



PATIENT

Landon Murdock

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

8.75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tyler Lillie LVT

HOSPITAL NAME

Adana VC

REFERRING VET

Dr. Donnelly

INVOICE

94425

DATE

12/8/21

PRESENTING CLINICAL SIGNS

History: Indoor/outdoor cat was seen for vomiting and diarrhea on 11-15-21 Follow up appointment done 11-22, Landon was doing better, but there was no change in how the abdomen palpated. O reported that cat had one further episode of vomiting that resolved without medical intervention. Continues to eat well

11-15-21 Exam revealed mild weight loss. Fecal was negative for giardia and no ova seen. Palpation revealed firm, ~1.5 inch intestinal mass effect/ thickening in R caudoventral abdomen. Concern for neoplasia. Patient treated supportively with anti-nausea medication, metronidazole and broad spectrum deworming. 11-22-21 Digital rads performed of abdomen R lateral and VD. Description of findings by Dr : probable intestinal mass and abnormal right middle lung lobe area. There are soft tissue opacity " speckles" in the ventral abdomen peritoneum and some small soft tissue opacities overlying intestines. No obvious ascites. Atypical mass effect cranial to bladder with abnormal gas pattern within it. Further weight loss of 1.1#. Concern for adenocarcinoma/ carcinomatosis.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 4.21 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. The right adrenal gland measured 0.59 cm. The left adrenal gland measured 0.39 cm.

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.



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Liver

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The **liver** revealed a cystic and nodular area that created a mass. However, this is likely benign and measured approximately 3.0 x 2.0 cm and occupied the right liver. The mass does not appear overtly resectable. The margins were fairly ill-defined. Other microcystic changes were noted in the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The **stomach** revealed a minor amount of luminal fluid. Minor small intestinal thickening was noted with reactive mesentery. A 2.0 cm small intestinal mass was noted. Variable thickening was noted elsewhere. Regional lymphadenopathy was present and measured up to 1.5 cm. A slight amount of free fluid was noted.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Variable intestinal thickening with focal intestinal mass and mesenteric lymphadenopathy.

IMAGING PERFORMED BY

Tyler Lillie LVT

Reactive mesentery.

Concurrent biliary cystadenoma type hepatic lesion.

Slight free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ultrasound-guided FNA of the intestinal mass and lymph nodes is recommended for further definition. The prognosis is guarded to poor depending on definitive cytology and responsiveness to presumptive need for chemotherapy.

