



**PATIENT**

Loki Pardo

**SPECIES**

Feline

**BREED**

Siamese Mix

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

4.77 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**HOSPITAL NAME**

Highland VH

**REFERRING VET**

Rachel Poet, DVM

**INVOICE**

20143

**DATE**

12/16/22

**PRESENTING CLINICAL SIGNS**

History: Loki presented for evaluation of severe weight loss (3 lbs in 2 months) and periods of hyporexia/anorexia. No CSVD has been noted. No change in U/D. Patient has always been slightly overweight. Gabapentin 100 mg and Butorphanol IM to facilitate AUS

Abnormal PE/Chem/CBC/UA Results: PE: -- Evidence of weight loss with prominent dorsal spinous processes and epaxial muscle atrophy. Unkempt. Cranial abdomen is painful on palpation with thickened region palpable. 12/16/22 CBC: -- Normal erythrogram, HCT: 35.7 % -- Marked Leucocytosis, WBC: 57,990/uL (2870-17,020) -- Neutrophilia, 48,740/uL (2300-10,290) -- Monocytosis, 3740/uL (50-670) CHEM: -- BUN: 12 mg/dL (16-36) -- ALT: 215 U/L (12-130) -- ALP: 318 U/L (14-111) Routine blood work ~ 2 months ago was unremarkable FeLV/FIV: NEG/NEG (2 months ago) UA: pending

**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. Anechoic urine was present. No evidence of neoplastic changes were noted. A ureterolith was noted at the ureteral papilla, measuring approximately 4.0 mm. No over ureteral dilation was noted.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight mineralization was noted. The right kidney measured 4.3 cm. The left kidney measured 4.43 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 right adrenal gland measured 0.35 cm.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** revealed a hypoechoic nodule in the left medial liver with coarse architecture elsewhere and other micronodular changes. A separate hepatic mass was noted in this patient, measuring 2.4 cm x 2.0 cm in the left cranial liver as well. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **stomach** itself was unremarkable. An undifferentiated jejunal mass was noted in the mid abdomen, measuring 5.0 cm x 3.2 cm, with periserosal inflammatory pattern. The mass spreads into the regional omentum and therefore, clean resection is unlikely. Variable areas of other portions of intestine were also thickened and beginning to lose mural detail.



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## Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## Free Abdomen

The mesenteric **lymph node** (1.67 cm x 0.42 cm) presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

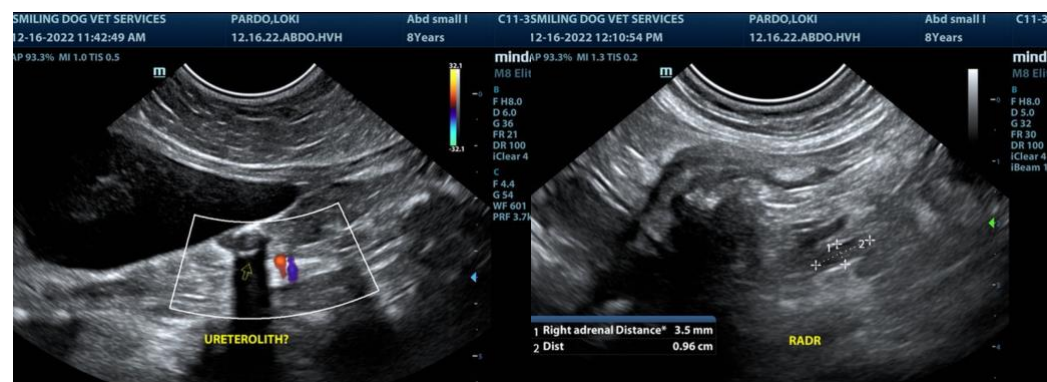
Slight areas of free fluid were noted, likely owing to lymphatic obstruction.

## ULTRASONOGRAPHIC FINDINGS

- Distal ureterolith lodged at the ureteral papilla, nonobstructive at the time of the sonogram. This may be irritative.
- Undifferentiated intestinal mass with regional lymphadenopathy. The mass spreads into the regional omentum and therefore, clean resection is unlikely. FNA is indicated.
- Free fluid
- Nodular hepatic changes and liver mass, strong potential for metastatic disease.
- Volume contracted spleen
- Age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass, liver and (accessible) lymph nodes recommended for staging purposes. Multicentric lymphoma pattern involving intestine, mesenteric lymph nodes and liver, sampling of all sites recommended. This is an emerging lymphomatosis type presentation. Immediate chemotherapeutic intervention is recommended.





