



PATIENT

Frankie Ciarravella

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

4.23 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Ciarravella

INVOICE

35745

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: Hx hyperthyroidism, well controlled. Hx mild CKD. Gradual wt loss & mild intermittent vomiting over past ~ 6 mo. PU/PD & hyporexia last ~ mo. Significant wt loss, prominent PU/PD, & worse hyporexia past ~2 wk. Responded well to Mirataz & ondansetron. Unfortunately, P was not fasted properly prior to US.

Abnormal PE/Chem/CBC/UA Results: BCS 2-2.5/9 Tachycardic but no murmur noted (extremely anxious) Increased gas in bowel on palpation Coat somewhat unkempt CBC - HCT 31, HGB 9.0, NEU9.9K; otherwise WNL Chem - TP 8.4, ALB 1.9, GLOB 6.5, A/G: 0.3, ALP 5, CPK 1.3K; T4 = 2.2 WNL, TSH <0.03 WNL, FT4 pending UA - USG 1.019, 1+ protein UPCR <0.5 WNL Urine culture - No growth Fecal float & giardia ELISA - negative FeLV/FIV/FHW = Negative x 3 CXR - age-related changes; otherwise NSF AXR - significantly increased gas in stomach & colon as well as patchy gas throughout SI; food/ingesta in stomach, small area in mid abdomen where SI appears thickened/clumped w/ no gas & very slight & focal loss of detail noted on lateral views; other soft tissue & bony structures NR.

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 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 this 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 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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. The spleen measured 0.81 cm.

Liver

The **liver** revealed slight increased portal markings. The gallbladder wall was mildly echogenic. Slight irregular swelling was noted.

Gastrointestinal

The **stomach** revealed a minor amount of chyme, which continued into the upper duodenum. The pylorus was patent. A stricturing mass was noted. The mass was undifferentiated and appears to



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derive from the cecum. The remainder of the small intestine appeared unremarkable. Regional lymph nodes were slightly enlarged as well, measuring up to 7.0 mm.

Pancreas

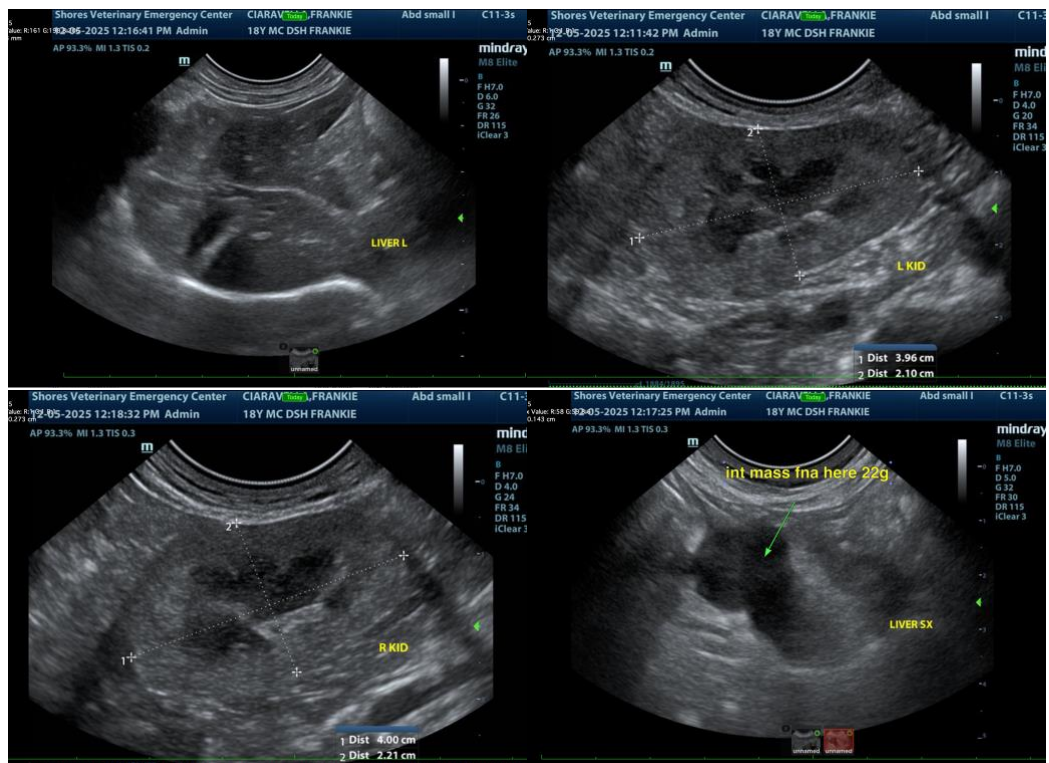
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Ileocecal junction mass with regional lymphadenopathy- carcinoma is suspected. Granulomatous disease and round cell neoplasia are possible.
- Slight increased hepatic portal markings and slight irregular swelling
- Mildly echogenic gallbladder wall
- Age-related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the cecal/ileocecal junction mass and regional lymph node (if accessible). Chest radiographs are warranted to assess for comorbidities/metastatic disease.