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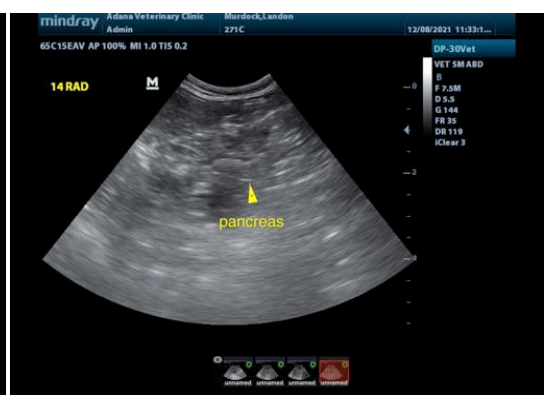
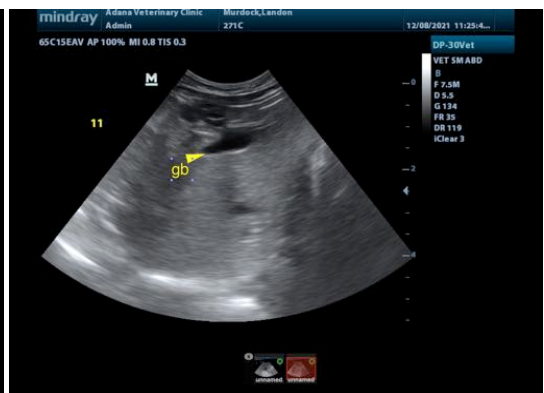
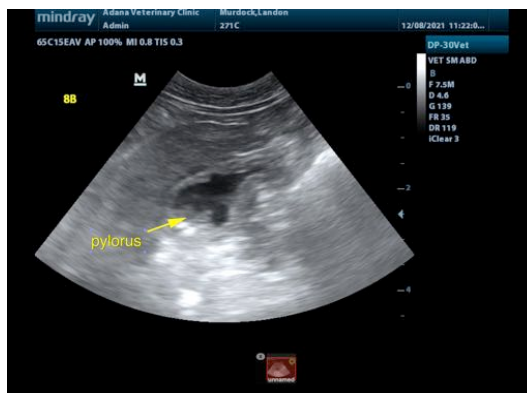
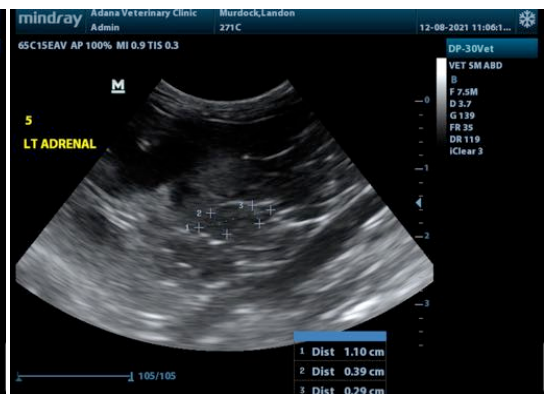
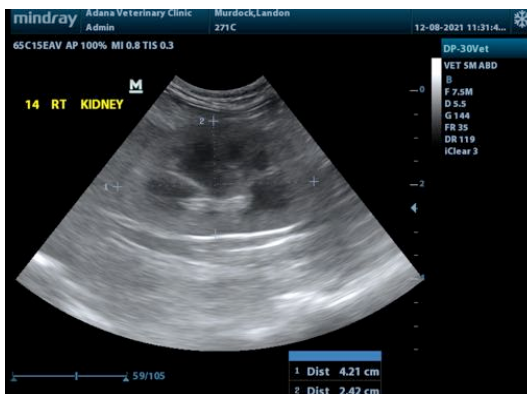
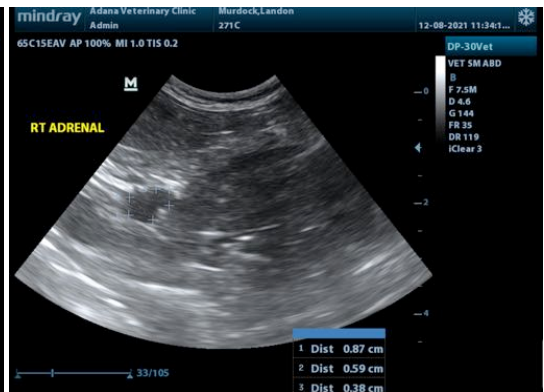
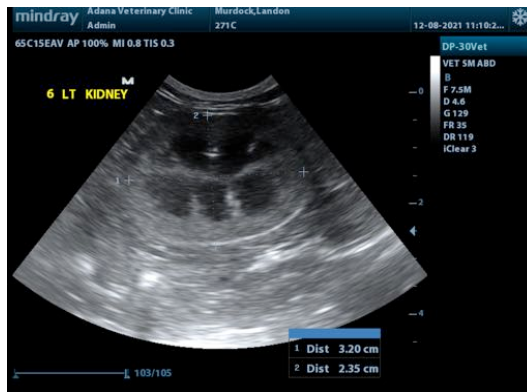
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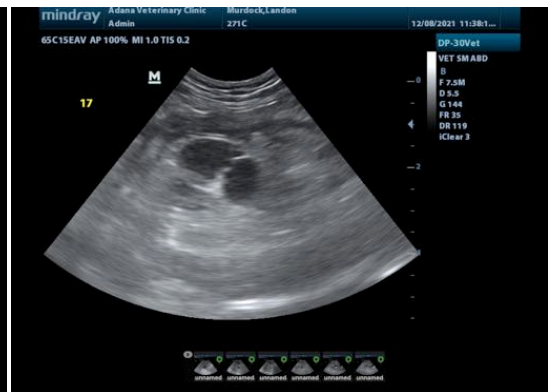
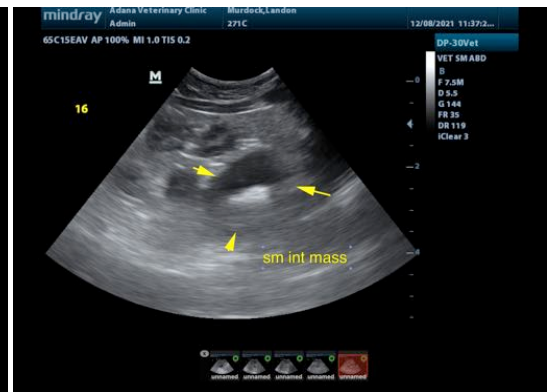
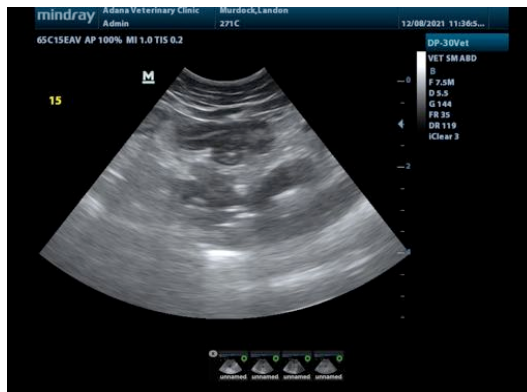
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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