



PATIENT

Ezzie Heaton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

6.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

92703

DATE

10/27/21

PRESENTING CLINICAL SIGNS

History: Anorexic x 4 days. Vomiting Bile. Lethargic. Losing Weight (4lbs since August).
Abnormal PE/Chem/CBC/UA Results: Has had a history of elevated kidney values, however kidney values were normal 10/26. Elevated WBC. Concern for mass in intestines.

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 was 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 this age patient. Medullary rim sign was noted in the right kidney. Slight pinpoint mineralization was noted.

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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.4 cm.

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.

Liver

The **liver** revealed coarse architecture with mildly increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. The ileocecal junction in this patient revealed



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an infiltrative mass that measured 2.5 x 2.0 cm. The exact portion of the mass appears to be ileocecal junction, yet cannot be completely ascertained. Regional lymphadenopathy cannot be completely localized.

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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.

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Free Abdomen

Regional lymphadenopathy was present. This does not appear surgical

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ULTRASONOGRAPHIC FINDINGS

Ileocecal junction mass with lymphadenopathy. Carcinoma versus lymphoma are the primary differentials. There is a mild potential for granulomatous disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ultrasound-guided FNA of the mural intestinal thickening and lymph node is recommended. The prognosis is guarded to poor depending upon the responsiveness to chemotherapy.

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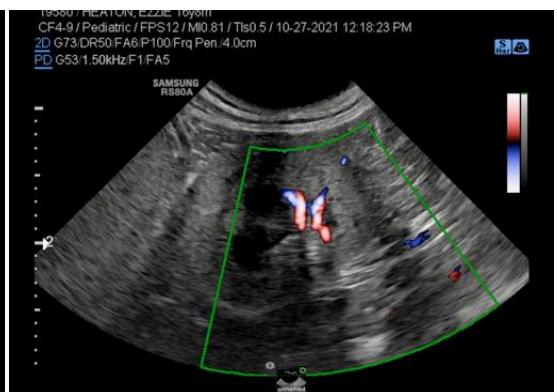
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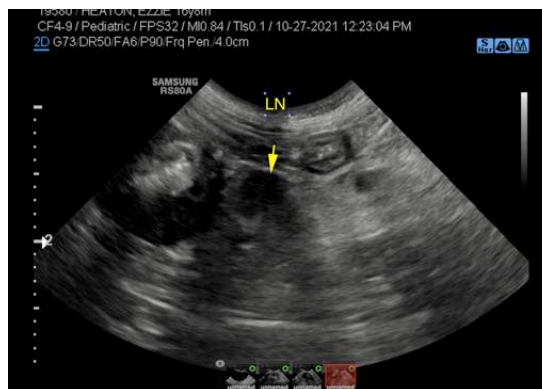
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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