

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: Decreased appetite/lethargy and losing weight. On PE- large irregular mass palp cranially; both kidneys palp WNL.

PATIENT

Sergio Bevard

Current Medications: Prednisolone 5mg SID, Mirataz.

Lab Results: 9/30/21 Chem WNL; CBC HCT 32% (historically in 40's)

Radiographs: Abdominal- Mid to cranial abdominal mass noted.

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Feline

Sedation: Not required for scan.

Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****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.

Neutered Male

AGE

2007

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 3.75 cm. The right kidney measured 4.0 cm.

WEIGHT

10.7 lbs

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was mildly enlarged. Caudally folding of the spleen was noted. The spleen may be involved in the neoplastic process.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Thai

Gastrointestinal

The **stomach** revealed an undifferentiated hypoechoic concentric mass (5.4 cm x 3.67 cm), non-resectable - ultrasound guided FNA indicated to confirm suspicion of lymphoma. Wall thickness measured up to 2.5 cm. The remainder of the intestinal tract revealed minor areas of increased muscularis thickening.

INVOICE

12512

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

Free Abdomen

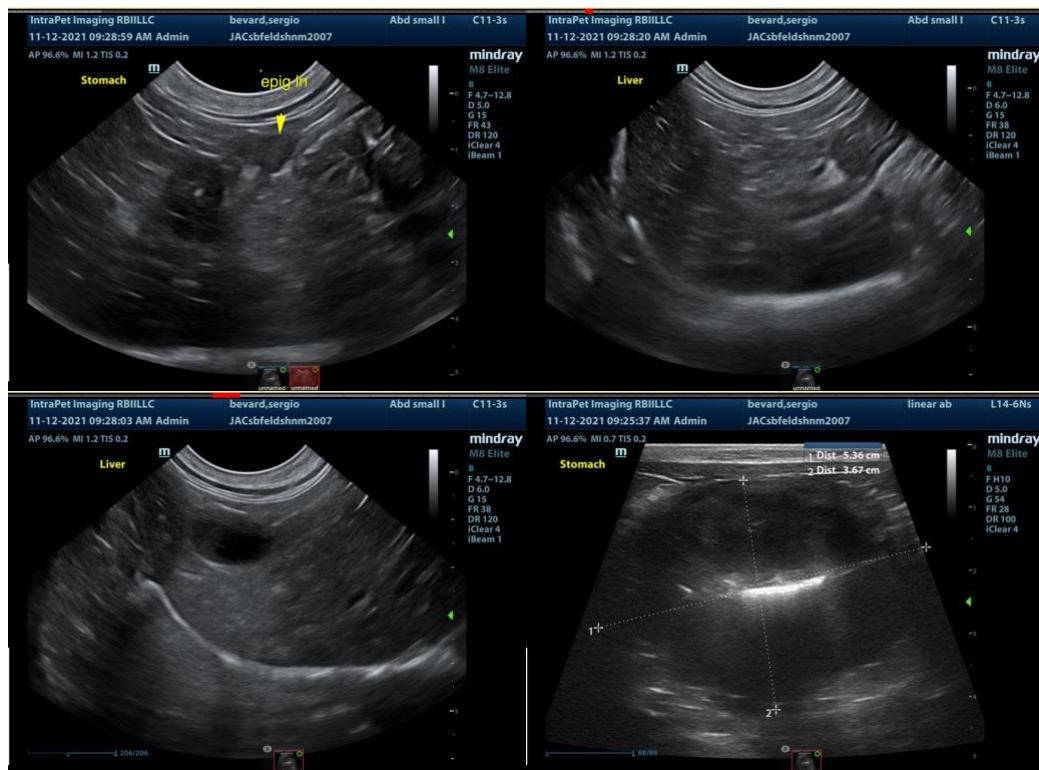
Epigastric **lymph nodes** were slightly enlarged, measuring 8.0 mm.

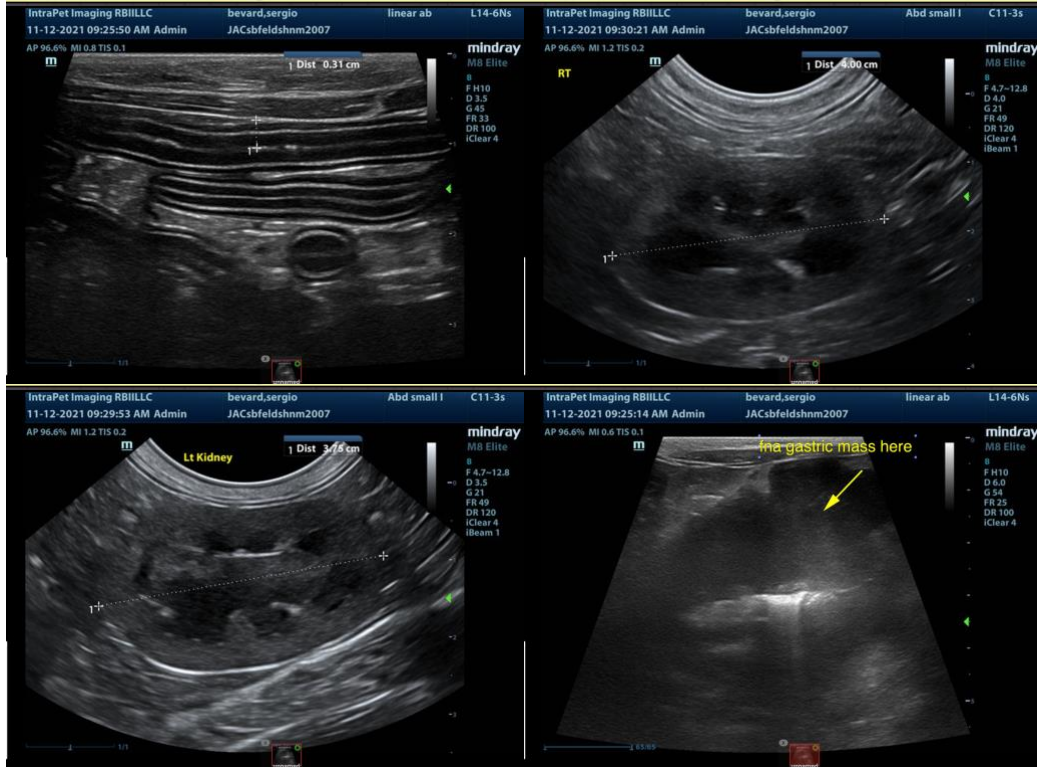
ULTRASONOGRAPHIC FINDINGS

- Concentric gastric mass-FNA indicated
- Epigastric lymph nodes, slightly enlarged
- Age-related renal, hepatic and pancreatic changes
- Mildly enlarged spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view chest radiographs recommended to assess for metastatic disease.





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