



**PATIENT**

Louie Kerin

**PRESENTING CLINICAL SIGNS**

History: Abdominal Mass found on routine exam. No clinical signs. FeLV/FIV negative. Chem and CBC wnl. PT/PTT pending for FNA if warranted.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.56 cm. The left kidney measured 4.98 cm.

**AGE**

6 months

**WEIGHT**

9.2 lbs

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was slightly enlarged, yet uniform. The spleen measured 1.0 cm in width.

**IMAGING PERFORMED BY**

Dr. Prescott

**Liver**

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.

**HOSPITAL NAME**

Roundout Valley VA

**REFERRING VET**

Dr. Prescott

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**Gastrointestinal**

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. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease.

**DATE**

12/6/21



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**Pancreas**

Louie Kerin

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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

Domestic Shorthair

A 3.26 cm mixed, hypoechoic, undifferentiated midabdominal mass was noted in this patient. The midabdominal mass was lymph node derived.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Mesenteric lymph node mass. Suspect round cell neoplasia/lymphoma.

**AGE**

6 months

Minor intestinal thickening. Likely inflammatory bowel with conversion to lymphoma or dry form FIP are all possible.

**WEIGHT**

9.2 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no obvious evidence of neoplastic spread. Granulomatous disease is possible, yet less likely. FNA of the mesenteric lymph node and spleen is recommended. Given the age of patient FIP is a strong potential.

**INTERPRETED BY**

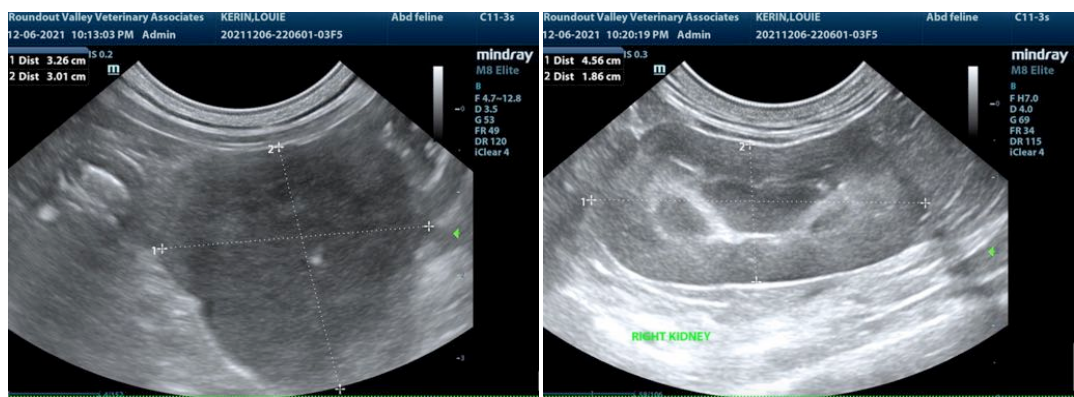
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**PATIENT**

Louie Kerin

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

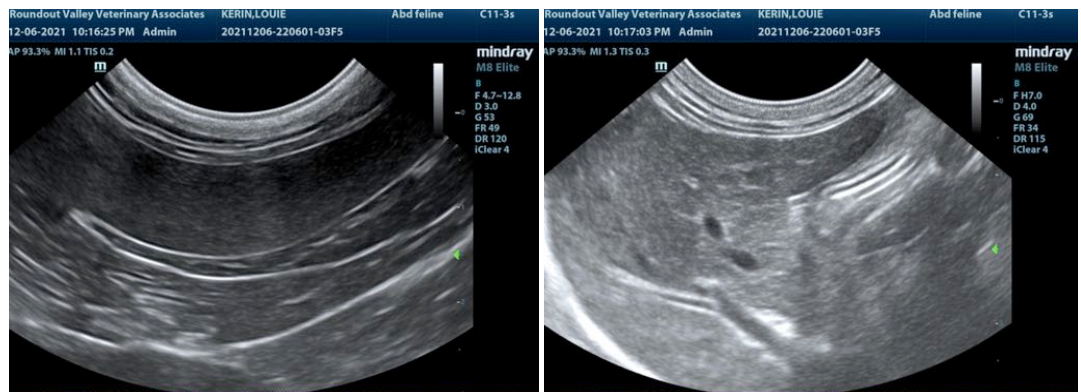
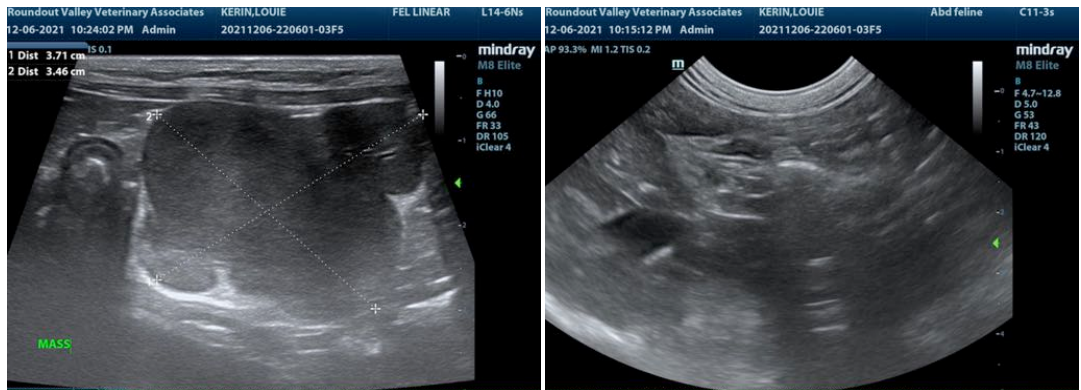
Neutered male

**AGE**

6 months

**WEIGHT**

9.2 lbs



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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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