



PATIENT

Nola Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16

WEIGHT

7.9

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Arculli

INVOICE

20255

DATE

12/26/22

PRESENTING CLINICAL SIGNS

History: Presented 2 days ago for not eating very well, lethargic, drinking a lot. Had different flavor food and vomited all of it up last week twice. Went back to normal food but not eating. Was eating and acting normally earlier in the week but since vomiting, has not been back to normal. Rads showed mid abd mass on sat which is also palpable and very firm.

Abnormal PE/Chem/CBC/UA Results: 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. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Mineralization was noted in the kidneys (non-obstruction). The left kidney measured 3.8 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 left adrenal gland measured 0.5 cm.

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.

Liver

The **liver** was enlarged. The gallbladder and common bile duct were unremarkable. Vascularity was unremarkable. No evidence of posthepatic obstruction.

Gastrointestinal

The **stomach** itself was unremarkable. The distal small intestine revealed a separate 4.0 cm mass, appeared to be deriving from the ileocecal junction.

Pancreas



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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.

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Free Abdomen

A **lymph node** mass was noted in the mid abdomen, measuring approximately 2.0 cm. A cluster of lymph nodes created an approximately 4-5 cm palpable mass.

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The epigastric **lymph node** was also enlarged (2.0 cm), rounded and hypoechoic.

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ULTRASONOGRAPHIC FINDINGS

- Multicentric lymphoma pattern (intestinal mass, lymph nodes and possibly liver)
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA of the intestinal mass, lymph nodes and possibly liver are all indicated. Immediate chemotherapeutic intervention is recommended. Prior to sampling mesenteric lymph nodes, the mesenteric artery is in this vicinity, and should be isolated and avoided.

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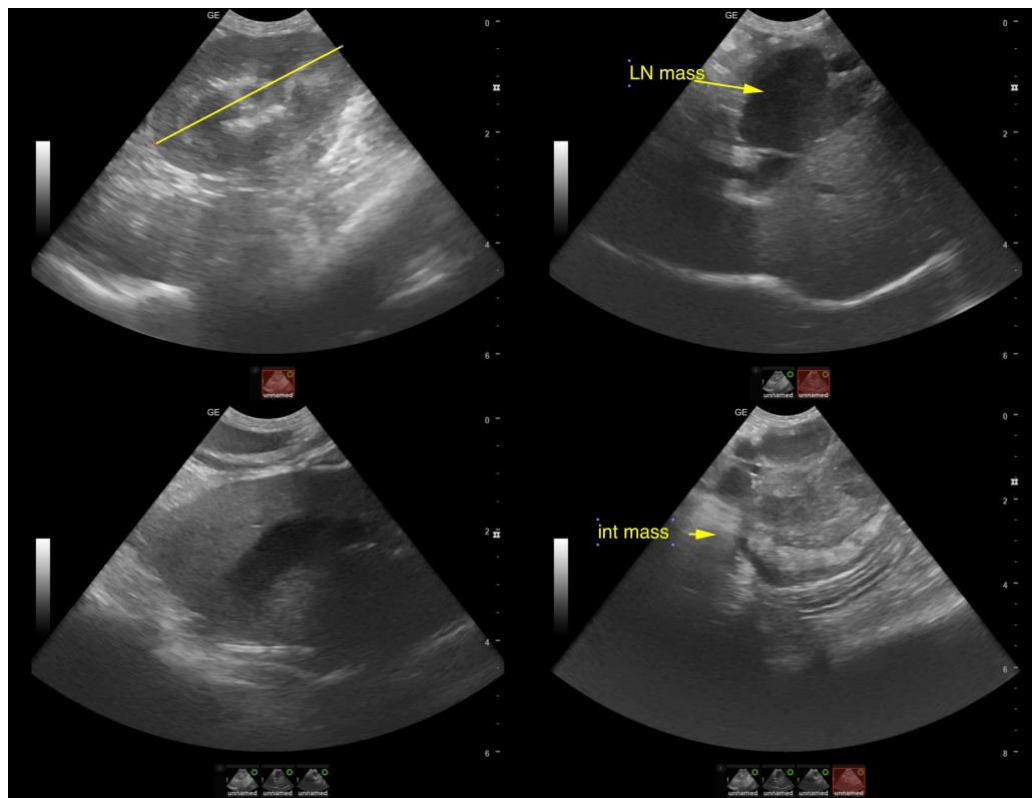
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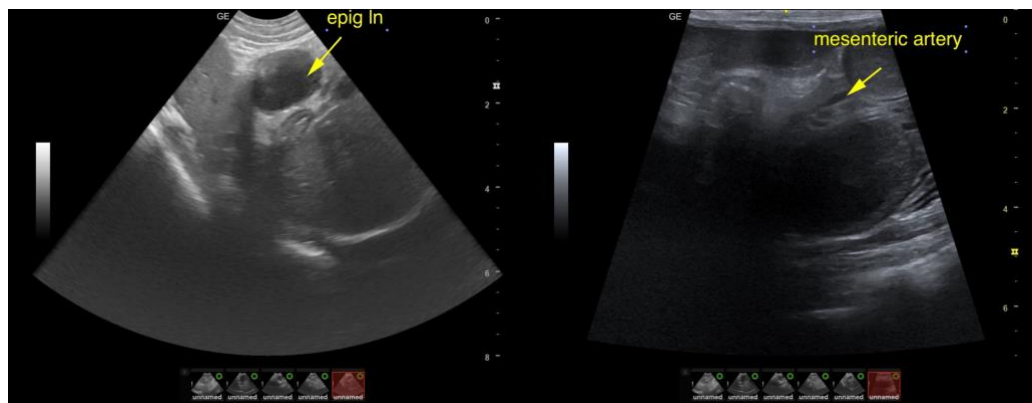
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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