



## PATIENT

Sterling Dietrich

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

8 Years 7 Months

## WEIGHT

6.8

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Exeter Veterinary  
Hospital

## INVOICE

14246

## DATE

03/11/26

## PRESENTING CLINICAL SIGNS

- AUS to further evaluate weight loss (~3.5 lbs in 7 mos), decreased appetite, intermittent vomiting and concerns for PLE. BW shows hypoproteinemia, hypoalbuminemia and hypocalcemia (total).
- Meds: Gabapentin

CBC: Hct 34%-n, Plts 27,000 w/ few clumps, mild stress leukogram - Chem- Alb 1.8 L, TP 5.0 L, Ca 7.9 L, CPK 1436 H, normal LES, Cr 0.7-n, BUN 13-n, SDMA 17.4 H - T4: 0.9-n

## 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 were 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 mild 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. The left kidney measured 4.0 cm in length. The right kidney measured 4.08 cm in length.

### 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 left adrenal gland measured 0.39 cm width. The right adrenal gland measured 0.40 cm width.

### Spleen

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

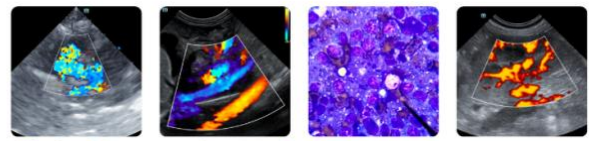
### Liver

The **liver** presented hypoechoic and mildly irregular in contour with a particular pronounced caudate process. This may be related to the neoplastic process in the GI tract.

### Gastrointestinal

A small **intestinal** mass was present measuring 2.7 cm x 2.0 cm and a secondary 6.0 cm mass, both deriving from the small intestine with significant disruption of architecture. The larger intestinal mass extended at least 6.0 cm to 8.0 cm. The stomach was empty other than a minor amount of fluid accumulation.

### Pancreas



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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.

**Free Abdomen**

The abdomen in this patient revealed multifocal hypoechoic lymphadenopathy of mesenteric nodes measuring up to 1.8 cm x 0.9 cm. Free fluid was noted in the abdomen, likely lymphatic obstruction.

**Heart**

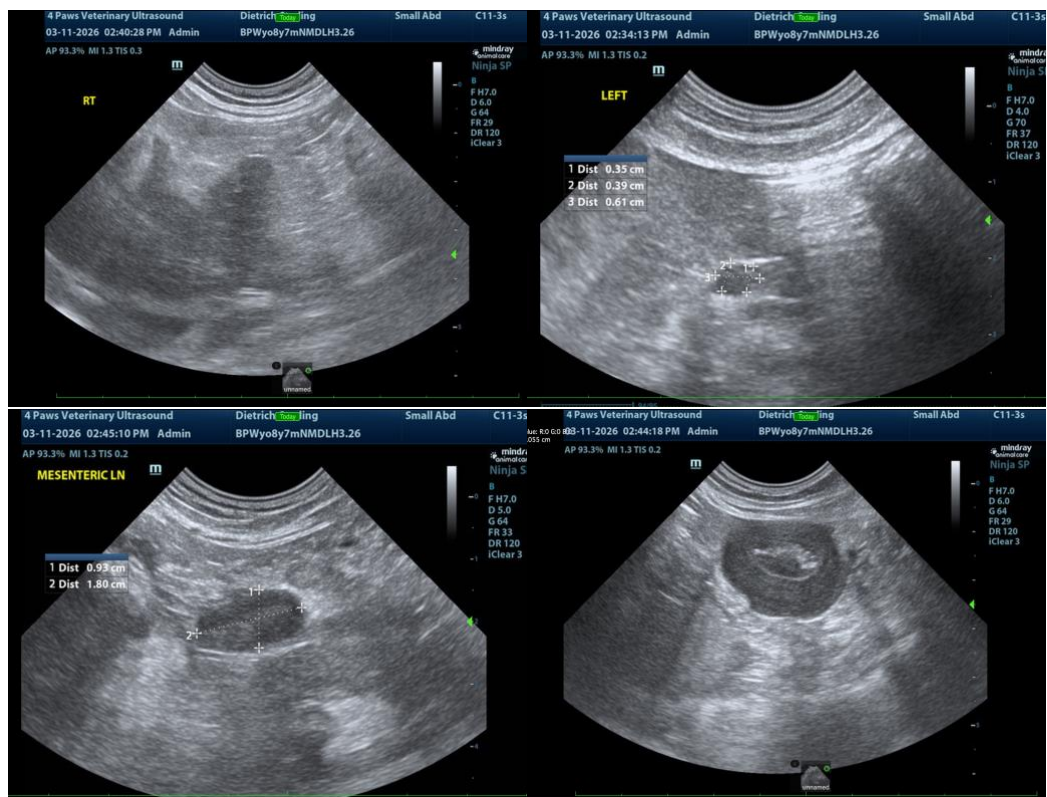
Cardiac presentation revealed normal contractility and volumes. No evidence of primary cardiac disease is present. A moderate amount of pleural effusion was present, likely metastatic from the abdominal pathology.

