



PATIENT

Petrice Labelle

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Desen Ertunc

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Desen Ertunc

INVOICE

42209

DATE

10/19/22

PRESENTING CLINICAL SIGNS

Progressive weight loss and hyporexia with intermittent vomiting & diarrhea. Suspected chronic IBD.

Abnormal PE/Chem/CBC/UA Results: PE- BCS 3/9. ~3-4 cm smooth spherical mass palpated mid-abdomen. CBC/Chem/T4 primarily WNL spec cPL = 13.3 (<4 elevated) U/A: U.S.G. = 1.024, inactive sediment Cytology of intestinal mass pending

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 approximately 3.5 cm each.

Adrenal Glands

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

Spleen

The **spleen** was mildly enlarged (up to 1.2 cm) 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 swollen and irregular. Slight free fluid noted between the liver lobes. The gallbladder was unremarkable.

Gastrointestinal

Moderate amount of **gastric** stasis present. Variable intestinal thickening noted up to 1.6 cm. An intestinal mass was noted (approximately 4.0 cm) that appeared to be driving from the jejunum with complete loss of mural detail. The mass is partially obstructive. Enhanced surrounding mesentery noted. Free fluid noted in the caudal abdomen.

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.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with free fluid and probable splenic and hepatic involvement
- Gastric stasis



PATIENT

- Age related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestine, spleen, and liver recommended. Multifocal lymphoma likely.

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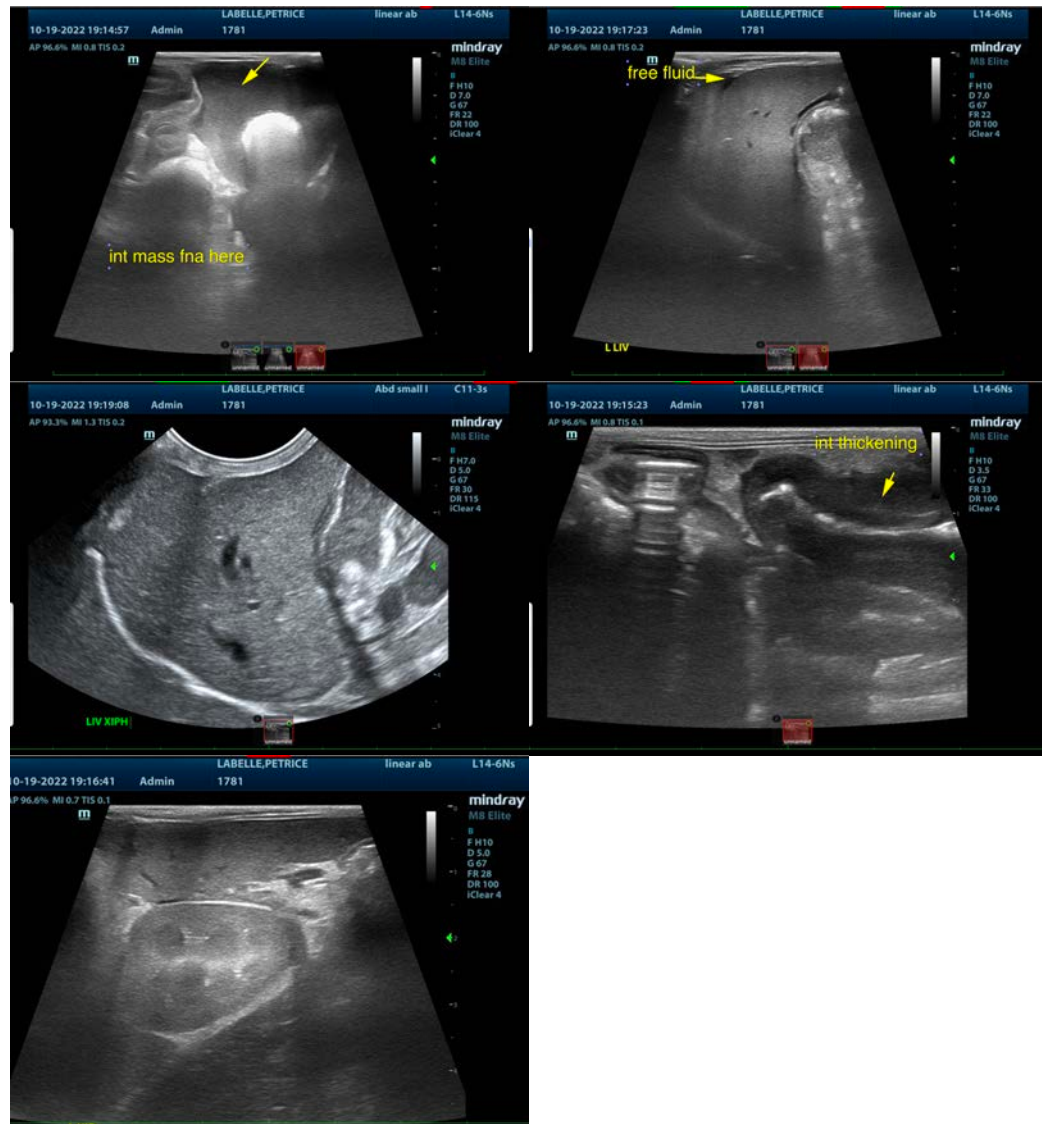
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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