



PATIENT

Dahlia Chiolo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2010

WEIGHT

15.12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

92178

DATE

10/05/21

PRESENTING CLINICAL SIGNS

History: Weight loss/lymphoma/anorexia/constipation

Evaluate for a large abdominal mass, abdominal fluid

Labs, Radiographs + previous AUS attached

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 structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.97 cm.

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 0.38 cm.

Spleen

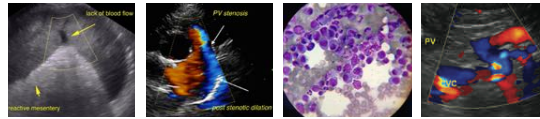
The **spleen** was uniformly enlarged and measured 1.6 cm. The prior cystic lymph nodes are more significantly enlarged and more parenchymal than the prior sonogram with a grouping measuring 7.4 cm. The largest lymph node measured approximately 0.4 cm.

Liver

The **liver** revealed minor, heterogenous, hypoechoic nodular changes in the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. Pleural effusion was noted the diaphragm.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening, hypertrophied muscularis and newly developed loss of mural detail was noted. An undefined mass was noted and was



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undifferentiated. It appears to be ileocecal in position. The lymph node cluster creates a midabdominal mass effect.

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Pancreas

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The **pancreas** revealed persistent, undefined, nodular changes with a dilated duct and generalized enlargement at 1.17 cm.

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Free Abdomen

A moderate amount of ascites was noted in the abdomen.

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ULTRASONOGRAPHIC FINDINGS

AGE

Splenomegaly.

2010

Cystic lymph node mass. Regional inflammation.

Nodular pancreatic changes.

WEIGHT

Variable intestinal thickening with loss of mural detail.

15.12 lbs

Undefined mass noted in the midabdomen.

Dual effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dual cavity neoplasia is suspected given the pleural effusion. Pleurocentesis and cytospin with ultrasound-guided FNA of the spleen and ileocecal mass +/- lymph nodes and liver would all be justified. The prognosis long term is poor depending on cytology results and potential chemoresponsiveness. There seems to be significant transformation from the prior sonogram to pure neoplastic criteria in multiple organs.

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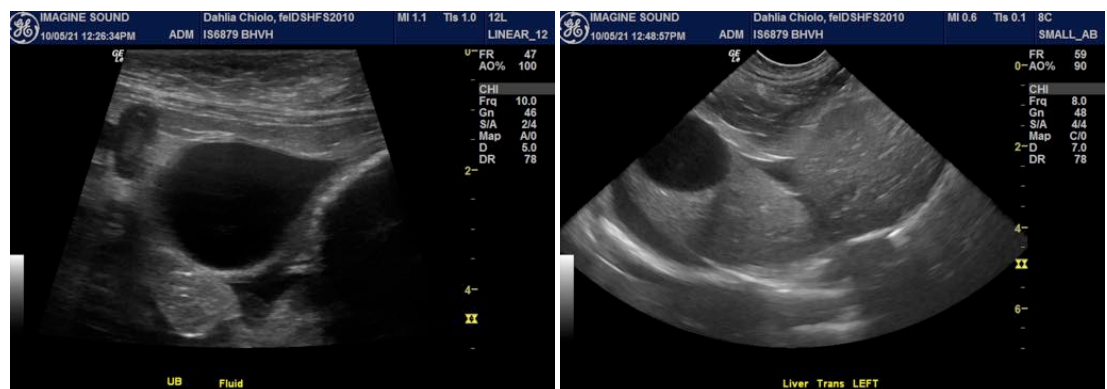
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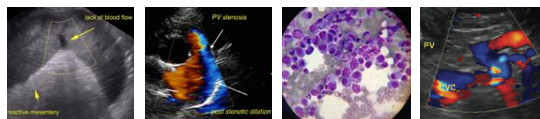
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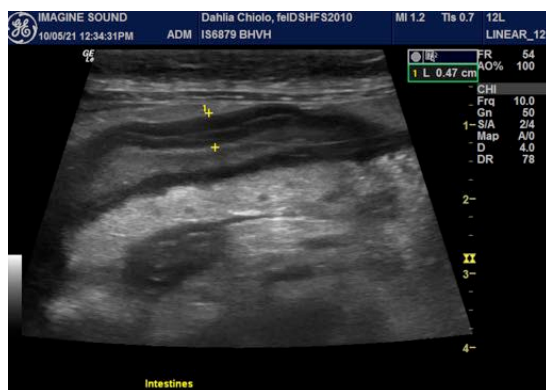
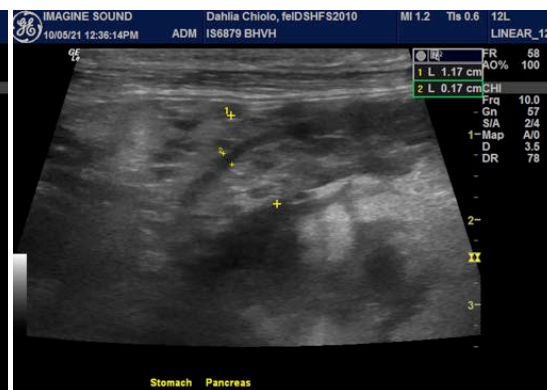
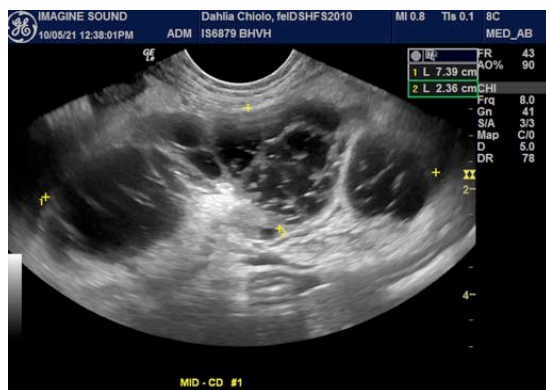
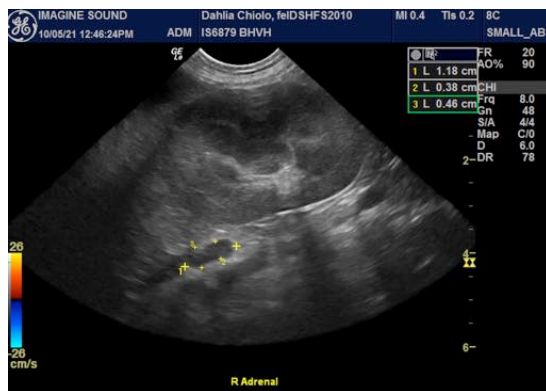
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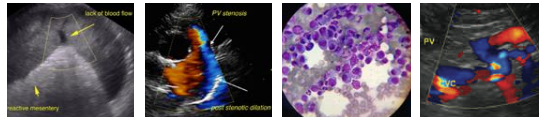
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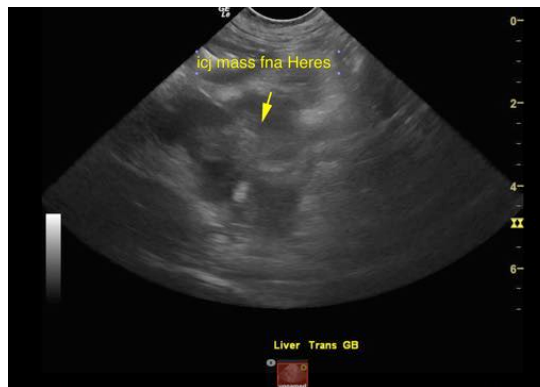
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com