**ULTRASONOGRAPHIC FINDINGS**

- Multicentric lymphoma pattern involving multiple intestines, lymph nodes and likely thorax.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pleurocentesis and cytospin of the thoracic fluid is warranted to assess for exfoliating neoplasia. FNA of either of the intestinal masses is warranted with immediate chemotherapeutic intervention.





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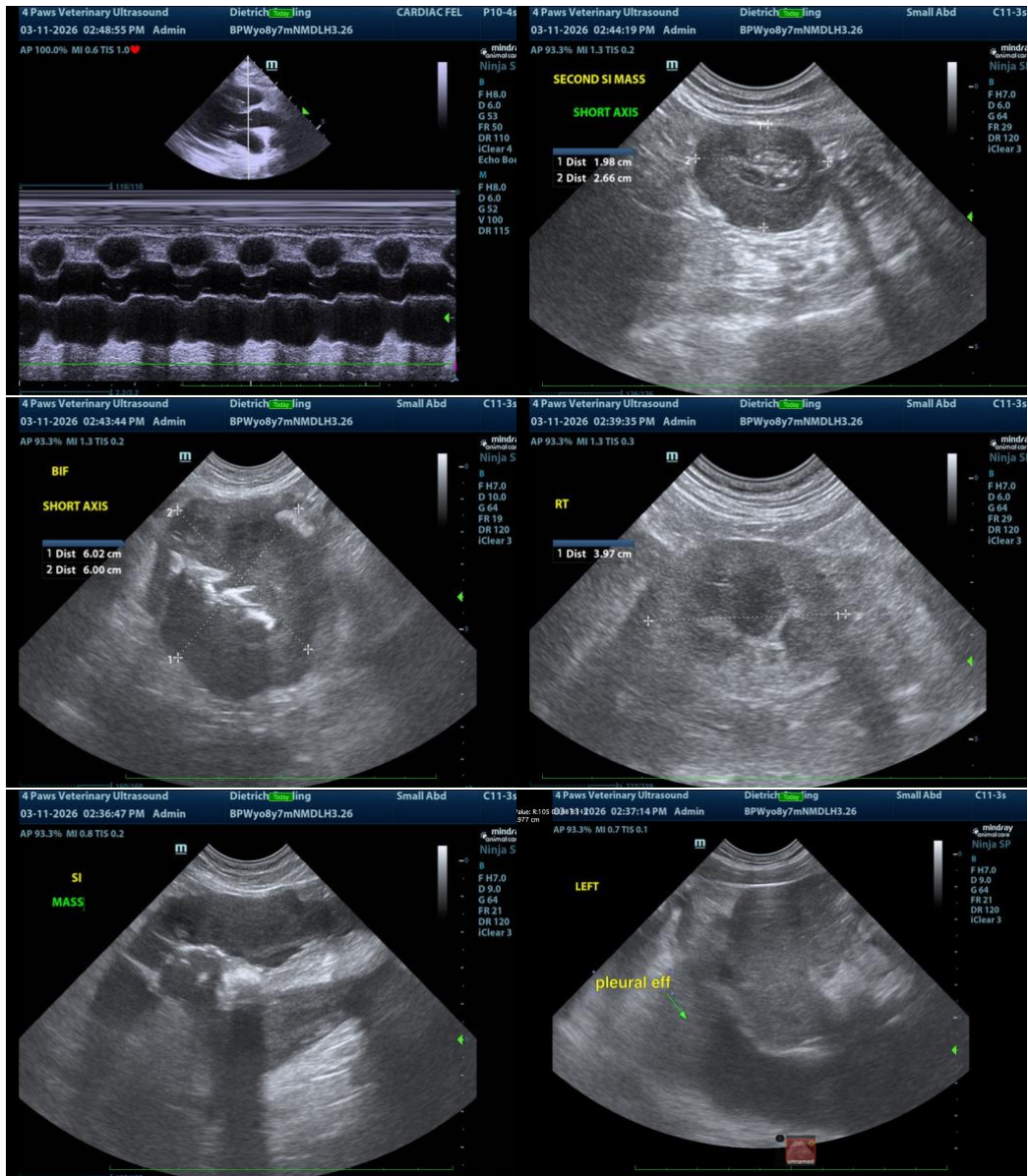
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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