



**PATIENT**

Patrick Morrissette

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

11.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ammeraal

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

Dr. Ammeraal

**INVOICE**

96862

**DATE**

3/25/22

**PRESENTING CLINICAL SIGNS**

History: Presenting for decreased appetite, weight loss  
Abnormal PE/Chem/CBC/UA Results: Mass palpable in abdomen, GLucose 51mg/dL, Mg: 1.1 mEq/L, Glob 2.0 g/dL, WBC 19400 uL, Neutrophils 16102 uL, Monocyte 1552 /uL

**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 left kidney was enlarged and irregular with loss of corticomedullary definition measuring 4.63 cm. The right kidney revealed age related changes and measured 4.4 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 left adrenal gland measured 0.41 cm. The right adrenal gland measured 0.45 cm.

**Spleen**

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

**Liver**

The **liver** was slightly swollen and mildly irregular. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted with an overt intestinal mass and surrounding nodular omentum with regional lymphadenopathy and secondary free fluid. The mesenteric lymph nodes were enlarged and hypoechoic with hyperechoic surrounding fat. The largest lymph node measured 1.5 cm.

**Pancreas**



**PATIENT**

Patrick Morrissette

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.

**SPECIES**

Feline

**Free Abdomen**

Slight areas of free fluid were noted.

**BREED**

Domestic Longhair

**ULTRASONOGRAPHIC FINDINGS**

Multi-centric lymphoma pattern involving intestinal mass and variable intestinal thickening.

**SEX**

Neutered male

Multi-focal lymphadenopathy and irregular left kidney.

**AGE**

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the lymph nodes and intestinal mass could be considered for furtherer definition. Immediate chemotherapeutic intervention is recommended. However, given the extent of the pathology long term prognosis is poor.

**WEIGHT**

11.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ammeraal

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

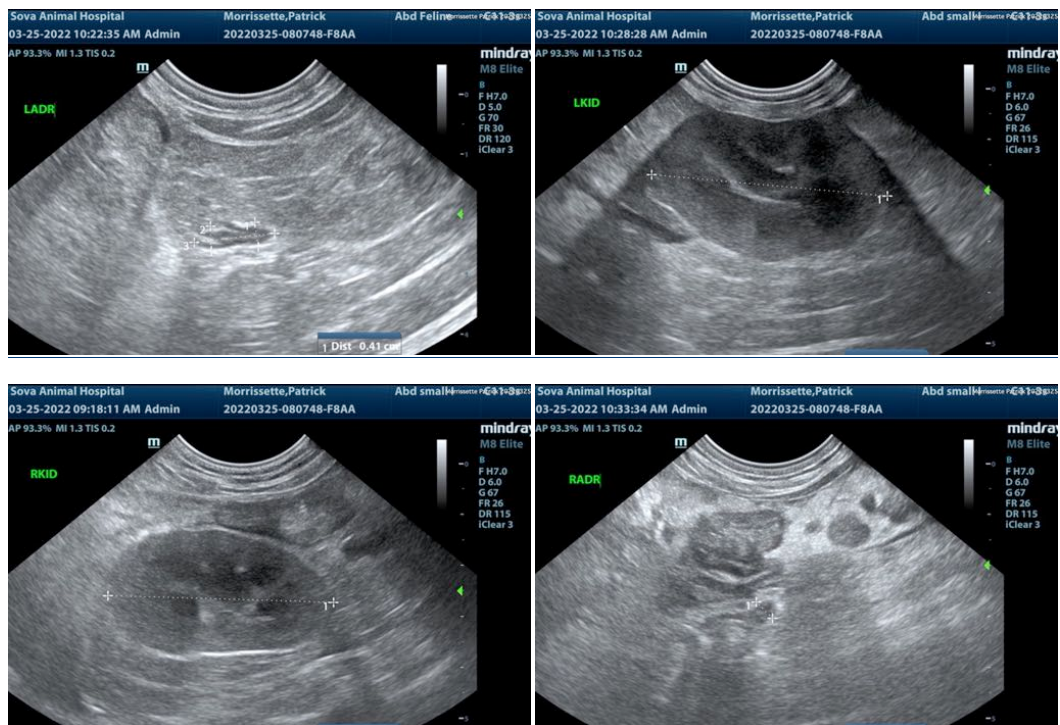
Dr. Ammeraal

**INVOICE**

96862

**DATE**

3/25/22





**PATIENT**

Patrick Morrissette

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

11.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ammeraal

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

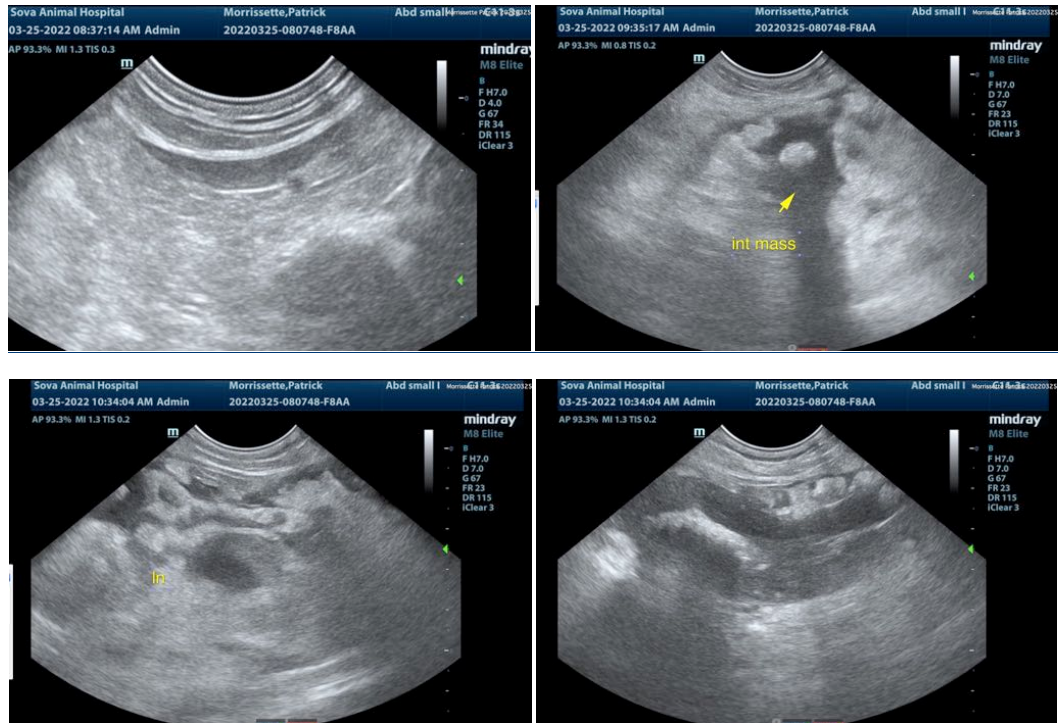
Dr. Ammeraal

**INVOICE**

96862

**DATE**

3/25/22



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