



PATIENT

Milton Small

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

10.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

42542

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: P is indoor/outdoor and presented today for not acting himself- wasn't outside where he would normally be, hiding upstairs seeming uncomfortable. Unsure about any recent vomiting or diarrhea, unsure about appetite. Pet is a hunter, does occasionally get in fights with other cats. Increased abdominal respiratory effort noted when positioned ventrally.
Abnormal PE/Chem/CBC/UA Results: Senior panel pending

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A cortical infarct was noted in the caudal pole of the left kidney. The left kidney measured 4.67 cm. The right kidney measured 4.01 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 0.47 cm. The left adrenal gland measured 0.34 cm.

Spleen

The **spleen** was heterogenous and normal in size. The spleen measured 0.9 cm.

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. Pleural effusion was noted through the diaphragm.



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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable with normal curvilinear patterns with mildly increased submucosal echogenicity. A hypoechoic 2.4 cm, undifferentiated mass was noted and appears to be deriving from the proximal colon. The mesenteric lymph nodes were slightly enlarged and measured 1.26 x 0.83 cm. Other mesenteric lymph nodes were enlarged.

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

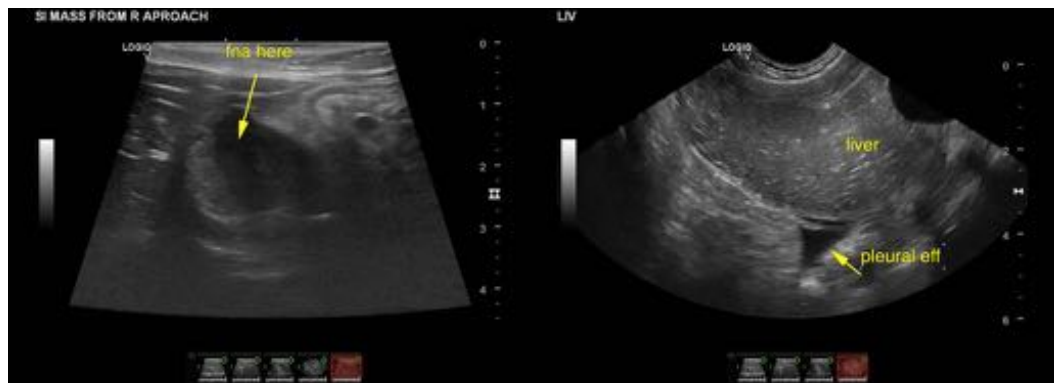
Cecocolic thickening/mass with mesenteric lymphadenopathy. This is not likely localized.

Age related renal changes with mineralization.

Pleural effusion noted through the diaphragm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph node and intestinal mass is indicated. Given the abdominal presentation I am concerned for metastatic disease to the chest. Chest radiographs are indicated. There is a strong concern for spread to the chest. FNA of the lymph node and intestinal/ceocolic mass is indicated. Granulomatous disease is less likely. Round cell neoplasia or carcinoma is likely.





