



PATIENT PRESENTING CLINICAL SIGNS

Mu-Lu Davis Weight loss Hyporexia Suspect cranial abdominal mass - not appreciated on radiographs Hx of hepatic lipidosis 3 years ago

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC - stress leukogram: WBC 17.25K/uL, neutrophilia 15.95 K/uL, lymphocytopenia 0.7K/uL Chem - hyperglobulinemia, NOSF Current Medications N/A Radiographic Findings Will send

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

9 Years

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 3.6 cm. The right kidney measured 3.87 cm.

WEIGHT

8.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **left adrenal gland** was 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 0.38 cm.

IMAGING PERFORMED BY

Sara Hansen

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. The spleen measured 5.0 mm. Hydration status should be assessed.

HOSPITAL NAME

Albany AH

Liver

REFERRING VET

Dr. Spangler

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

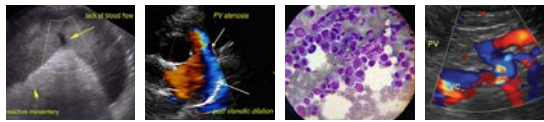
43824

Gastrointestinal

DATE

12/29/22

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. Intestinal wall thickness measured up to 0.24 cm. The intestinal submucosa was slightly irregular,



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thickened and hyperechoic suggestive of low grade, chronic disease. The ileocecal junction revealed an undifferentiated mass that appeared to be occupying the distal ileum, cecum, and proximal colon with reactive surrounding mesentery. However, the mass is undifferentiated and therefore exact definition of the ileocecal junction is not able to be ascertained. Slight areas of free fluid noted.

Pancreas

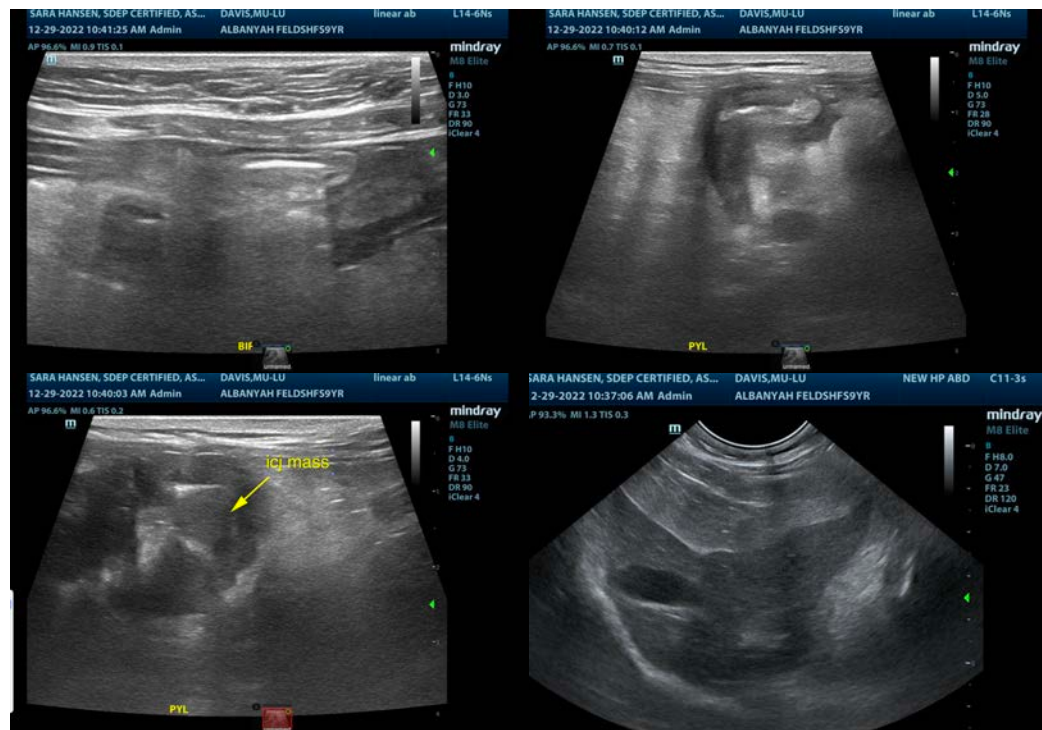
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Undifferentiated mass in the area of the ileocecal junction, other variable intestinal thickening
- Age related renal changes
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery could be considered. However, given the variable intestinal thickening, the mass itself may not be completely resectable. Carcinoma versus lymphoma. Granulomatous disease less likely. Chest radiographs warranted prior to surgery. FNA could be considered in this patient. However, exfoliation of this type of mass may be somewhat difficult.





