



**PATIENT**

Wesley Villanueva

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

9.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Mayra Sanchez

**HOSPITAL NAME**

Sunset AH

**REFERRING VET**

Dr. Polit

**INVOICE**

43425

**DATE**

3/21/23

**PRESENTING CLINICAL SIGNS**

History of weight loss and inappetence  
Abnormal PE/Chem/CBC/UA Results: PE: NSF CBC: mild anemia, leukocytosis Chem: hyperbilirubinemia 0.7, hyperkalemia 0.6

**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 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 left kidney measured 4.24 cm. The right kidney measured 3.73 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.

**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.

**Liver**

The **liver** was mildly enlarged with minor scalloping contour. 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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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable small intestinal thickening was also noted with an overt intestinal mass. The mass measured 2.0cm. The mass appears to be jejunum. A mesenteric lymph node mass was noted in this patient and measured 5.0 cm. The mass was undifferentiated, hypoechoic and irregular. Reactive mesentery was noted around the mesenteric lymph node mass. Other lymph nodes are mildly enlarged. Reactive mesentery was noted throughout the midabdomen.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

Intestinal mass.

Mesenteric lymph node mass.

**WEIGHT**

9.6 lbs

Multi-focal, lymphadenopathy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the intestinal mass, lymph node mass, spleen and liver are all indicated. The prognosis is guarded to poor depending on responsiveness to chemotherapy. Chest radiographs are warranted to assess for metastatic disease.

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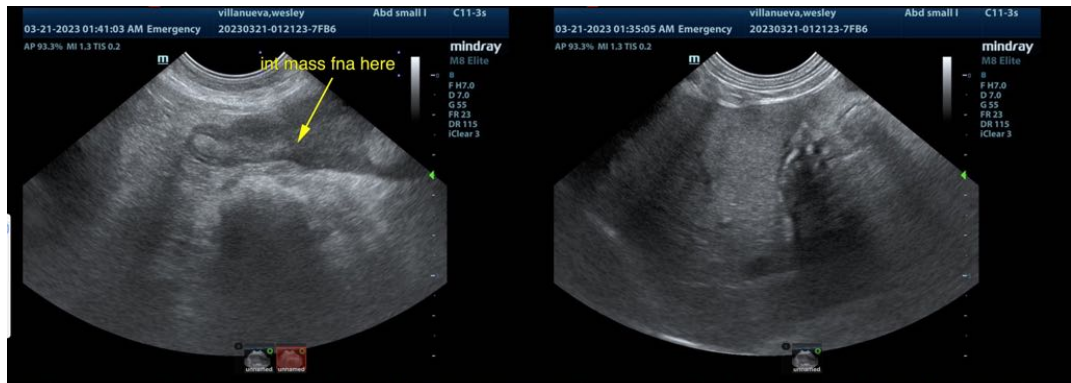
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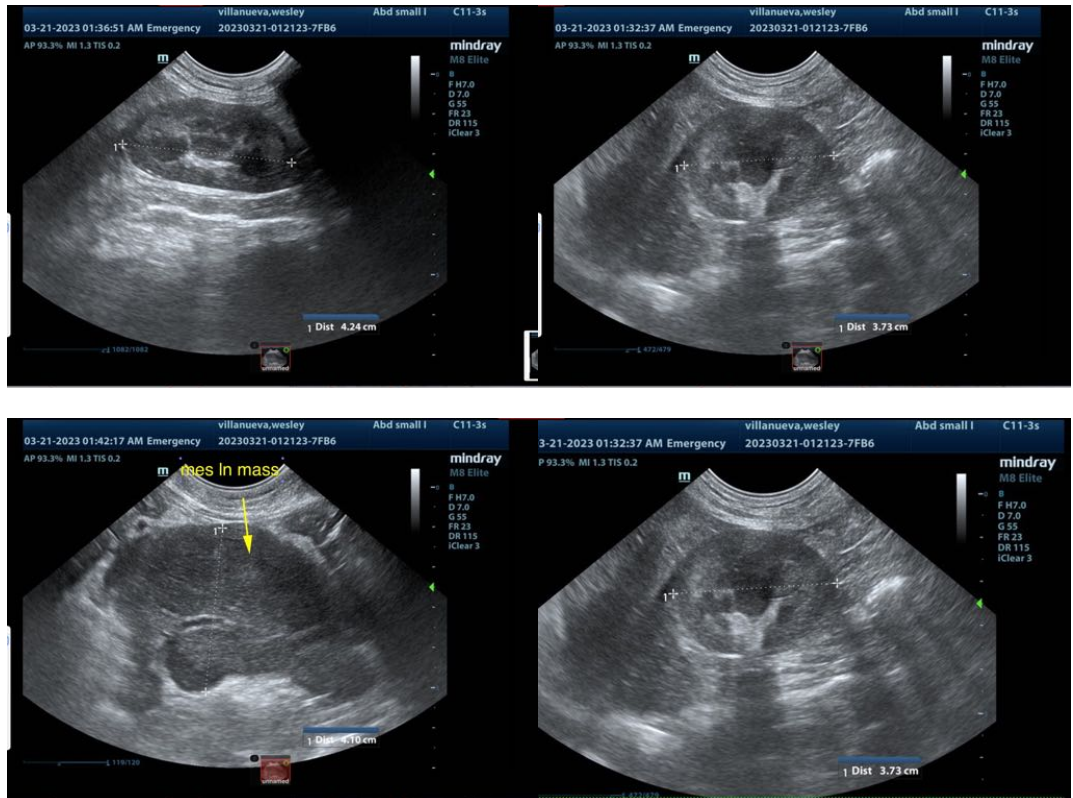
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com