



**PATIENT**

Bobcat Reed

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

4.55 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Donna Markland, DVM

**HOSPITAL NAME**

Island Mobile VS

**REFERRING VET**

Central Island VEC

**INVOICE**

17744

**DATE**

10/16/22

**PRESENTING CLINICAL SIGNS**

History: Presented to emergency on October 15th for 2 day history of hiding and hyporexia and vomiting. Bobcat has a history of vomiting hairballs prior to this, but no hairballs noted. PE was unremarkable. Anemia, elevated SDMA, and lower usg noted. Brief ultrasound examine showed irregular kidneys. Abdominal radiographs did not show obstructive pattern (attached) Hospitalized on 2 x maintenance fluids, 1 mg/kg cerenia q 24 hr, and pantoprazole, 0.7 mg/kg IV SID FNA samples taken from both kidneys and IC junction following this scan. Sedated with dexdomitor and butorphanol for exam.

Abnormal PE/Chem/CBC/UA Results: October 15, 2022: HCT=28 (30.3-52.3) SDMA=28 (0-14) (normal creat and urea) usg=1.032 with no bacteria and 30 mg/dL protein

**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** were swollen and irregular with patchy cortical changes with slight subcapsular halo. The left kidney measured 4.94 cm. The right kidney measured 4.54 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, up to 1.0 cm. 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 4.83 cm.

**Liver**

The **liver** revealed multifocal hypoechoic nodular changes and irregular contour. The gallbladder and common bile duct were unremarkable. Hepatic lymph nodes were enlarged and nodular, measuring up to 1.0 cm x 0.5 cm.

**Gastrointestinal**

The **stomach** itself was unremarkable. Variable intestinal thickening was noted with reactive surrounding omentum. An intestinal mass was noted, appeared to be in the proximal colon, just past the ileocecal junction- ultrasound guided FNA is indicated.

**Pancreas**



**PATIENT**

Bobcat Reed

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.

**SPECIES**

Feline

**Free Abdomen**

Minor areas of **free fluid** were noted. Regional mesenteric lymph nodes are enlarged.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Ileocecal junction mass, likely primary colon
- Strong concern for splenic, renal and hepatic involvement
- Scalloping contour to the spleen
- Swollen irregular kidneys with subcapsular halo
- Hypoechoic nodular changes in the liver
- Free fluid
- Hepatic and mesenteric lymph node enlargement

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the colonic mass, kidney and liver is indicated. Given the SDMA elevation and multifocal infiltrative patterns, multicentric lymphoma is suspected. The SDMA elevation is likely paraneoplastic in manifestation.

