



PATIENT

Cody Navas

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Linda Grau

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

43815

DATE

12/29/22

PRESENTING CLINICAL SIGNS

Weight loss, inappetence, change in respiration.

Abnormal PE/Chem/CBC/UA Results: wasting, doughy abd, increased resp rate and effort, rads normal chest, decreased serosal detail abd, wbc 17.3, mostly lymphs, albumin 2.1

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 2.0 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 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 4.0 cm. The right kidney measured 3.5 cm.

Adrenal Glands

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

Spleen

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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Large amount of **gastric** stasis noted. The pylorus was patent even with the large amount of gastric stasis. Reactive mesentery noted around the stomach. Variable intestinal thickening noted throughout the mid abdomen. A mid to distal small intestinal mass was noted with reactive surrounding mesentery. The mass measured approximately 3.5 cm and appears to be jejunal. Regional lymph nodes were enlarged, irregular, and hypoechoic, measuring up to 2.0 cm.

Pancreas

The **pancreas** was hypoechoic and irregular with enhanced mesentery. Secondary pancreatitis present.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with regional lymphadenopathy
- Delayed gastric outflow
- Extensive pancreatitis and reactive mesentery



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- Volume contracted spleen
- Age related renal changes
- Age related hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass, supportive care, and immediate chemotherapeutic intervention recommended. FNA of the adjacent lymph node also encouraged.

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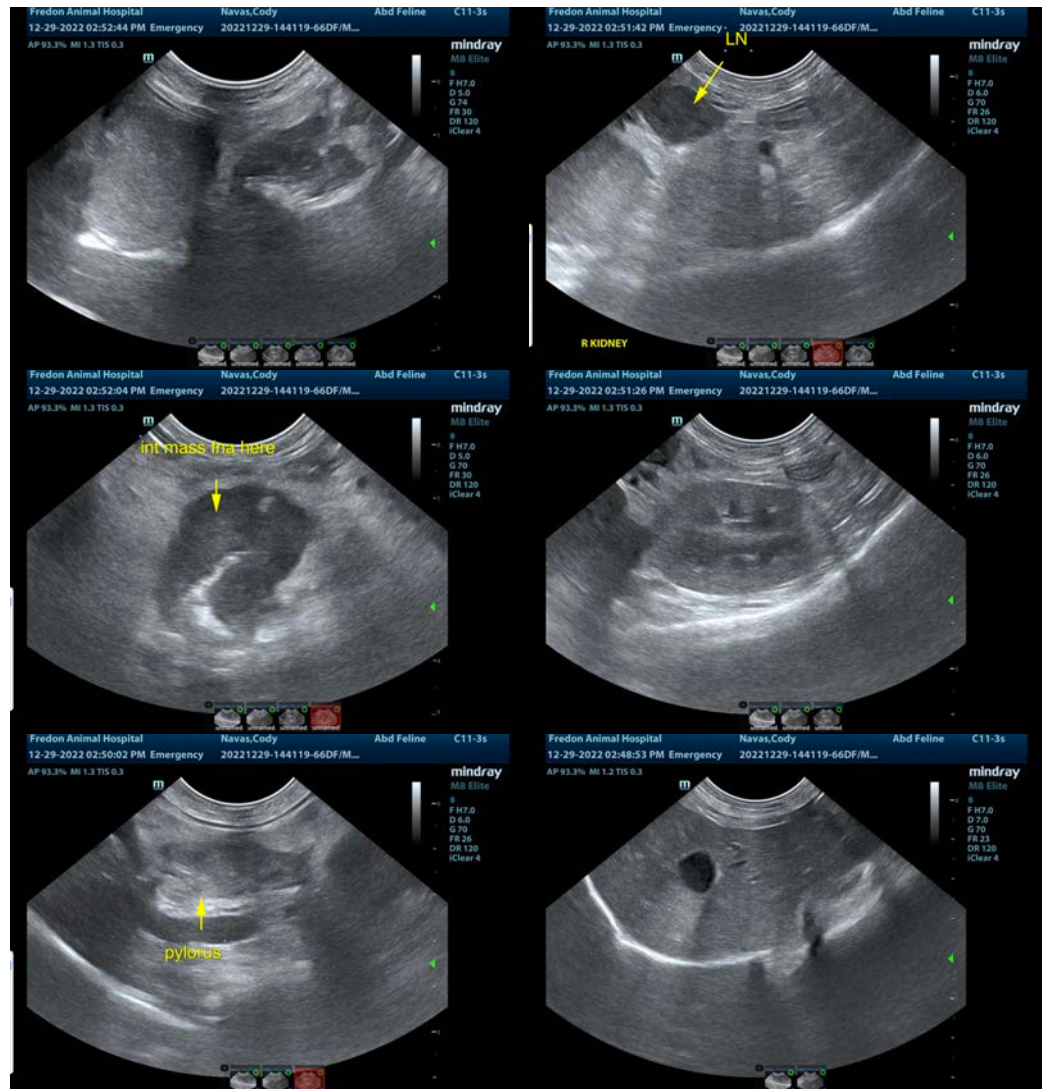
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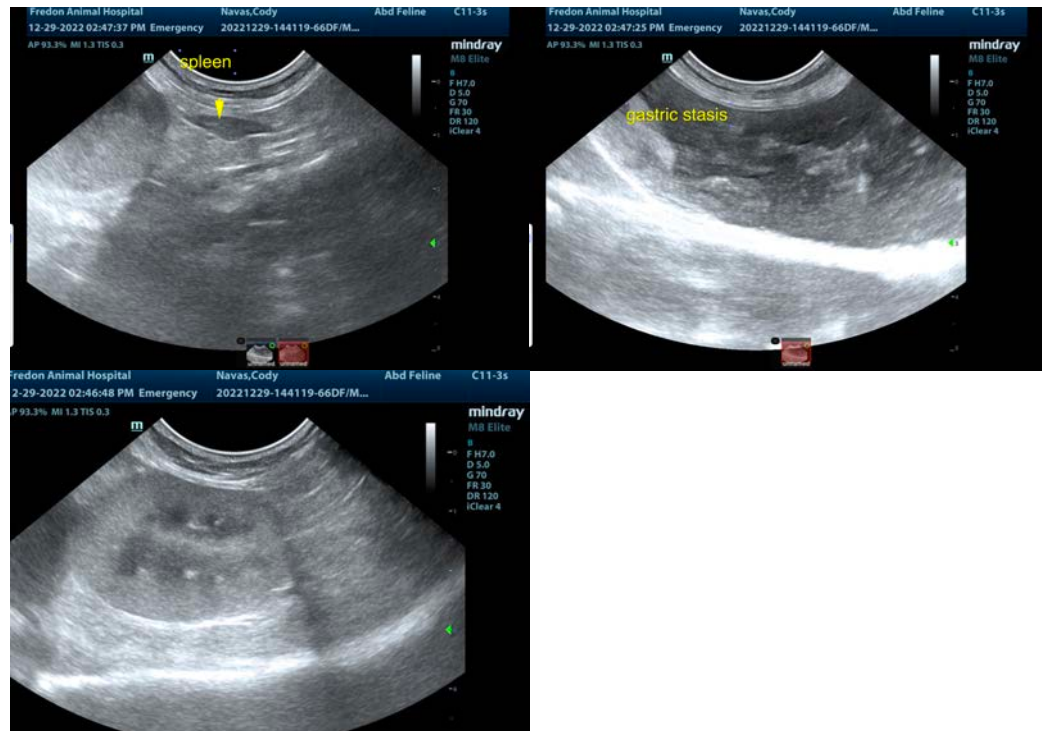
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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