



PATIENT PRESENTING CLINICAL SIGNS

Indie Ronan History: Weight loss of 4 pounds over last few months, constipation. Palpable abd. mass, AUS to assess origin and if operable. Current meds: Stool softner
 Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALT-103

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Bengal

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

AGE

12 years

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. Minor mineralization was noted in the both kidneys. The left kidney measured 3.43 cm. The right kidney measured 3.57 cm.

WEIGHT

8 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

All Creatures Great and Small Denville

REFERRING VET

Dr. Ashmore

Liver

The **liver** was riddled with multiple, mixed, hypoechoic parenchymal changes and coarse architecture. This is strongly suggestive for metastatic disease. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The mid small intestine revealed a mass that



PATIENT

measured 4.0+ cm with enhanced surrounding mesentery and hypoechoic, ill-defined, proliferative tissue. Wall thickness serosa to mucosa measured 1.82 cm.

Indie Ronan

SPECIES

Pancreas

Feline

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.

BREED

Bengal

SEX

Free Abdomen

Spayed Female

Reactive omentum and pockets of free fluid were noted between the liver lobes and around the intestinal mass.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

Intestinal mass, strong suspicion for hepatic metastatic disease.

WEIGHT

8 lbs

Multi-centric neoplasia/lymphoma is suspected.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

FNA of the intestinal mass and liver is recommended for staging purposes. The prognosis is guarded to poor depending on responsiveness to chemotherapy. Chest radiographs are warranted to assess for metastatic disease.

IMAGING PERFORMED BY

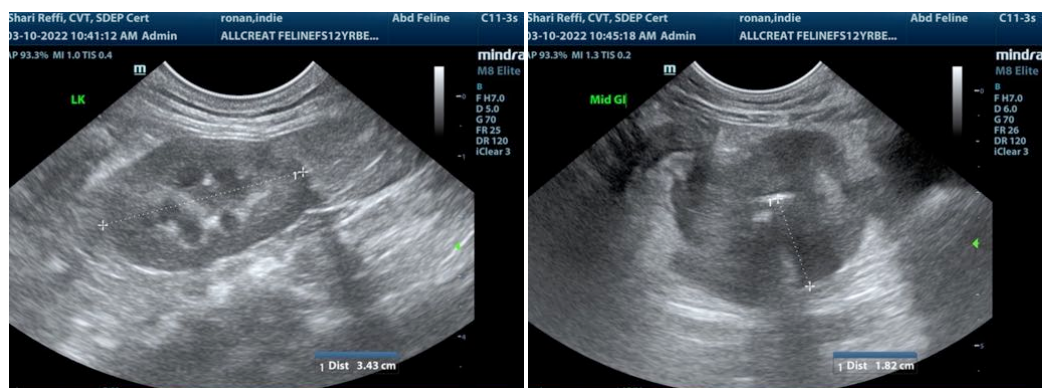
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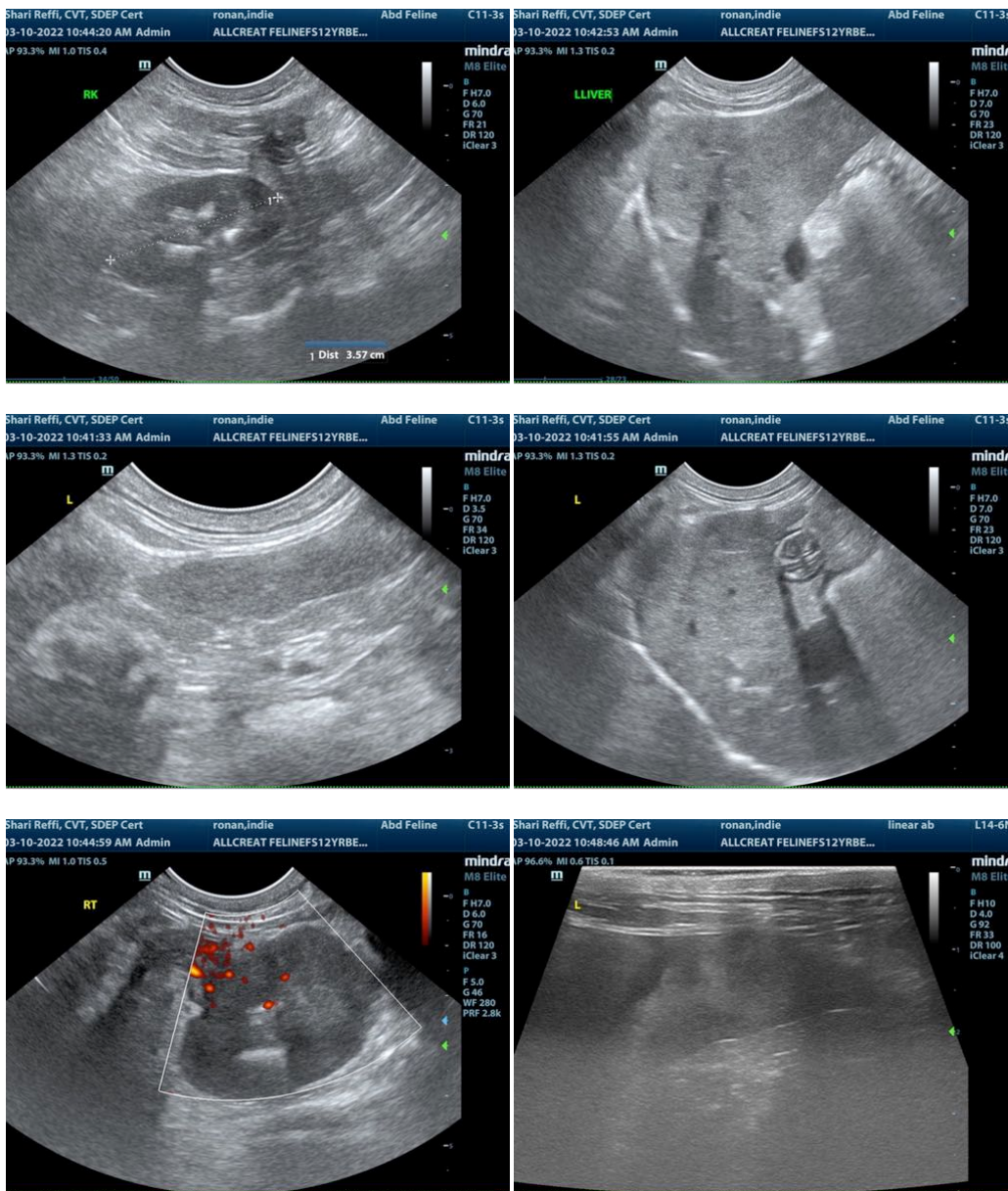
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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