



PATIENT

Diva Tocci

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Norman/Dr. Fortin

INVOICE

42356

DATE

10/26/22

PRESENTING CLINICAL SIGNS

Emaciated, anemic with fleas, vomiting. FNA done of GI mass.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 1/9 with muscle wasting, distended abdomen with palpable enlarged colon. RADS: extremely distended colon, +/- SI. Visible acute narrowing in colon or SI on lateral, ventral to spine mid-lumbar region. BW: Hct 23%, Retics 20,852. WBC 26k, Mono 1.1k. Alb 2.2. USG 1.044

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 left kidney measured 3.07 cm. The right kidney measured 3.48 cm.

Adrenal Glands

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

Spleen

The **spleen** presented subtle micronodular changes, yet normal size at 0.68 cm.

Liver

The **liver** was slightly coarse in architecture with hypoechoic nodules, non-disruptive, however may represent metastatic disease. Slight areas of free fluid noted. The gallbladder was unremarkable.

Gastrointestinal

The **ileocecocolic junction** revealed a 2.0 cm mixed echogenic mass that expanded into a 4.0 cm mass occupying small and large intestine with an obstructive pattern with a large amount of echogenic material that appeared to extend cranially to the transverse colon. Regional inflammation noted with a positive murphy sign. Mineralization of the intestinal mass also noted. Free fluid noted. The undifferentiated nature of the pathology did not allow for exact localization of the mass. However, it appears to be ileocecal junction or colonic with obstructed stool. The upper gastrointestinal tract was empty yet deviated by the obstructive intestinal luminal material.

Pancreas

The **pancreas** was hypoechoic with undulating parenchyma.

ULTRASONOGRAPHIC FINDINGS

- Strictureing intestinal mass
- Nodular splenic and hepatic changes
- Hypoechoic pancreas
- Age related renal changes



