



PATIENT

Hobbes Darlison

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

6.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

42846

DATE

12/5/22

PRESENTING CLINICAL SIGNS

History: Possible abdominal mass felt on palpation, large spleen noted on radiographs Present Complaint: Weight loss and vomiting over the past month does have a cardiac murmur and a slight arrhythmia

Abnormal PE/Chem/CBC/UA Results: blood work - normal except for TP just below normal at 56 g/L (57-89)

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 was noted. Ureteral papillae were normal.

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. Slight cortical remodeling was noted with corticomedullary mineralization of the right kidney measuring 3.94 cm. The left kidney measured 4.2 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.

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 was noted. The spleen measured 0.9 cm in width.

Liver

The **liver** was mildly hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach. There were minor areas of luminal fluid noted. A separate mass derived from the distal small intestine with mild obstructive



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pattern. There are areas of regional free fluid and inflammation. This is strongly consistent with lymphoma. The mass measured 4.0 x 6.0 cm. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. A mesenteric lymph node mass was noted and undifferentiated. The mass was hypoechoic and irregular measuring 4.0+ cm with peripheral inflammation. Other regional lymph nodes are indicated. Strong concern for round cell neoplasia.

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.

Free Abdomen

A minor amount of free fluid was also noted.

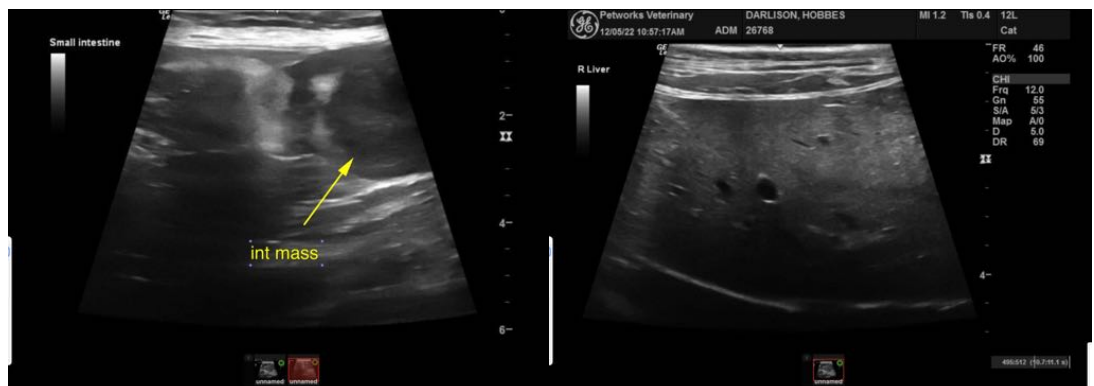
ULTRASONOGRAPHIC FINDINGS

Intestinal and lymph node mass.

Regional peritonitis and partial obstructive pattern was noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph nodes and intestinal mass is recommended. There is a strong concern for round cell neoplasia. If liver enzymes are an issue, then FNA is indicated. Chest radiographs are recommended to assess for comorbidities.





