



PATIENT PRESENTING CLINICAL SIGNS

Bob Coleman normal except ongoing weight loss for last 6 months
Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry normal. slightly low Albumin, otherwise normal

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DLH

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.

SEX

Neutered Male

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 right kidney measured 4.1 cm.

AGE

7 Years

WEIGHT

7 Pounds

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 0.38 cm. The right adrenal gland measured 0.32 cm.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 were noted.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Liver

HOSPITAL NAME

Q Street AH

The **liver** 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.

REFERRING VET

Dr. Bretschneider

INVOICE

36598

Gastrointestinal

DATE

3/30/22

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with 1:1 muscularis/mucosal ratio. The stomach was empty. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured 0.31 cm. A focal intestinal mass was present with wall thickness of 0.67 cm. The intestinal mass appeared to be created by an infiltrative pattern in the distal



PATIENT

Bob Coleman

ileum, ileocecal junction and proximal colon with stool stasis. A colic lymph node enlarged at 1.64 cm x 0.97 cm. No evidence of obstruction was present.

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Pancreas

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. The caudal aspect of the left pancreatic limb was distinctly hypoechoic and irregular. 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

BREED

DLH

SEX

Neutered Male

AGE

7 Years

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with hypertrophied muscularis and ileocecal junction/proximal colonic mass with regional lymphadenopathy – likely lymphoma, possibility of mast cell disease, less likely granulomatous disease. Diffuse intestinal thickening elsewhere without neoplastic criteria.
- Pancreatic remodeling with hypoechoic, irregular left limb

WEIGHT

7 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subtotal colectomy could be considered in this patient. However, I do not feel that it would be completely curative, given the regional lymphadenopathy. Ultrasound guided FNA of the regional lymph nodes and ileocecal junction/colonic mass could be considered for further definition. Likely lymphoma. Prognosis is guarded to poor depending upon responsiveness to chemotherapy.

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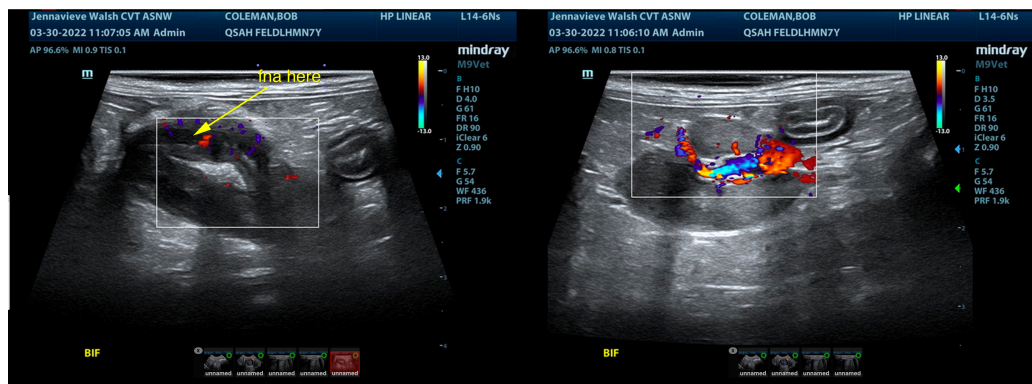
Dr. Bretschneider