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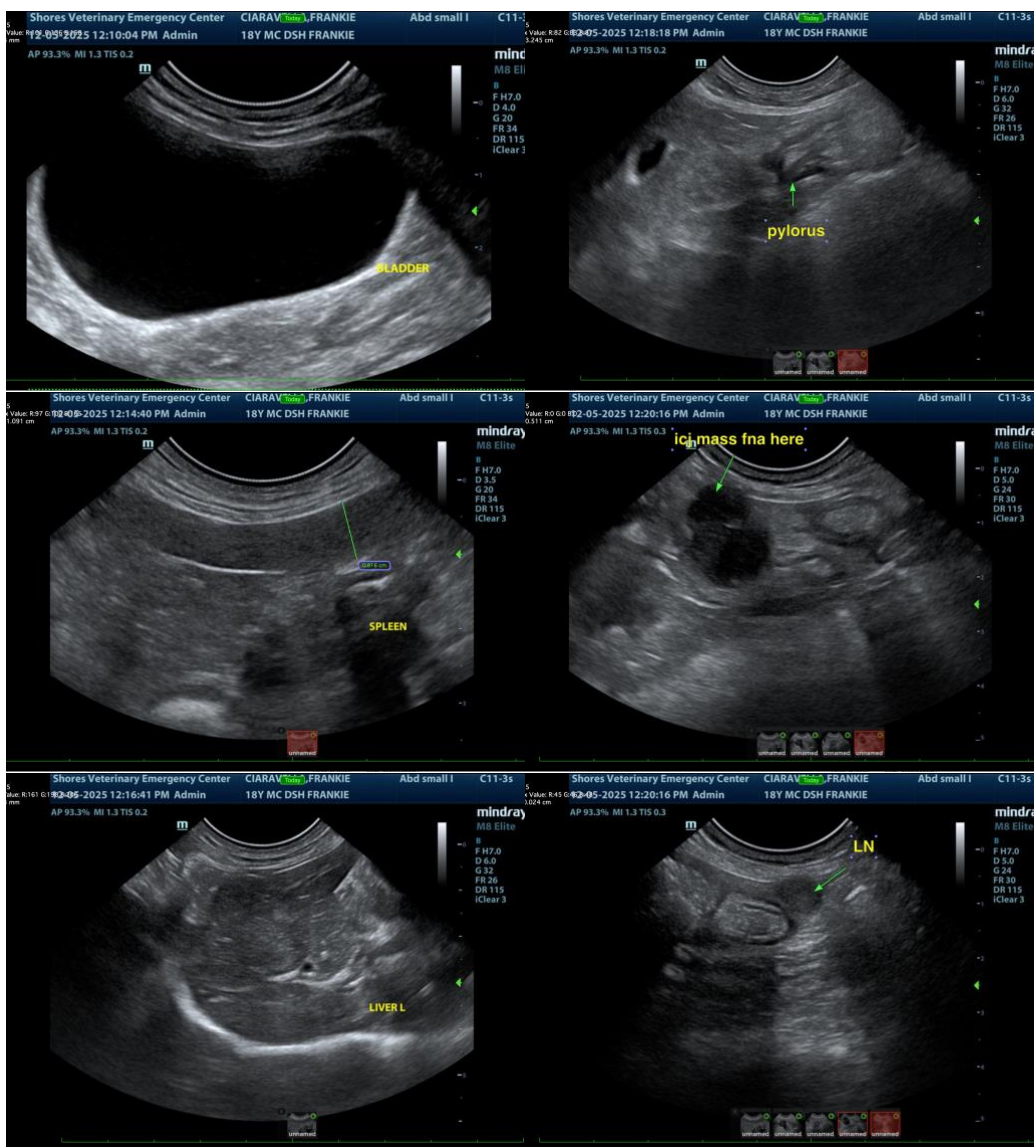
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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