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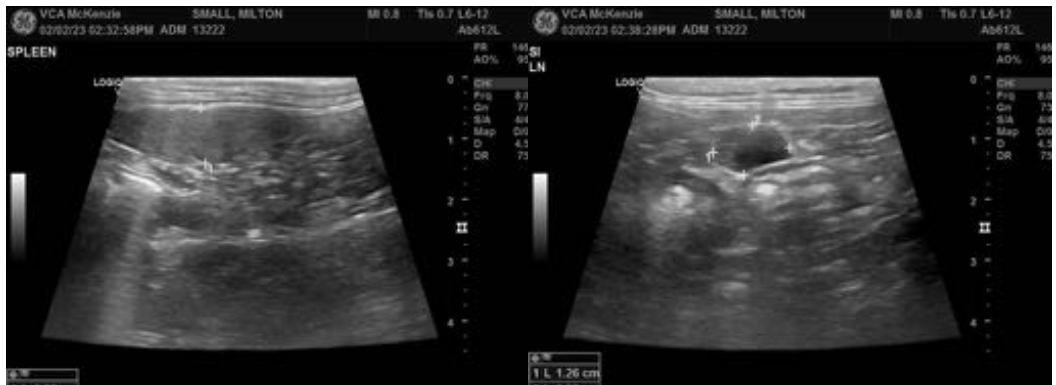
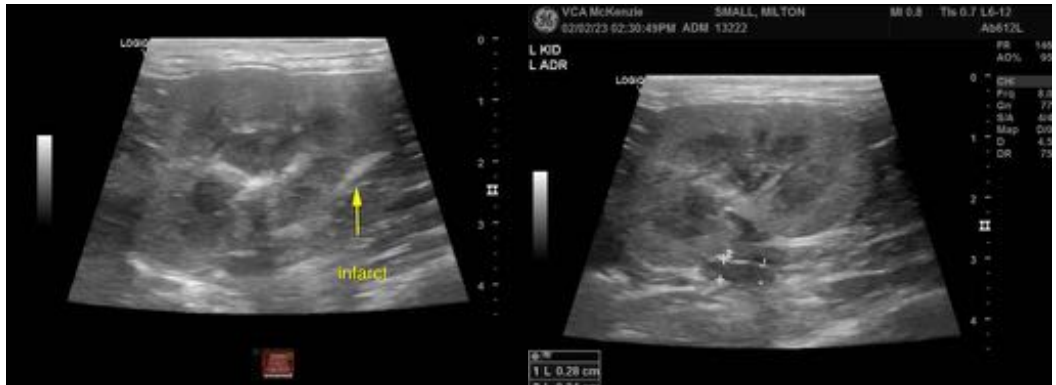
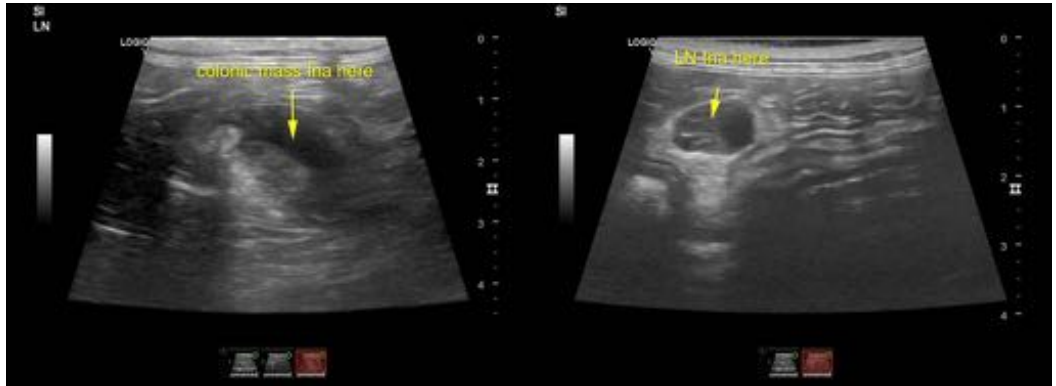
Dr. Arpaia

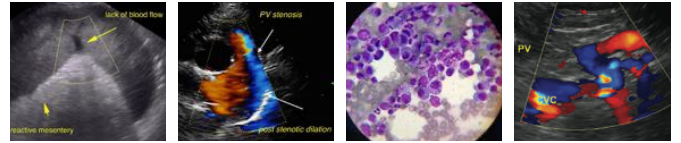
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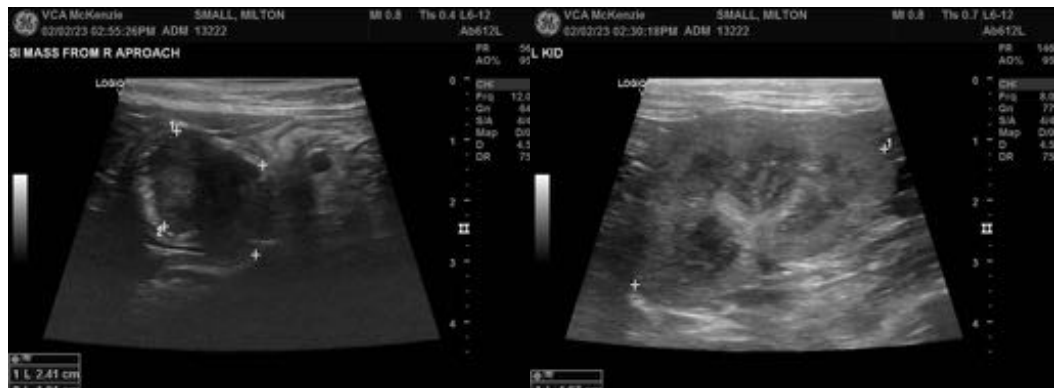
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com