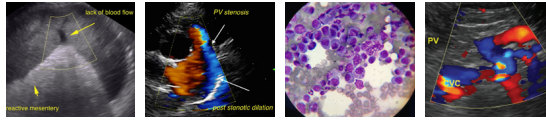
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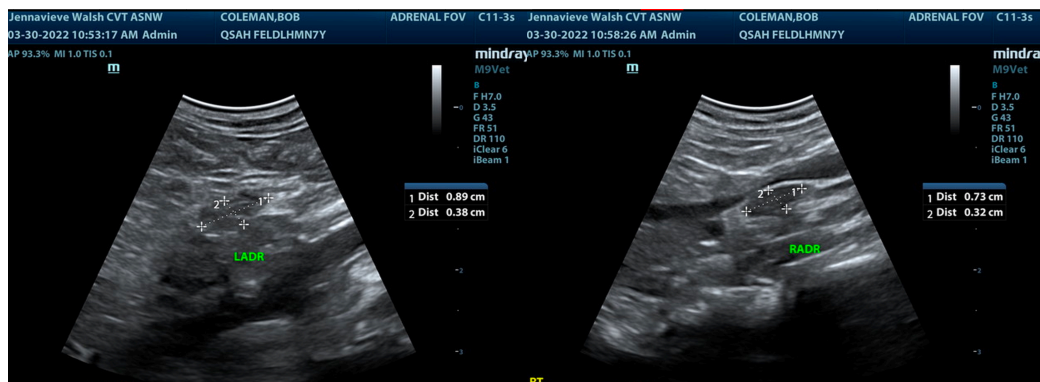
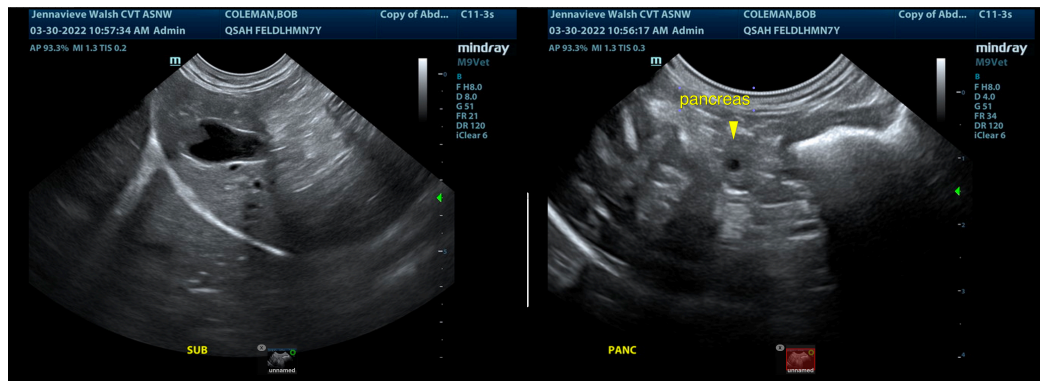
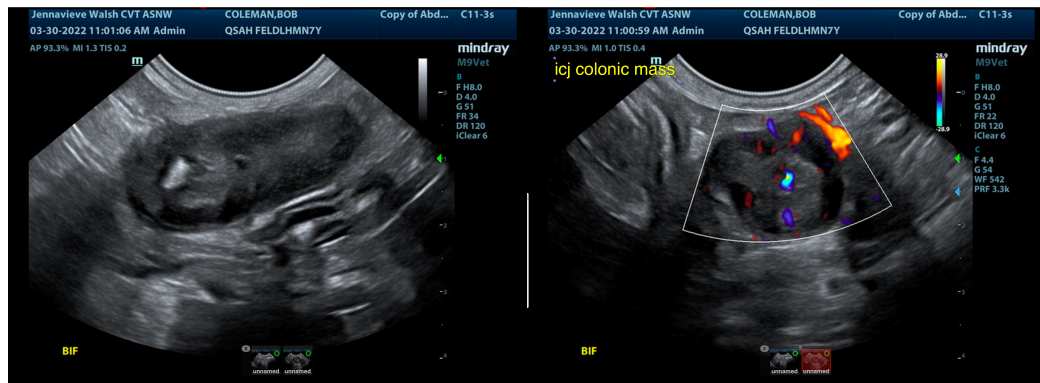
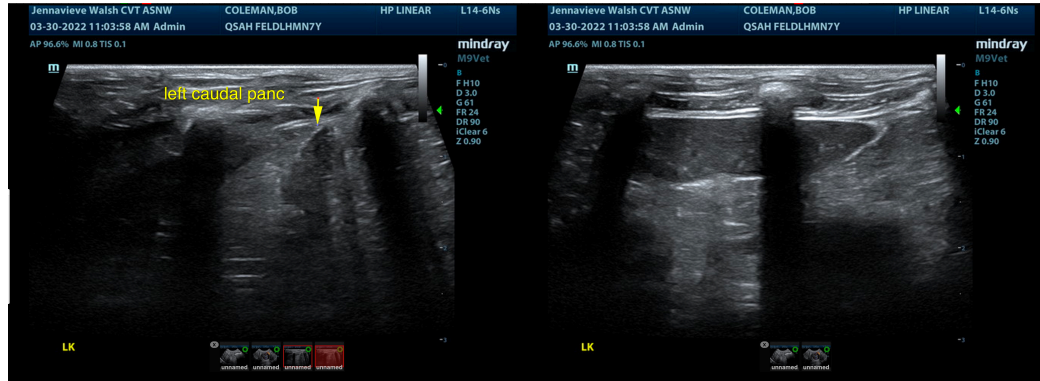
