

PATIENT

Mason Lyons

PRESENTING CLINICAL SIGNS

History: Vomiting bile mostly and food

Weight loss (5#)

SPECIES

Feline

Evaluate for Neoplasia (GI Lymphosarcoma vs GI neoplasia)

Labs + Radiographs attached

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

9 Years

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 4.08 cm. The right kidney revealed slight, irregular contour. The right kidney measured 4.0 cm.

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.39 cm with slight focal mineralization. The right adrenal gland measured 0.4 cm with focal mineralization.

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Farview AC

Spleen

The **spleen** was enlarged with scalloping contour and minor micronodular changes measuring 1.21 cm.

REFERRING VET

Dr. Mosaad

Liver

The **liver** was normal in size and contour with normal vascularity. Slightly increased portal markings were noted. The gallbladder was mildly over distended with a minor amount of debris.

INVOICE

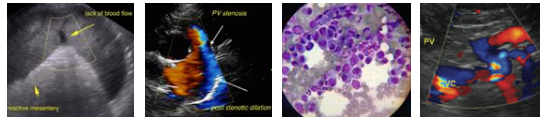
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11/08/21

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. A



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portion of small intestine revealed loss of mural detail for an extension of 2.0 x 0.8 cm. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were mildly enlarged, rounded and hypoechoic measuring 1.9 x 1.0 cm.

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Pancreas

The **pancreas** revealed hypoechoic, irregular contour with minor duct dilation. The pancreas was normal in size and measured 0.5 cm. The pancreatic duct measured 0.15 cm.

BREED

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

Intestinal mass/thickening with regional lymphadenopathy. Likely inflammatory bowel with focal regional lymphoma or similar neoplasia.

Splenic enlargement is also possible or concurrent infiltrative disease.

AGE

9 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a minor potential for granulomatous disease. FNA of the liver lymph node and intestine is warranted or surgical resection with lymph node removal and biopsy; however, complete resection of the pathology is unlikely.

WEIGHT

9 lbs

FNA of the spleen, lymph node and intestinal lesion is recommended.

INTERPRETED BY

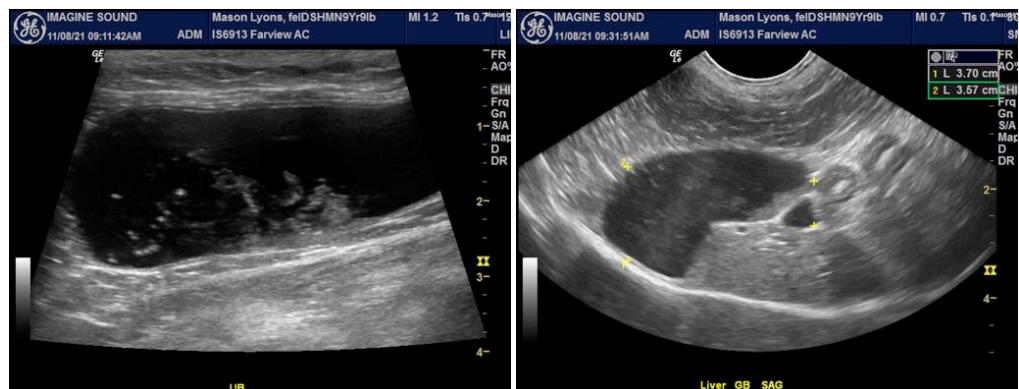
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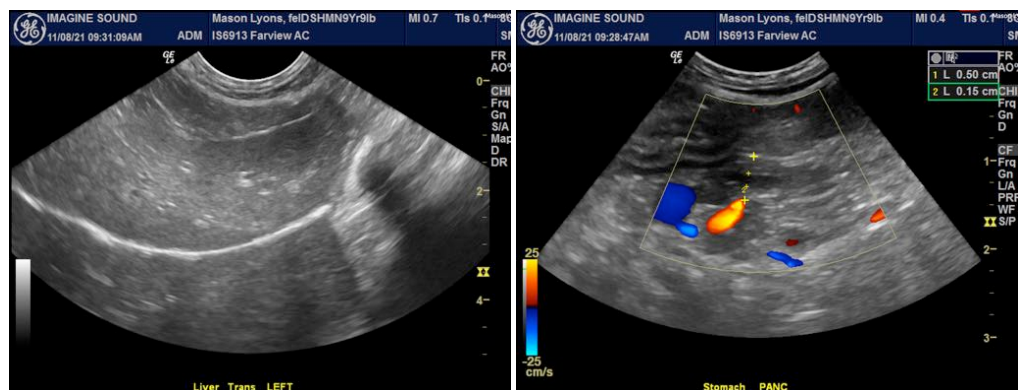
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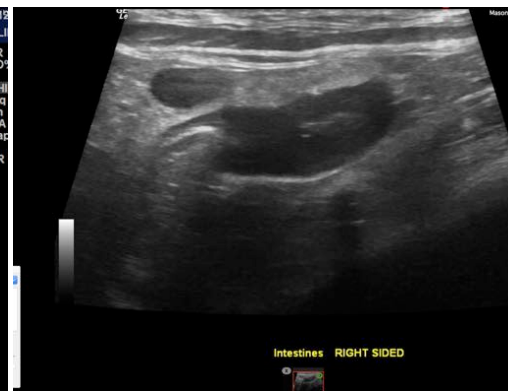
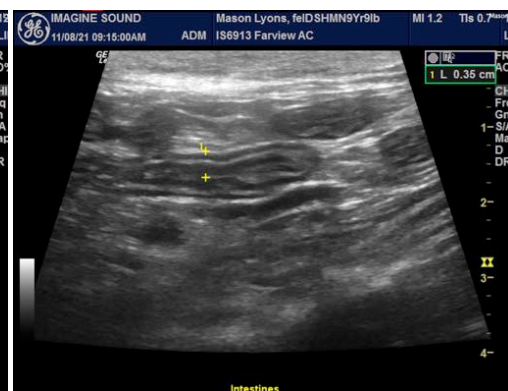
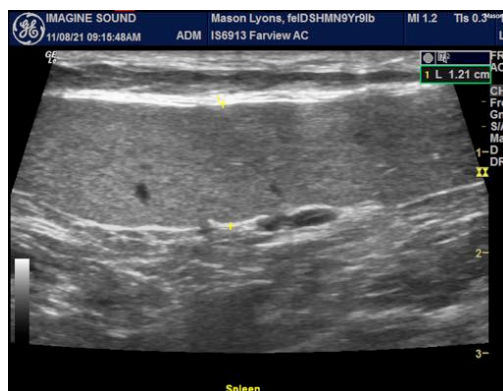
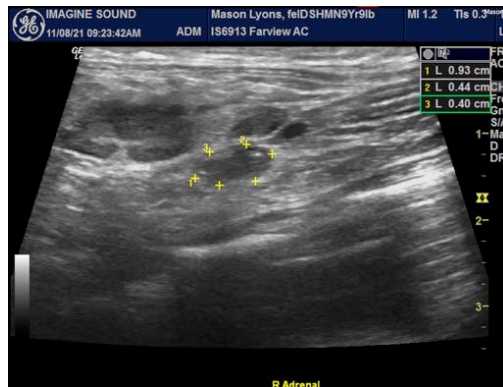
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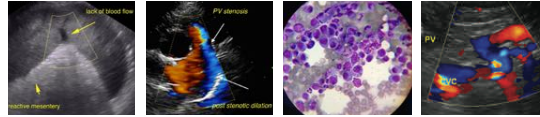
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

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