



**PATIENT**

Nittany Bogdanski

**PRESENTING CLINICAL SIGNS**

History: Chronic fetid vomit  
Abnormal PE/Chem/CBC/UA Results: WNL

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

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 was noted. Ureteral papillae were normal.

**SEX**

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.79 cm. The left kidney measured 3.75 cm.

**AGE**

11 years

**WEIGHT**

7.4 lbs

**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 0.57 cm. The left adrenal gland measured 0.45 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Rodriguez

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**HOSPITAL NAME**

Foxfield

**REFERRING VET**

Dr. Rodriguez

**Liver**

The **liver** revealed coarse architecture with mildly increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. The mesenteric lymph nodes are slightly enlarged.

**INVOICE**

92633

**DATE**

10/26/21



**PATIENT**

**Gastrointestinal**

Nittany Bogdanski

The **stomach** was empty. Variable intestinal thickening was noted with a small intestinal mass. The mass extended for approximately 3.0 cm and appears to be jejunal. This is the only region that meets neoplastic criteria. It measured approximately 1.5 cm in maximum width x 4-6 cm of tapering thickening. Some stasis was noted. The mass is partially obstructive. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Feline

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**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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SEX**

Spayed Female

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

Small intestinal mass with diffuse intestinal thickening.

**WEIGHT**

7.4 lbs

Soft stool noted in the colon.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Inflammatory bowel with a focal, emerging round cell neoplasia is likely in this patient. Complicated inflammatory bowel causing a neoplastic type lesion is possible, yet less likely. Surgical intervention with resection and anastomosis can be considered. However, the majority of the bowel is not overtly healthy and appears abnormal. However, only one areas appears to have neoplastic criteria. Ultrasound-guided FNA of the lesion can be considered. However, it may not exfoliate adequately. The remainder of the abdomen revealed expected changes for this age patient. Guarded prognosis. Three view chest radiographs are warranted to assess for metastatic disease. Intestinal neoplasia such as lymphoma is suspected; however, a definitive diagnosis depends upon the area sampled.

**IMAGING PERFORMED BY**

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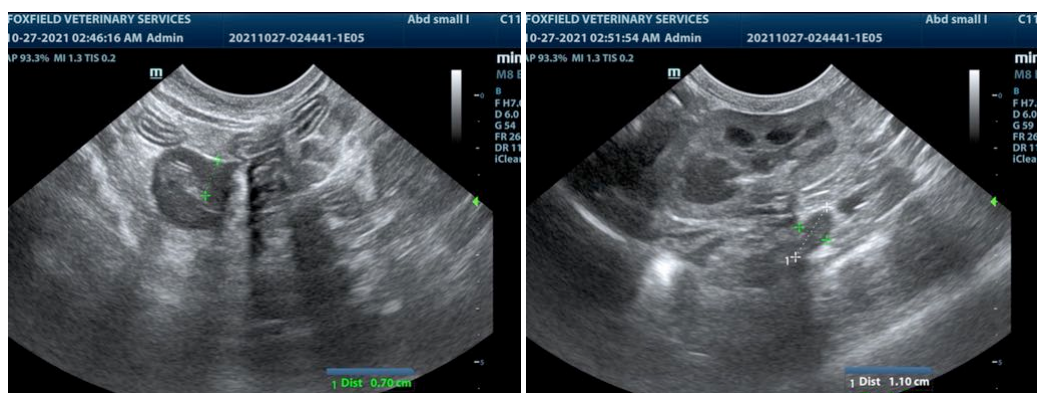
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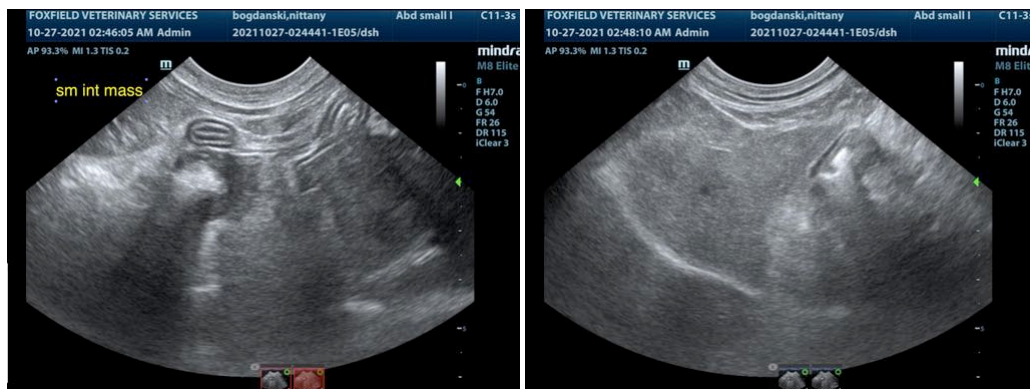
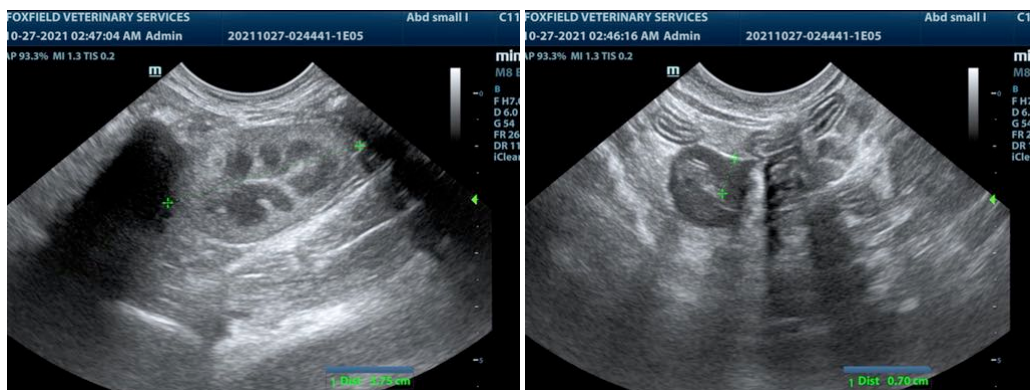
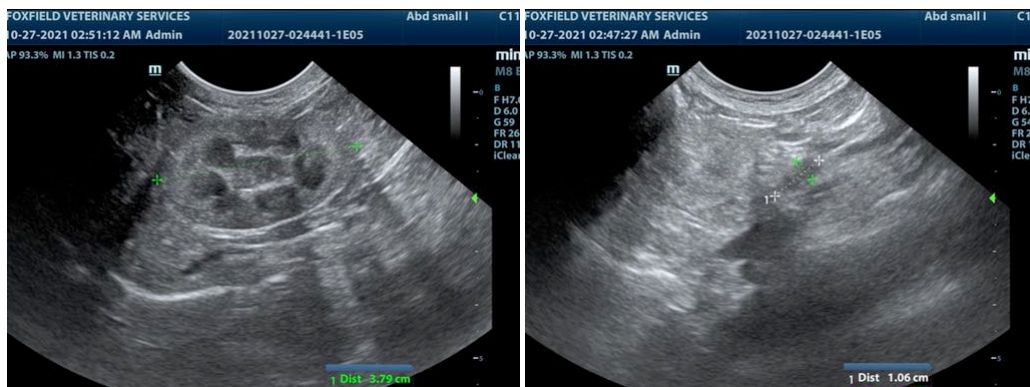
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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.

**BREED**

Domestic Shorthair

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

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Spayed Female

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