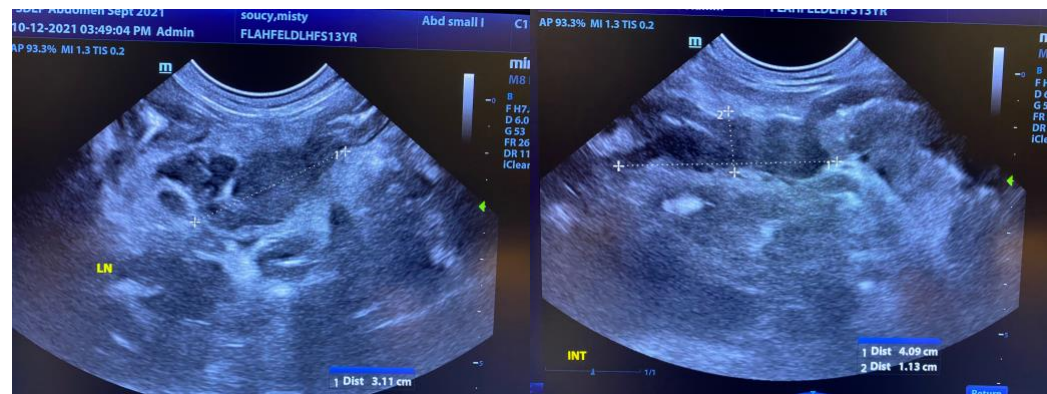
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

DSH

Infiltrative pattern, intestine, lymph nodes and liver.

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Spayed Female



**AGE**

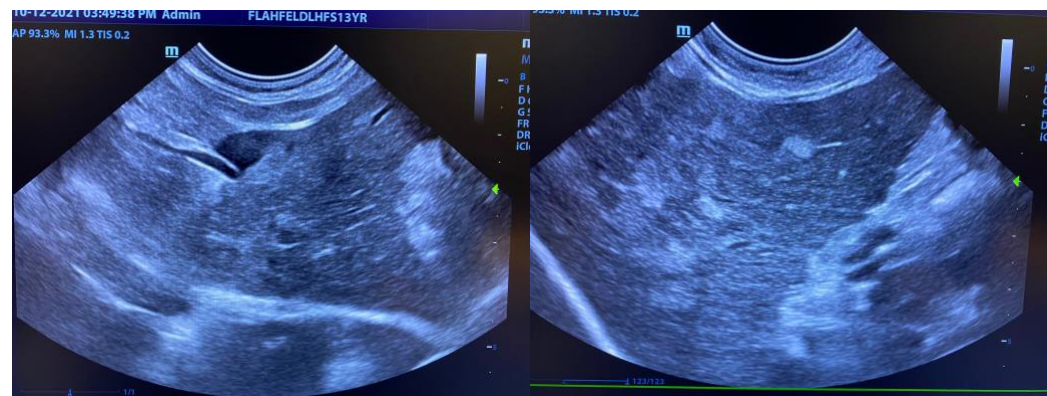
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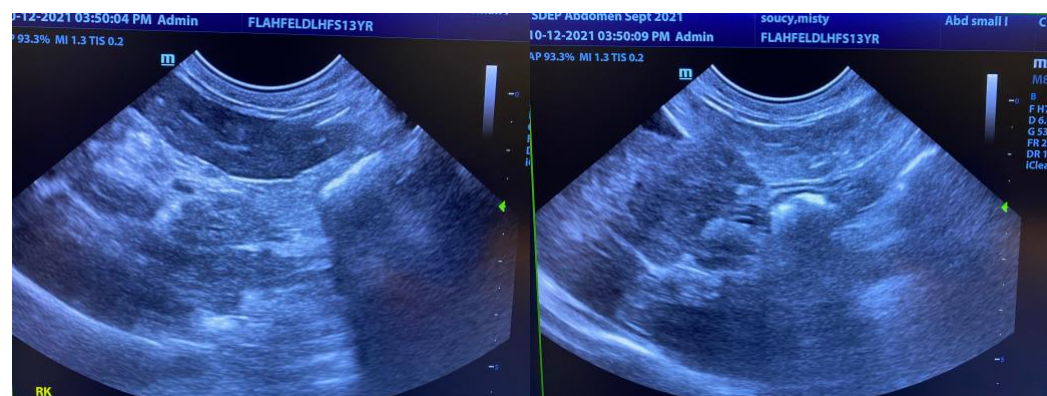


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The information and recommendations provided are based on the images presented by the



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**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.

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

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