



DATE **PRESENTING CLINICAL SIGNS**

2/17/26

Patient History: Acute lethargy and diarrhea for about ten days duration. Mild decrease in appetite and weight.

PATIENT

Current Medications: Convenia 0.4ml + Cerenia 0.4ml SQ on 2/11/26.

Luicille Bronzert

Labwork Results: Labwork submitted and attached. Radiographs pending.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IM telazol required to complete full diagnostic ultrasound.

Stat Report: Requested.

SPECIES

Imaging Performed by: Andi Parkinson, BS, RDMS.

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

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.

SEX

Spayed female

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 right kidney measured 3.65 cm. The left kidney measured 3.57 cm.

AGE

10/21/15

WEIGHT

8.7 lbs

The ileocecal junction revealed a concentric, disorganized, 2.6 x 5.4 cm ileocecal junction mass with infiltrative pattern in the distal ileum and proximal colon.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 0.4 cm.

HOSPITAL NAME

Northwind AH

The **right adrenal gland** was slightly enlarged and measured 0.75 cm.

REFERRING VET

Dr. Miller

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

INVOICE

71592

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Regional lymph nodes are enlarged in the ileocecal junction creating a mass. The mass measured 3.0 x 2.6 cm. The distal descending colon was also thickened.

Pancreas

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.

Free Abdomen

A large amount of abdominal effusion was noted in this patient with echogenic debris.

Nodular omental changes were noted with irregular contour. There was deviation from curvilinear patterns noted.

Thorax

Non-cardiogenic pleural effusion was noted in the thorax in this patient. There were areas of pleural and lung consolidation.

Rapid view of the heart revealed volume contraction.

ULTRASONOGRAPHIC FINDINGS

Ileocecal junction and lymph nodes masses with nodular omentum. Carcinomatosis, lymphomatosis or similar is suspected.

Dual cavity effusion.