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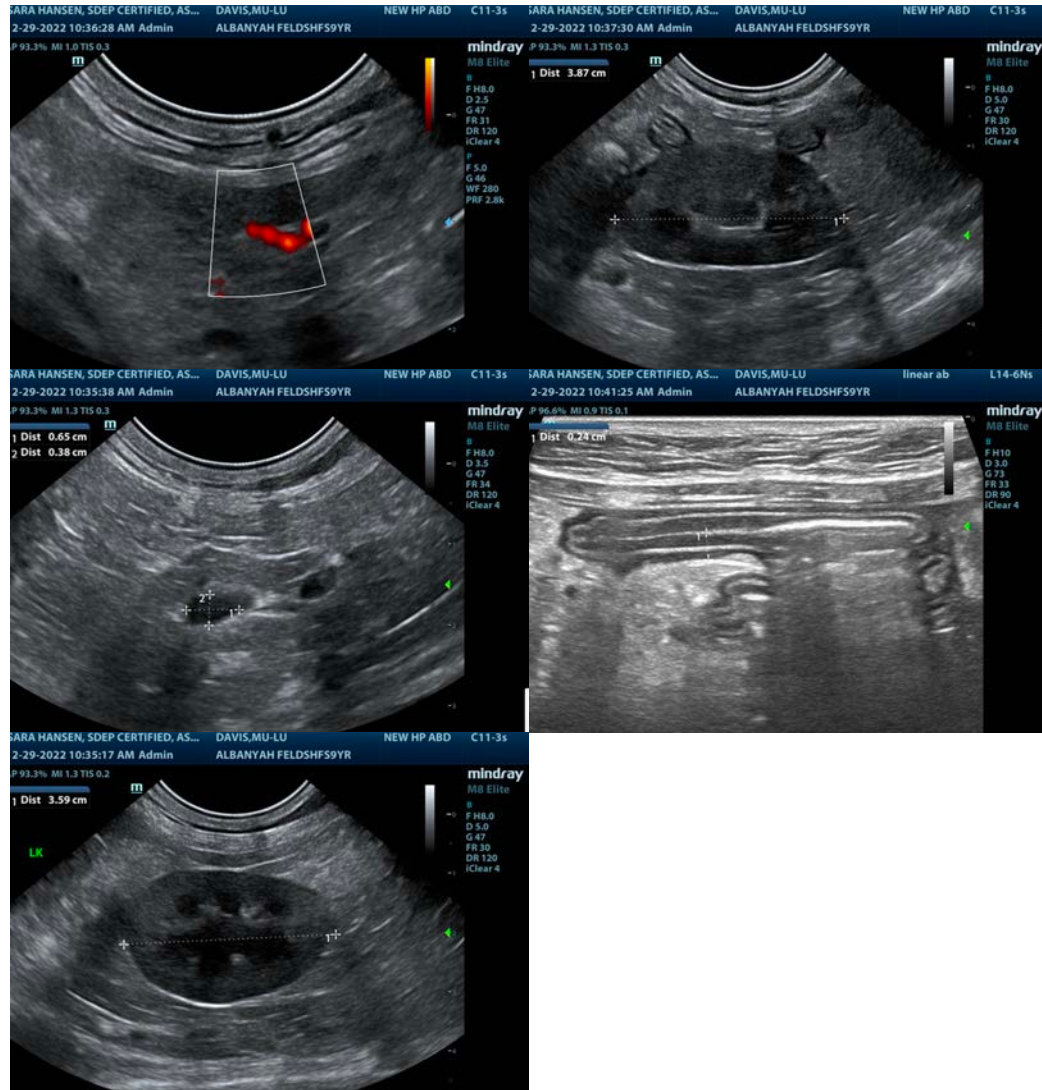
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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