



**PATIENT**

Stradivarius Cole

**SPECIES**

Feline

**BREED**

Bengal

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

5.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Christian

**INVOICE**

42689

**DATE**

11/24/22

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for stopped eating, distended abdomen, tremoring. Previous Health Concerns: 2018,2022- same episodes Current Medications: None  
Abnormal PE/Chem/CBC/UA Results: Abdominal: ~ 5x11 cm firm irregularly shaped mass in left cranial ventral abdomen, ~7x6 cm firm irregularly shaped mass in right caudal ventral abdomen, masses possibly connected, moderately distended abdomen Rads: mass effect laterally to the right of colon and dorsally, possible mass w/mineralization in cranial ventral abd, possible mass with mineralization and caudal R abd Bloodwork: EPOC: BE -7.9; Na 146; Ca 1.20; Lact 3.65; GLU 146; Hct 21; CBC: WBC 43.56; NEU# 39.86; NEU% 91.5; LYM% 6.2; EOS% 0.7; RBC 4.29; HGB 7.9; HCT 21.3; PLT 37; CHEM: Ca 7.6; TP 4.7; ALB 1.5; GLU 149

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.02 cm. The right kidney measured 4.2 cm with slight pyelectasia.

**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.

**Spleen**

The **spleen** was not visualized, it was likely volume contracted and displaced by the gastrointestinal pathology.

**Liver**

The **liver** was largely normal in this patient, yet the transdiaphragmatic view demonstrated pleural effusion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Pleural effusion was noted through the diaphragm. This is suggestive for thoracic involvement.



**PATIENT**

**Gastrointestinal**

Stradivarius Cole

The **stomach** was infiltrated. The intestine revealed an extensive, mixed hypoechoic mass. The mass measured 2.0 x 6.0 cm. The mass extended into the regional omentum. Regional lymph nodes were also enlarged. Reactive mesentery and regional free fluid was present.

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**Pancreas**

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Regional inflammation extended around the **pancreas**, yet the pancreas is not a primary issue.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Multi-centric round cell neoplasia pattern involving the gastrointestinal tract, regional lymph nodes, omentum with concurrent pleural effusion.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the intestinal infiltrative pattern/masses with ascites and pleural effusion sampling and cytopspin should prove definitive regarding diagnosis. Lymphoma is likely with a mild potential for FIP given the breed.

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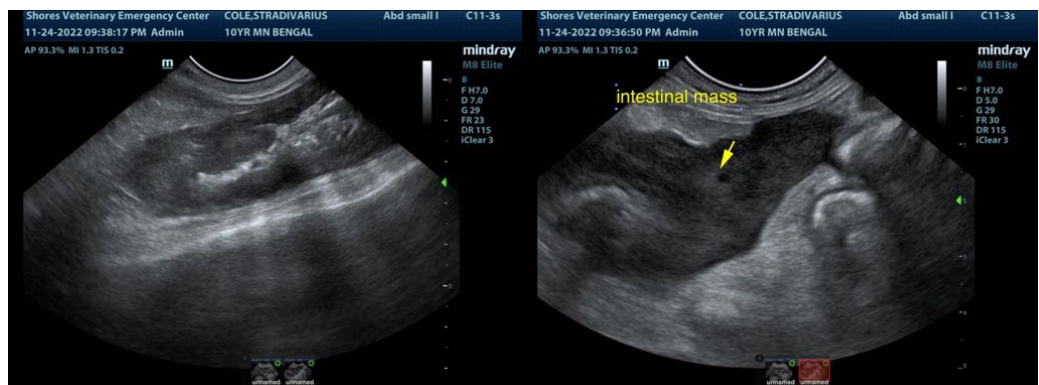
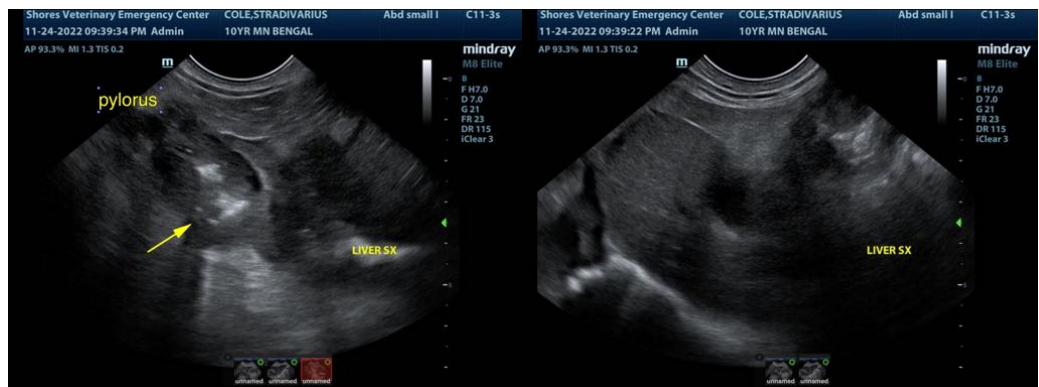
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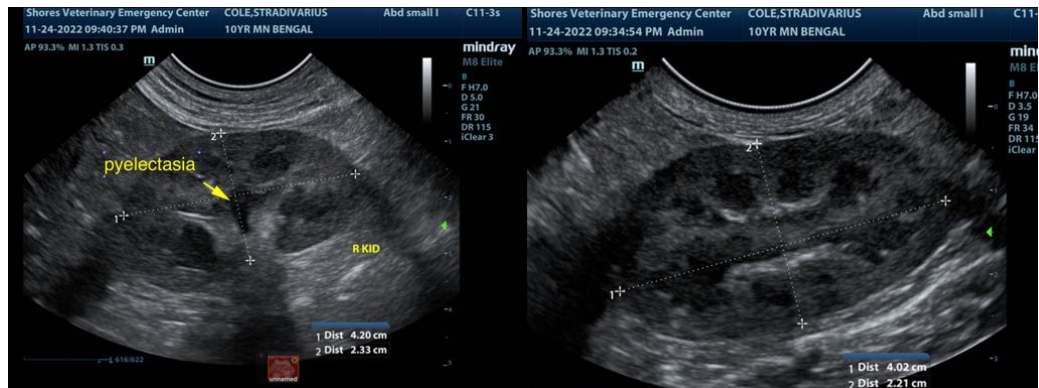
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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