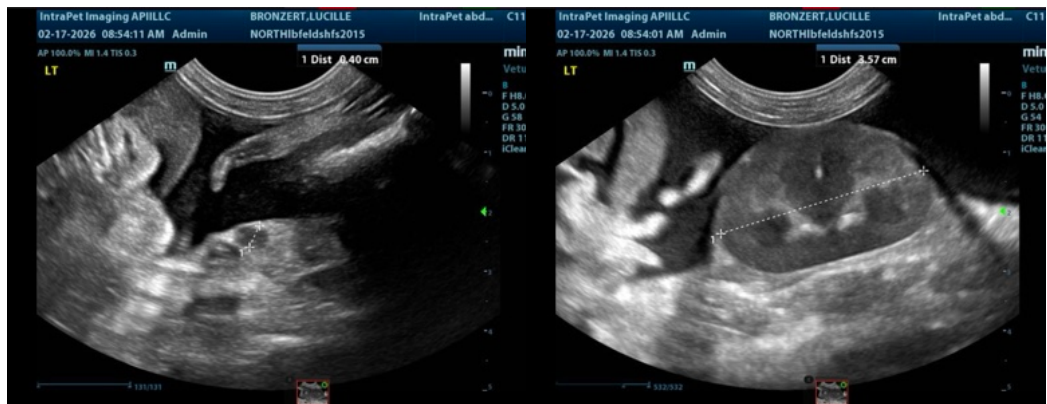
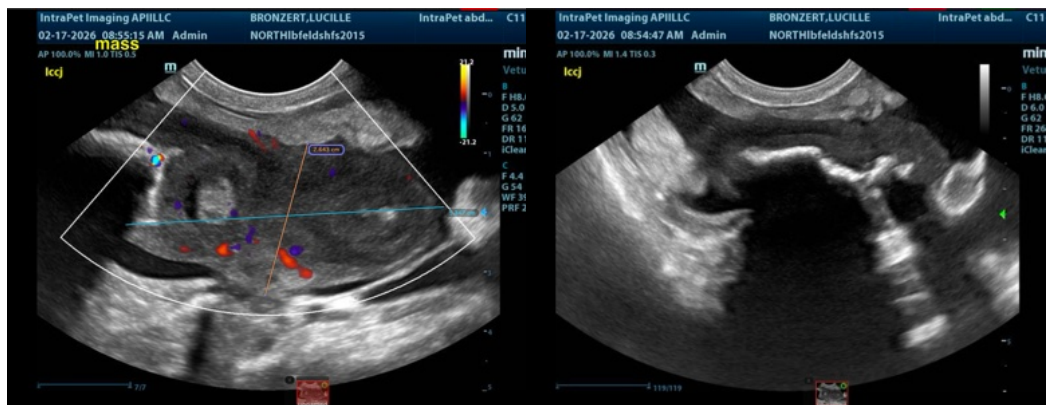
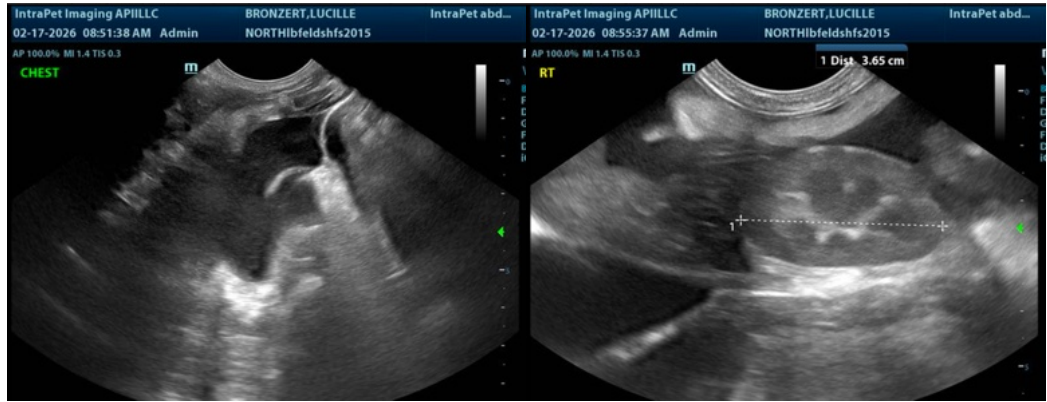
Slightly enlarged right adrenal gland.

Age related renal, hepatic and pancreatic changes.

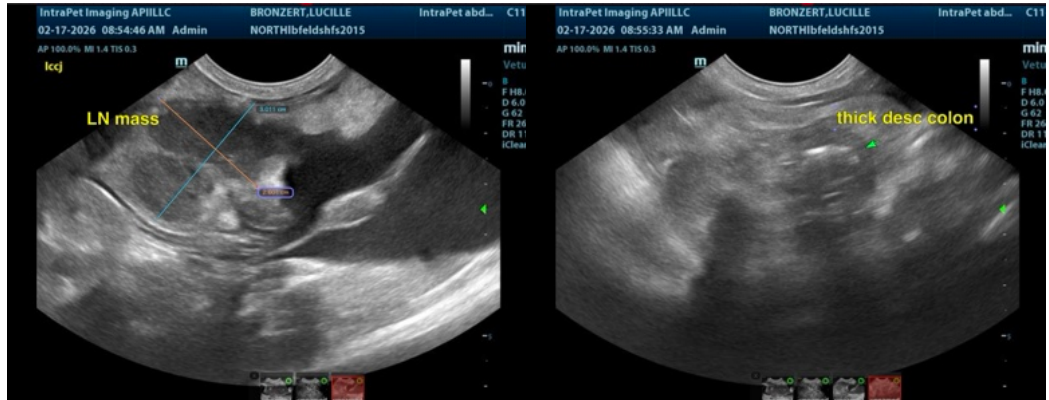
Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Humane euthanasia should be considered given the extent of the pathology. Alternatively, ultrasound-guided FNA of the masses and abdominocentesis with cytopsin would be indicated. There is a minor potential for FIP.







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
info@SonoPath.com