



PATIENT

Buster Flohr

PRESENTING CLINICAL SIGNS

Weight loss, 2.3lb in 4 months. Relatively normal appetite and activity level.
Abnormal PE/Chem/CBC/UA Results: 12/14 Amylase 2030, otherwise normal CBC/Chem/UA/T4

SPECIES

Feline

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

BREED

Siamese

SEX

Neutered Male

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 3.5 cm. The right kidney measured 3.5 cm.

AGE

13 Years

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

WEIGHT

7.5 Pounds

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Liver

The **liver** was slightly swollen with mildly irregular contour. The gallbladder presented a bifid separation at the apex, not pathological.

IMAGING PERFORMED BY

Dr. Kevin Moon

Gastrointestinal

HOSPITAL NAME

Shiloh Vet Hospital

The upper **gastrointestinal tract** was unremarkable. However, a coalescing intestinal mass with regional inflammation was noted in the mid abdomen with areas of loss of mural detail. The mass measured approximately 3-4 cm. Appears to be partially intussuscepted. However, undifferentiated tissue also present. Areas of muscularis hypertrophy noted otherwise. Mesenteric lymph nodes were enlarged up to 2.0 cm.

REFERRING VET

Dr. John David
Schneider

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.

INVOICE

43721

Free Abdomen

Minor amounts of free fluid noted in the abdomen.

DATE

12/23/22



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DATE

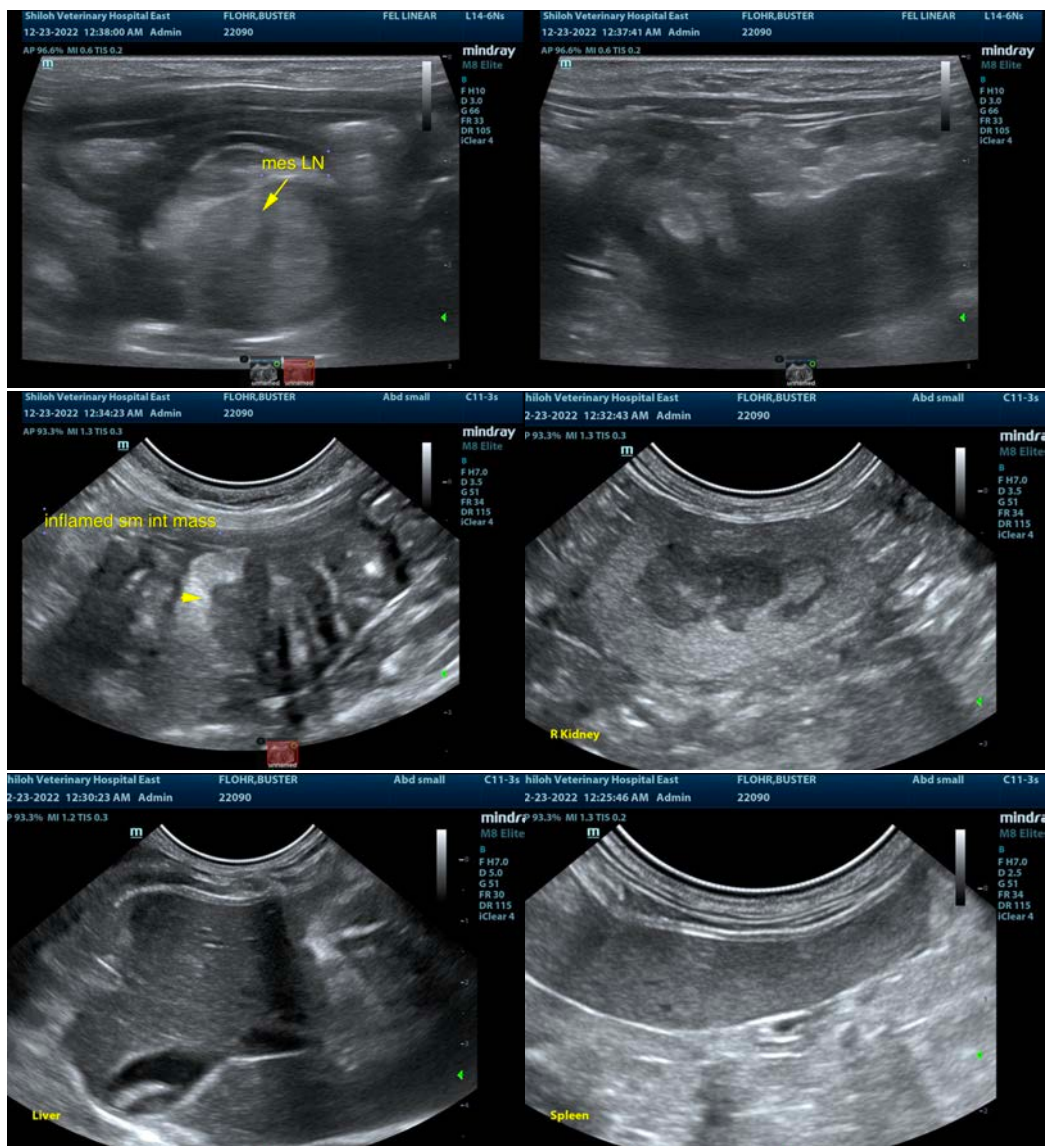
12/23/22

ULTRASONOGRAPHIC FINDINGS

- Distal small intestinal mass at the level of the ileocecal junction and regional lymphadenopathy
- Slight free fluid, likely owing to vascular and/or lymphatic congestion
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for intestinal carcinoma. Surgical exploratory could be considered with expectation towards ileocecolic resection and anastomosis and lymph node removal. However, I'm concerned for lymphatic spread. FNA of the mass and lymph node warranted. However, care should be taken to avoid the mesenteric artery with the angle of sampling. Prognosis is very guarded. Minor potential for granulomatous disease.





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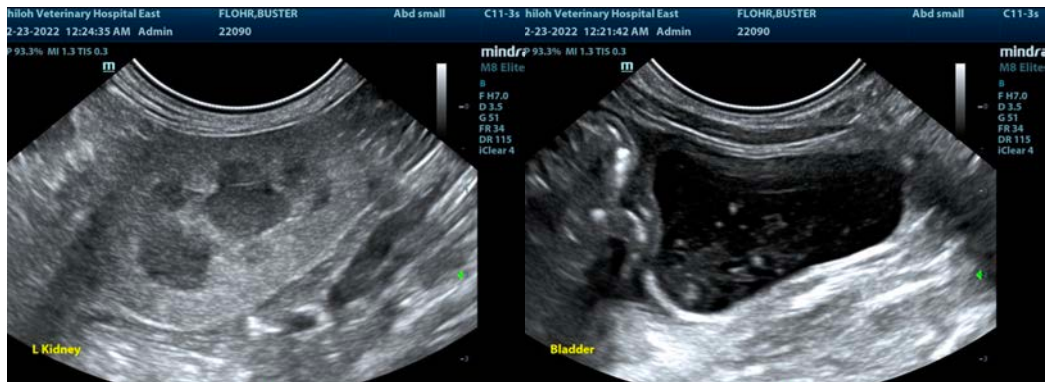
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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