PATIENT

Diva Tocci

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

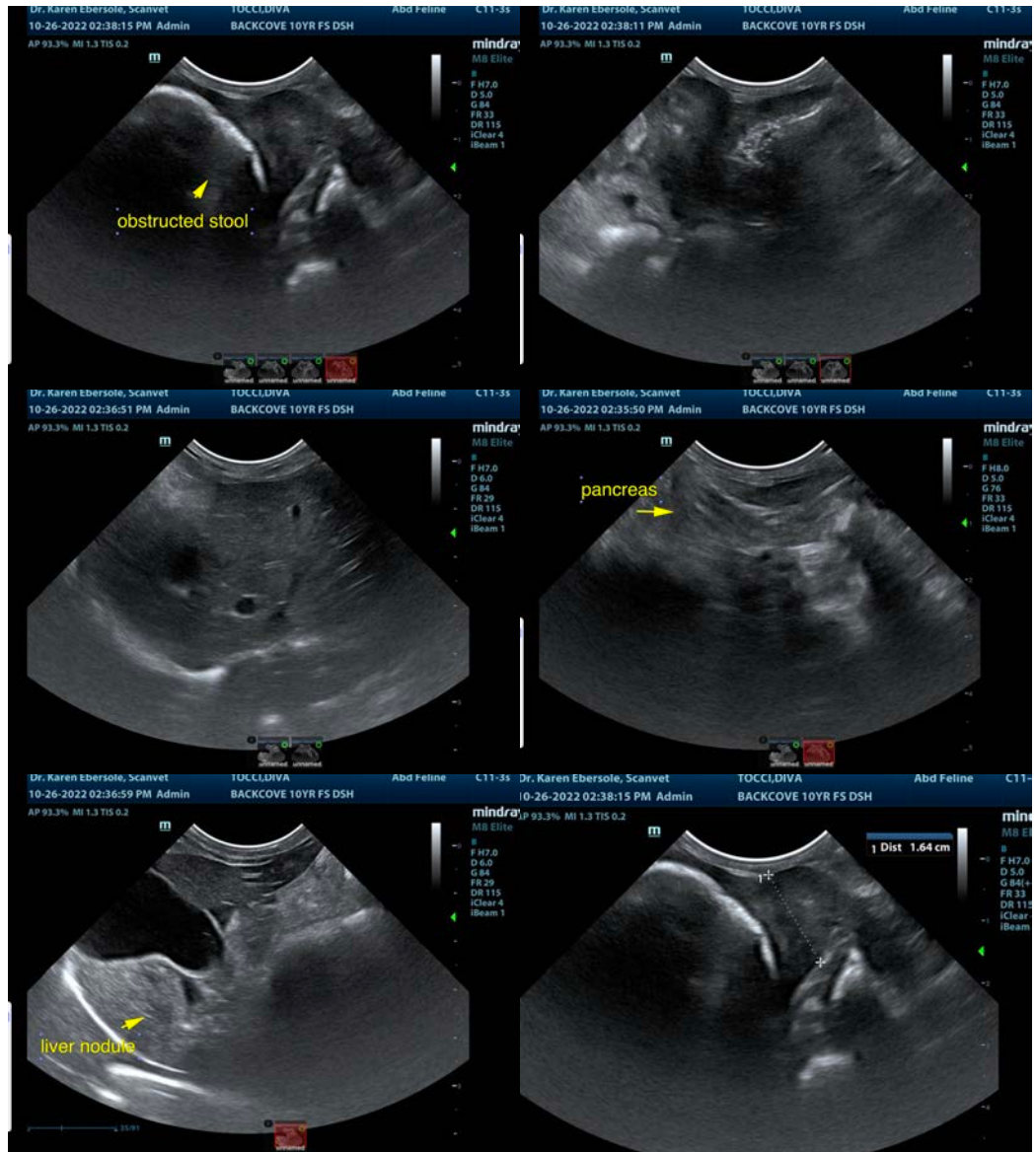
Scanvet

REFERRING VET

Dr. Norman/Dr. Fortin

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery could be considered. However, given the heterogeneous hepatic changes, I'm concerned for metastatic disease. The free fluid would suggest lymphatic obstruction. However, severely distended colon can also cause minor fluid dilation. Regional omentum may be involved. Prognosis is extremely guarded. Intestinal lymphoma or carcinoma suspected.



INVOICE

42356

DATE

10/26/22



PATIENT

Diva Tocci

SPECIES

Feline

BREED

DSH

SEX

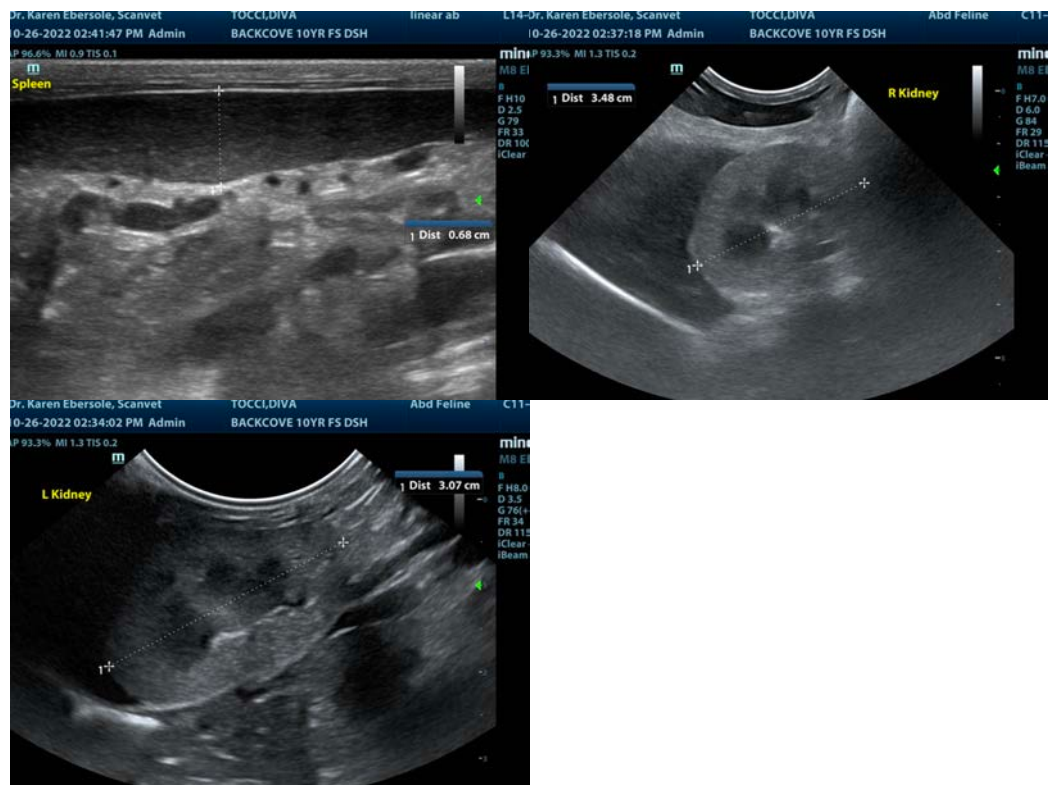
Spayed Female

AGE

10 Years

WEIGHT

4.2 Pounds



INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Norman/Dr. Fortin

INVOICE

42356

DATE

10/26/22

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

info@SonoPath.com