



PATIENT PRESENTING CLINICAL SIGNS

Dice Valle Pt presented for vomiting 2-3x a week. Pt seems like he's always hungry. Pt also started with diarrhea 2 days ago. Pt lost 5lb since 2/2021. O noted this morning that pt nose/gums seems paler, but when presented for appt, color was normal pink. Hard mass palpated mid abd.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: BW/UA pending

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *Urinary System*

SEX

Neutered Male 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

5.5 Years 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 4.0 cm. The left kidney measured 4.0 cm.

WEIGHT

12.5 Pounds

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jen Amidon

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.

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REFERRING VET

Dr. Claudia Giuliani

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Gastrointestinal

The **stomach** was overdistended with chyme type material. An ileocecal junction mass was present measuring approximately 5.0 cm with mixed hypoechoic undifferentiated tissue proliferation with regional intestinal thickening with hypertrophied muscularis. Regional inflammation and localized 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.



PATIENT

Free Abdomen

Dice Valle

Free fluid noted in the abdomen.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Feline

- Ileocecal junction mass with regional inflammation and variable intestinal thickening

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

FNA warranted for further definition. Exploratory surgery could be considered. However, there is strong concern for micrometastasis. Carcinoma versus round cell neoplasia, granulomatous disease less likely. Penetrating foreign body with granulomatous disease possible, yet no foreign bodies noted.

SEX

Prognosis is extremely guarded to poor.

Neutered Male

AGE

5.5 Years

WEIGHT

12.5 Pounds

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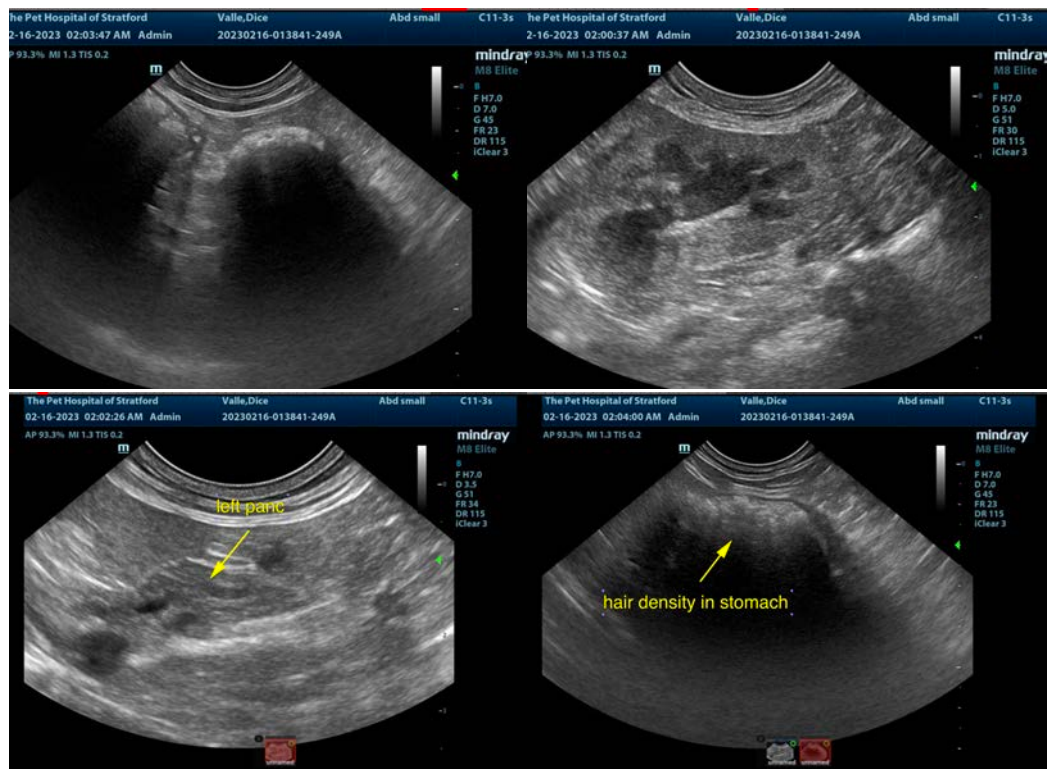
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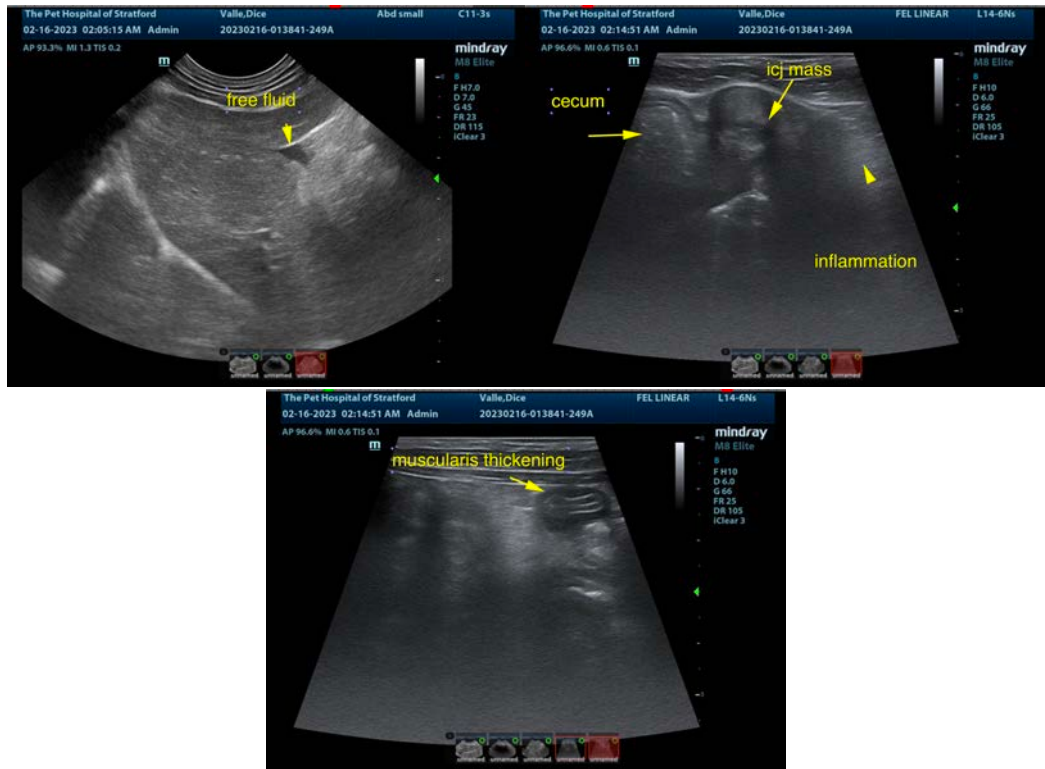
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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