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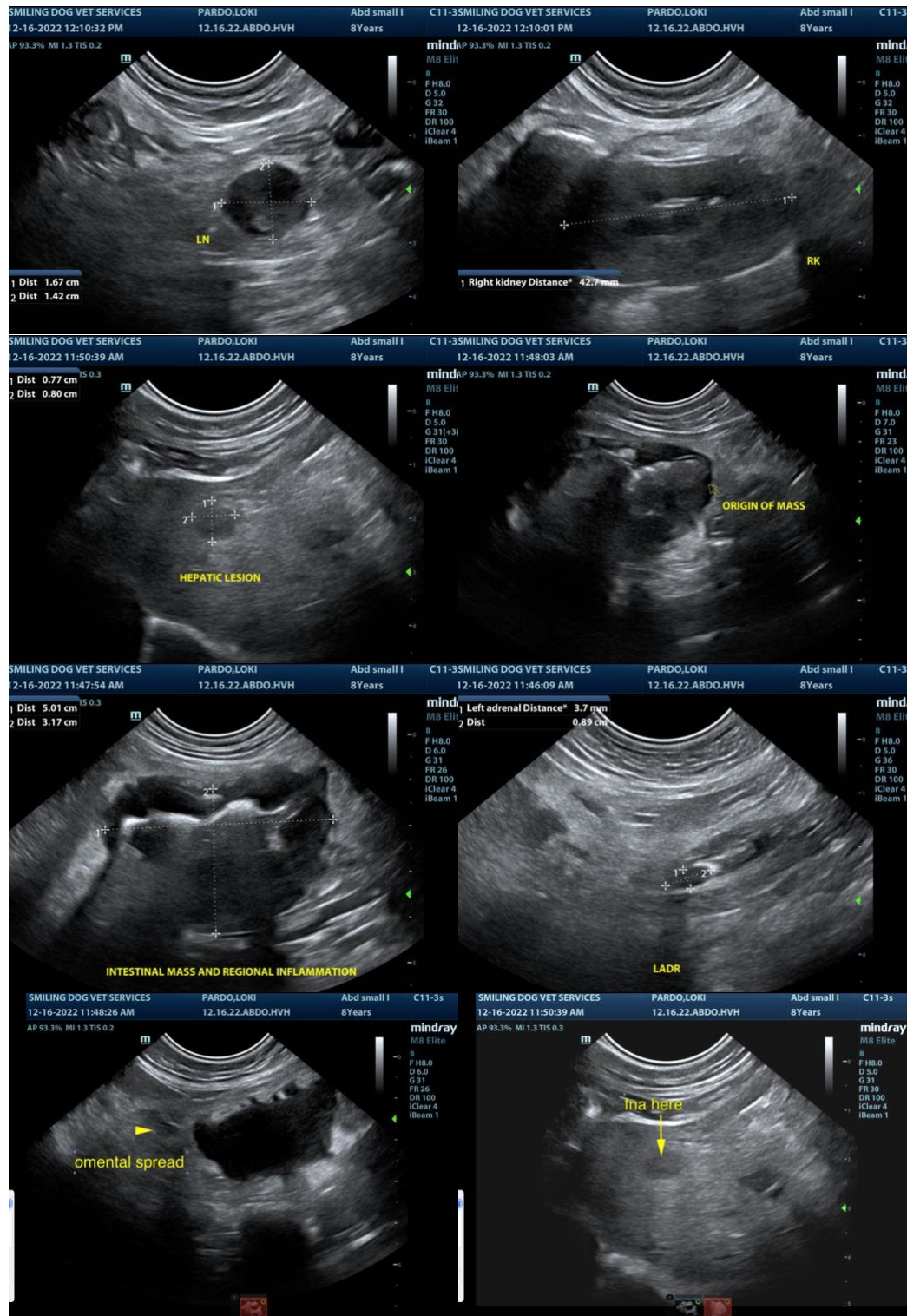
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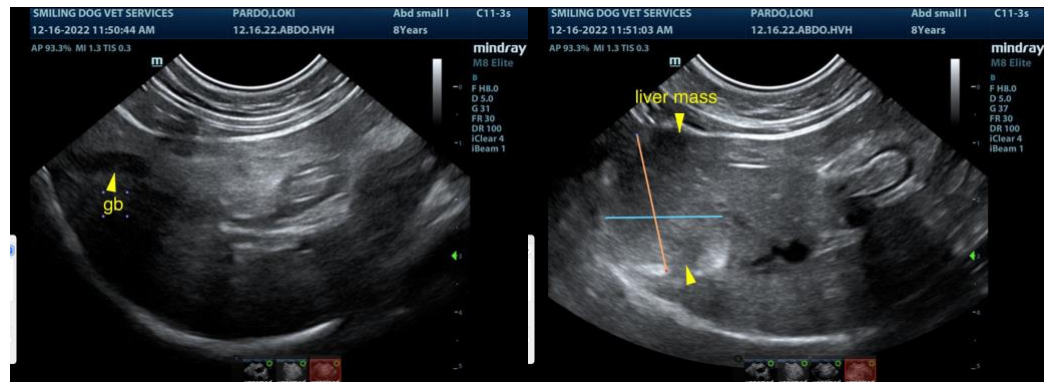
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com