



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mr. Zack 11 <sup>th</sup> Hour Rescue	T 98.9, HR 140, RR 36, BCS 4/9, PS 1-2/4, FAS green
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Bladder sediment was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.
Domestic Shorthair	<b>The kidneys</b> 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.
<b>SEX</b>	<b>Adrenal Glands</b>
Neutered male	Both <b>adrenal glands</b> were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. A nodule was noted in the left adrenal gland.
<b>AGE</b>	<b>Spleen</b>
6 years	The <b>spleen</b> 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.
<b>WEIGHT</b>	<b>Liver</b>
11 lbs	The <b>liver</b> 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.
<b>INTERPRETED BY</b>	<b>Gastrointestinal</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	Examination of the <b>gastrointestinal tract</b> revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. An intestinal mural mass was noted and measured 2.62 x 1.51 cm.
<b>HOSPITAL NAME</b>	
SDEP Lab	
<b>INVOICE</b>	
97844	
<b>DATE</b>	
3/26/22	



**PATIENT**

Mr. Zack 11<sup>th</sup> Hour  
Rescue

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

11 lbs

**INTERPRETED BY**

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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. The iliac and jejunal lymph nodes were enlarged.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

LA:AO 1.3, MR 113.7 cm/sec, TV 190.5 cm/sec

**ULTRASONOGRAPHIC FINDINGS**

Bladder sediment.

Intestinal mass.

Enlarged lymph nodes.

Left adrenal nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Jejunal mass with regional lymphadenopathy suspect emerging lymphoma with local LN spread, granulomatous disease, complicated IBD, carcinoma less likely.

FNA of the LNs and Intestinal mass warranted



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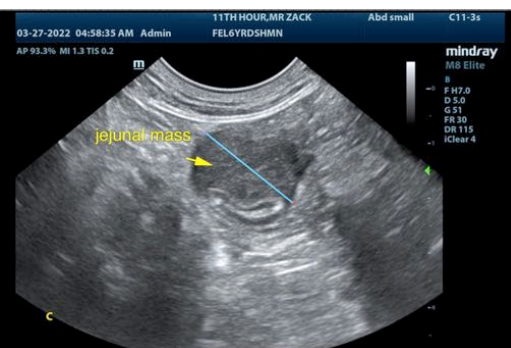
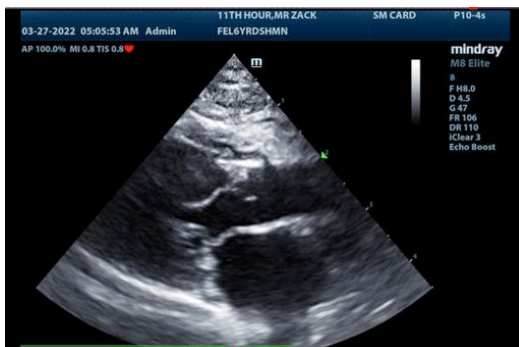
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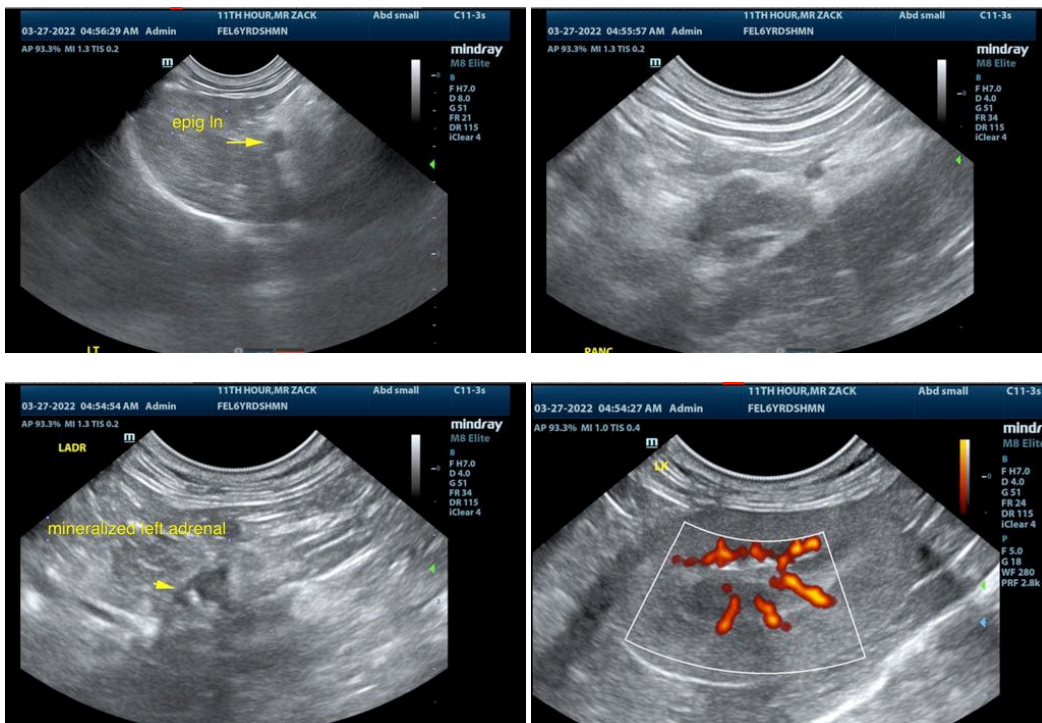
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com