**WEIGHT**

4.55 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Donna Markland, DVM

**HOSPITAL NAME**

Island Mobile VS

**REFERRING VET**

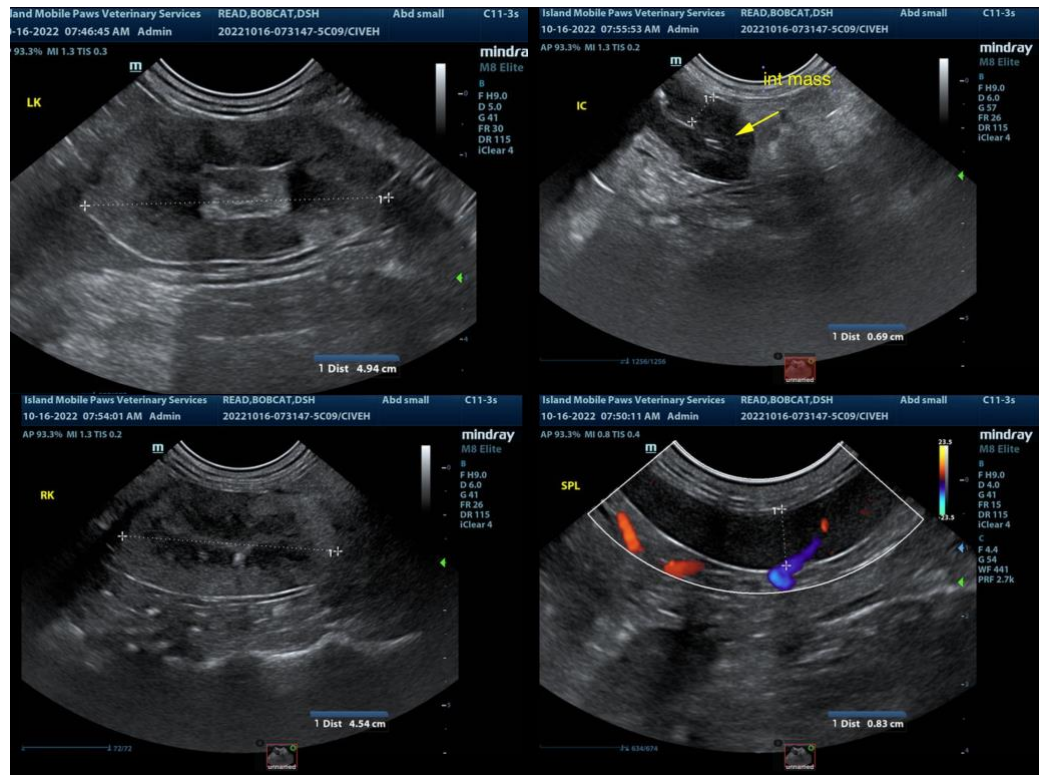
Central Island VEC

**INVOICE**

17744

**DATE**

10/16/22





**PATIENT**

Bobcat Reed

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

4.55 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Donna Markland, DVM

**HOSPITAL NAME**

Island Mobile VS

**REFERRING VET**

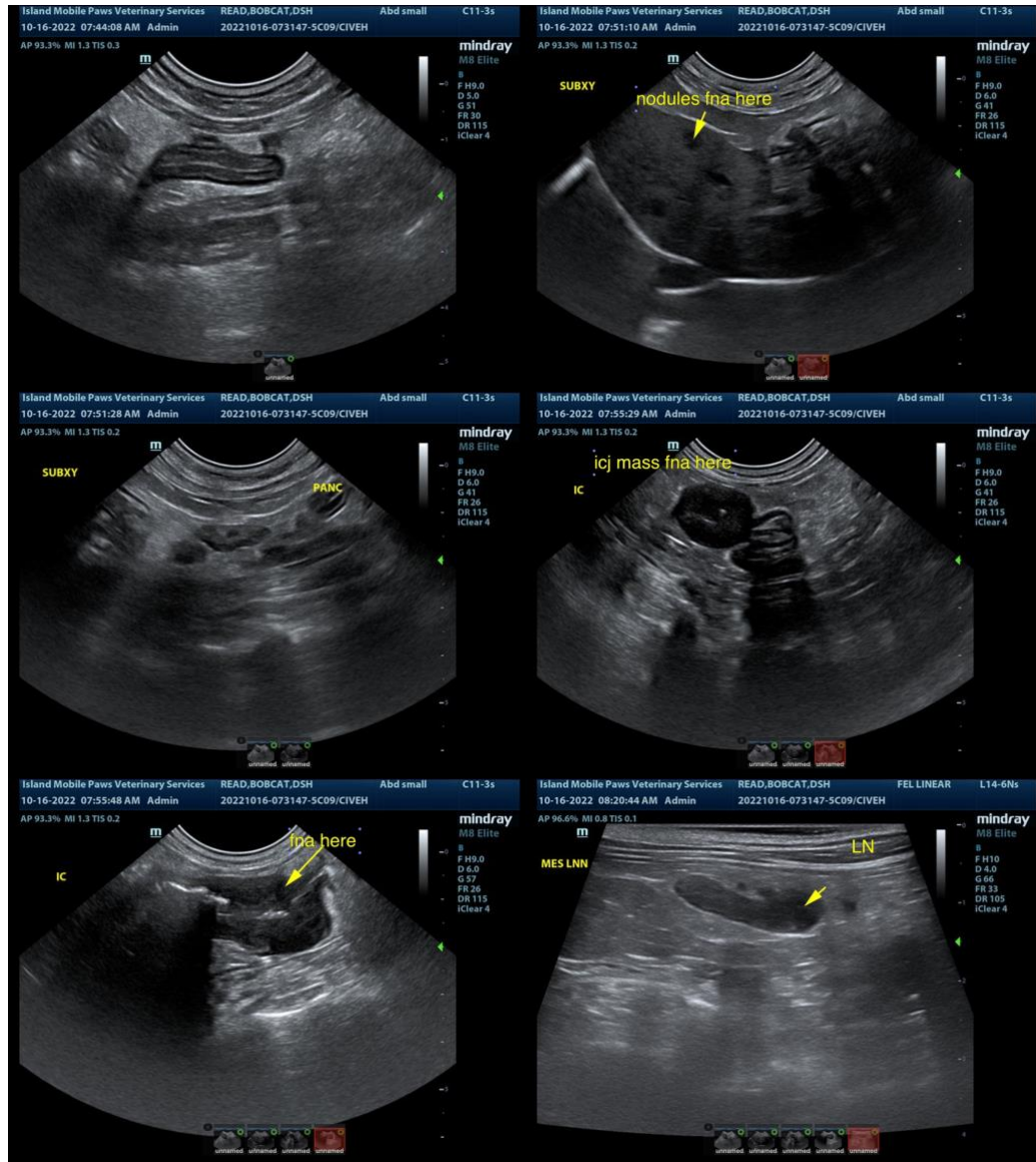
Central Island VEC

**INVOICE**

17744

**DATE**

10/16/22



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