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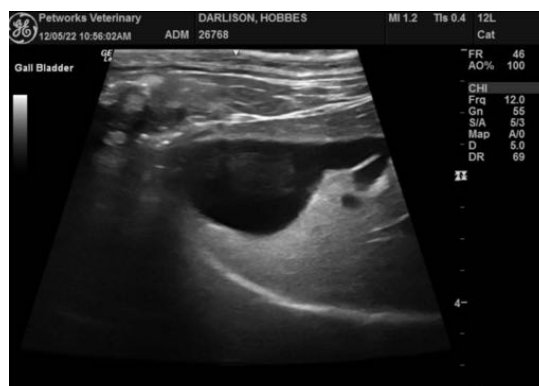
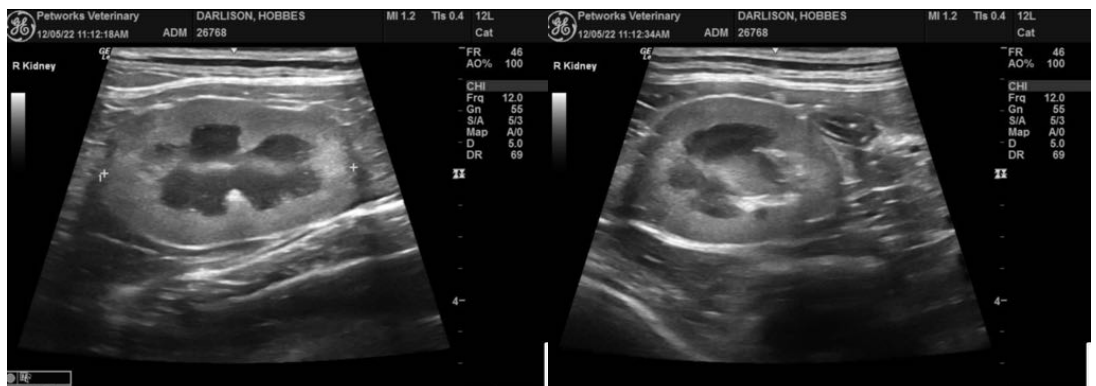
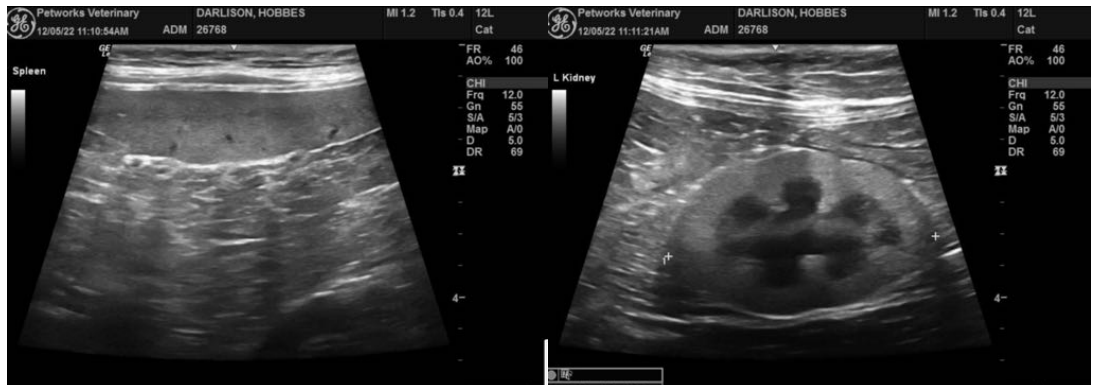
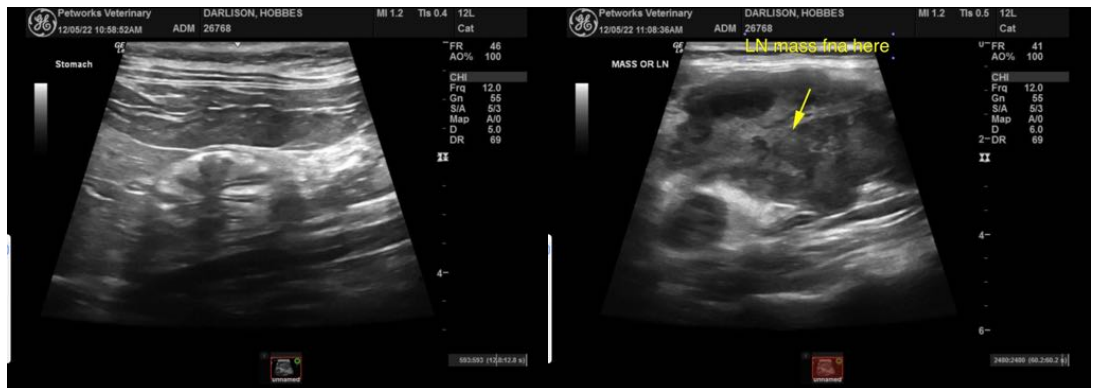
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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