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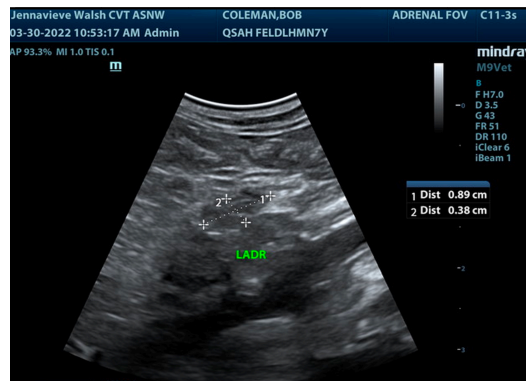
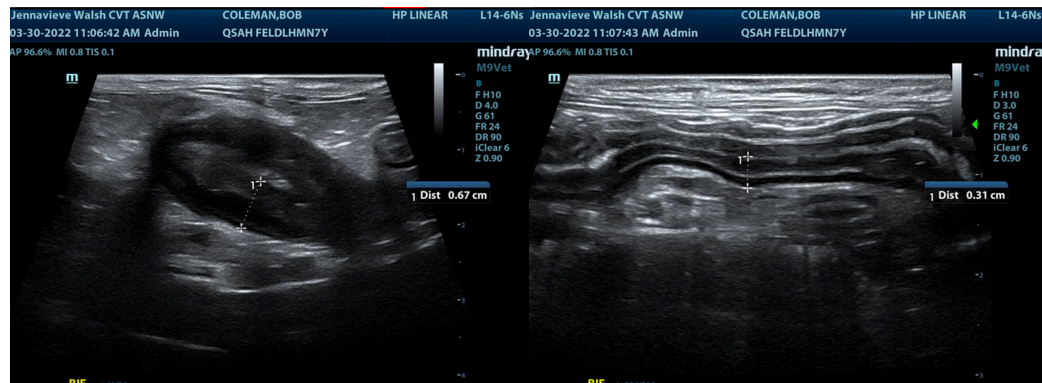
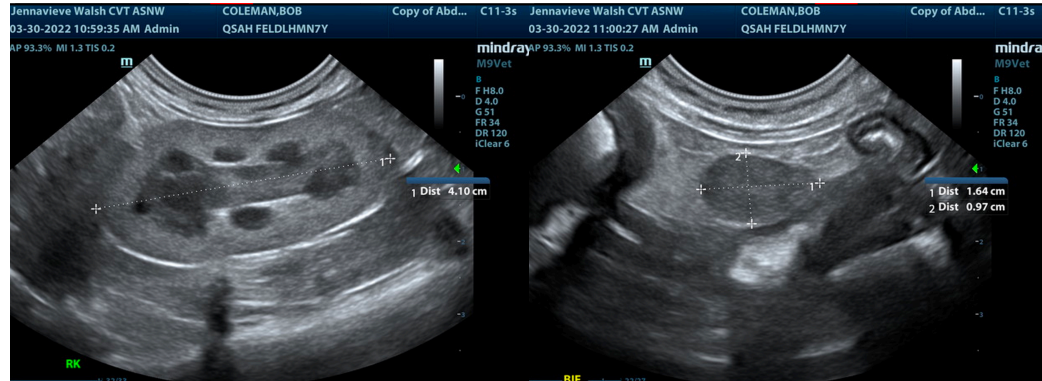
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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