



PATIENT

Tommy Foote

SPECIES

Feline

BREED

Devon Rex

SEX

Neutered Male

AGE

14 Years

WEIGHT

4.25 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

43541

DATE

12/18/22

PRESENTING CLINICAL SIGNS

owners noticed patient straining to defecate in litterbox this a.m. Hard, rounded abdomen mass seen in intestine via ultrasound

Abnormal PE/Chem/CBC/UA Results: Anemic, elevated WBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 and no evidence of pelvic dilation was present. The left kidney measured 4.3 cm. The right kidney measured 4.0 cm. Power doppler signals were subnormal to the renal cortices.

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 0.40 cm.

Spleen

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

Liver

The **liver** was slightly enlarged, mildly coarse in architecture with mild increased portal markings. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. Variable small intestinal thickening noted in this patient with areas of hypertrophied muscularis and increased submucosal echogenicity. Extensive small intestinal mass noted in this patient, extending 2.7 cm x 8.0 cm with regional inflammation.

Pancreas

The **pancreas** presented heterogeneous changes.

Free Abdomen

Mesenteric lymph nodes presented abnormal length to width ratio with distorted, swollen, irregular contour. Lymph nodes measured up to 1.5 cm. 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.



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Regional free fluid noted owing to lymphatic congestion.

Tommy Foote

A significant amount of inflammation was noted throughout the mid abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Extensive intestinal mass with free fluid and mesenteric lymphadenopathy, possible hepatic involvement
- Heterogeneous pancreatic changes
- Urinary bladder debris
- Moderate degenerative renal changes
- Volume contracted spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass and liver warranted for staging, as well as FNA of a mesenteric lymph node. Lymphoma likely. Prognosis is guarded to poor depending upon responsiveness to chemotherapy.

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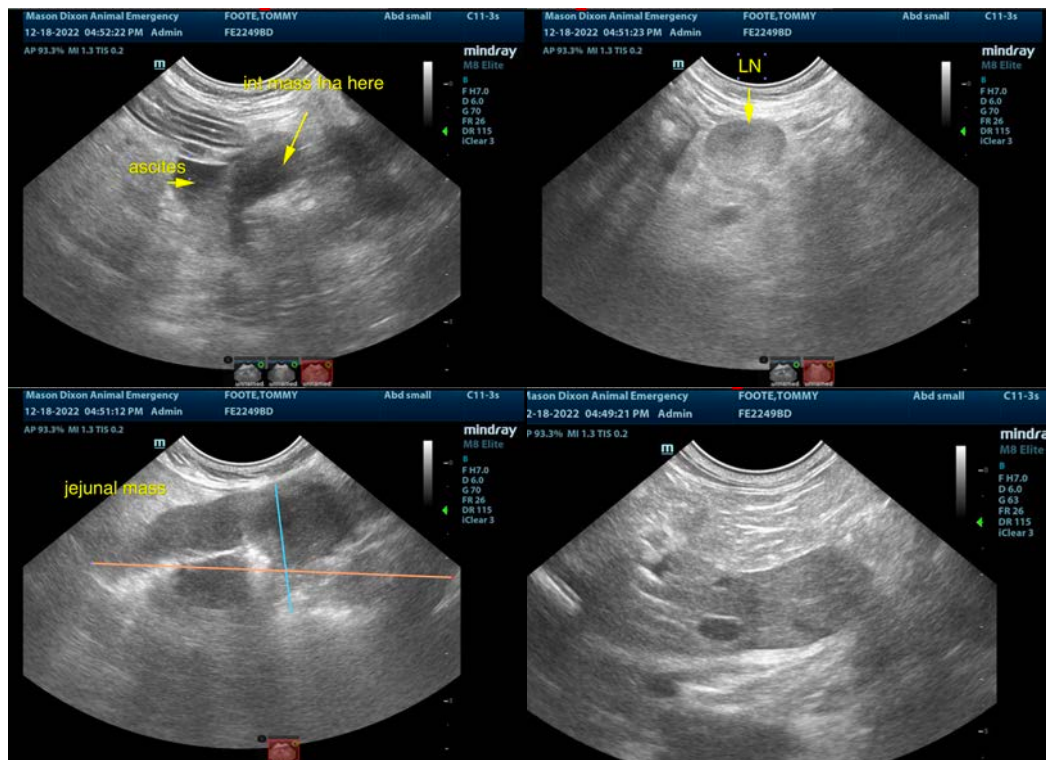
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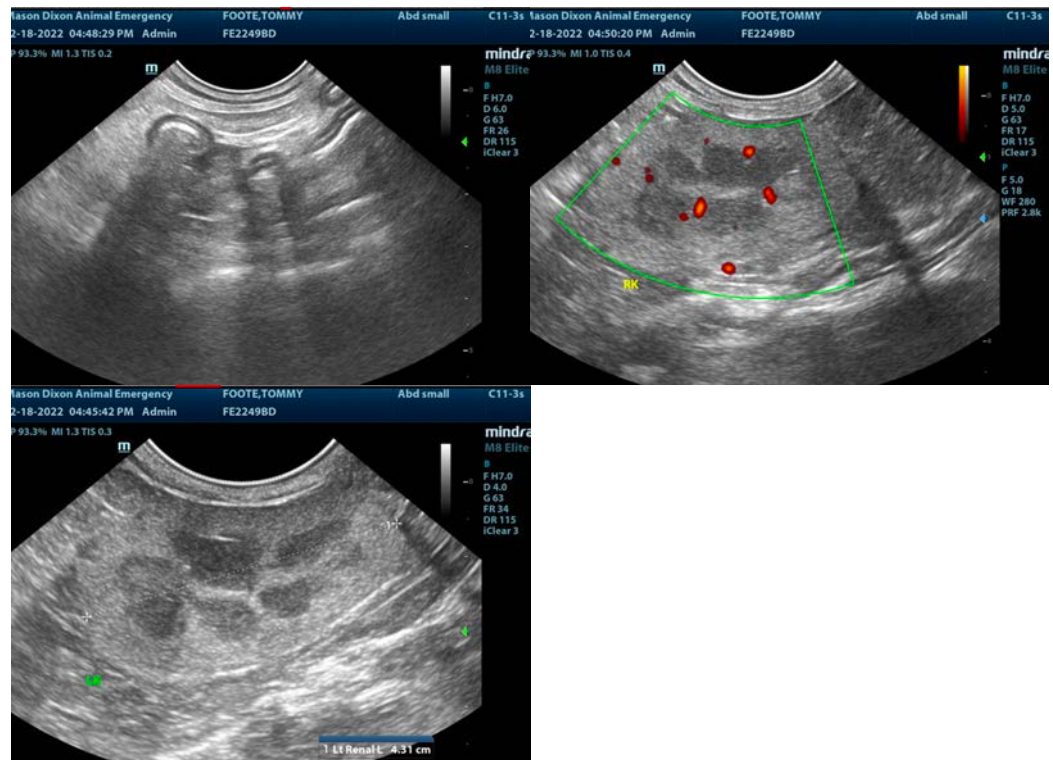
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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