



PATIENT

Prince Sr. Hatton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.37

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Macie Joncas

INVOICE

21449

DATE

3/4/23

PRESENTING CLINICAL SIGNS

History: Diarrhea with blood and weight loss

Abnormal PE/Chem/CBC/UA Results: cbc: RBC 5.95, HCT 23.6, Hemoglobin 7.5, Lymphocytes 0.435, Eos 0.042, PLT 69 (moderately decreased on blood film, plt clumps present) chem: glucose 55, albumin 2.4 pro BNP 24

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 4.5 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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.

Liver

The **liver** revealed minor heterogenous parenchymal changes and general swelling. Moderate hepatomegaly was present. The hepatic parenchyma appeared to have a granular appearance and may be involved in the neoplastic process found in the GI tract and lymph nodes. The gallbladder was normal and the common bile duct was unremarkable.

Gastrointestinal

The **stomach** and upper duodenum appeared unremarkable. Variable intestinal thickening was noted. An ileocecal intestinal mass was noted, measuring 3.3 cm x 2.15 cm - ultrasound guided FNA is indicated. Reactive mesentery was noted. Regional lymph nodes were enlarged, rounded and hypoechoic, the largest of which measured 1.6 cm.

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.



PATIENT

Prince Sr. Hatton

ULTRASONOGRAPHIC FINDINGS

- Variable intestinal thickening, intestinal mass and regional lymphadenopathy
- Heterogenous liver (possible hepatic involvement)

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the mesenteric lymph nodes, intestinal mass and liver is warranted for staging purposes. This is not likely a surgical issue in this patient given the lymph node involvement, however, the next step would be based on screening procedure with FNA of the three organs mentioned.

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.37

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

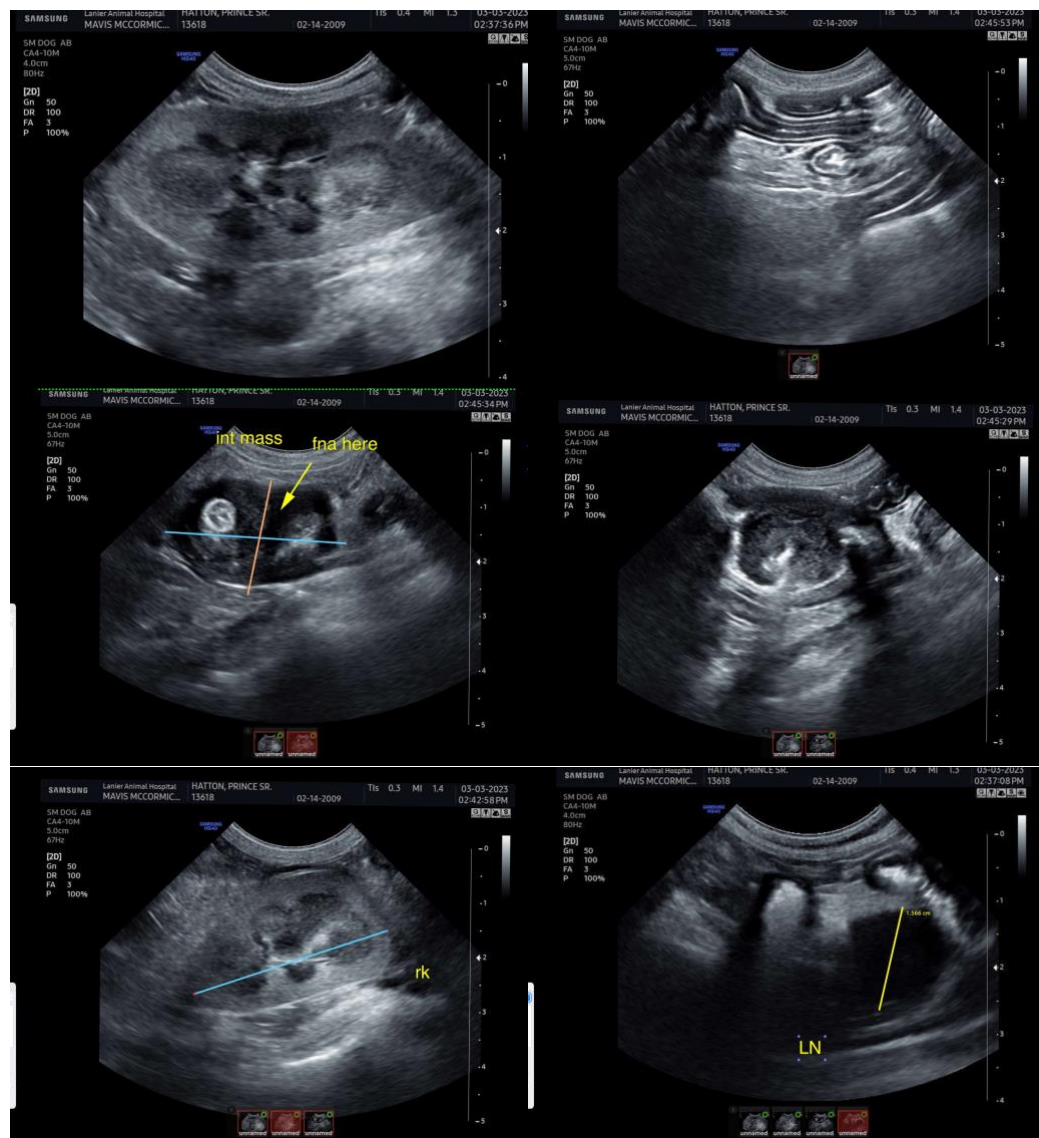
Dr. Macie Joncas

INVOICE

21449

DATE

3/4/23





PATIENT

Prince Sr. Hatton

SPECIES

Feline

BREED

DSH

SEX

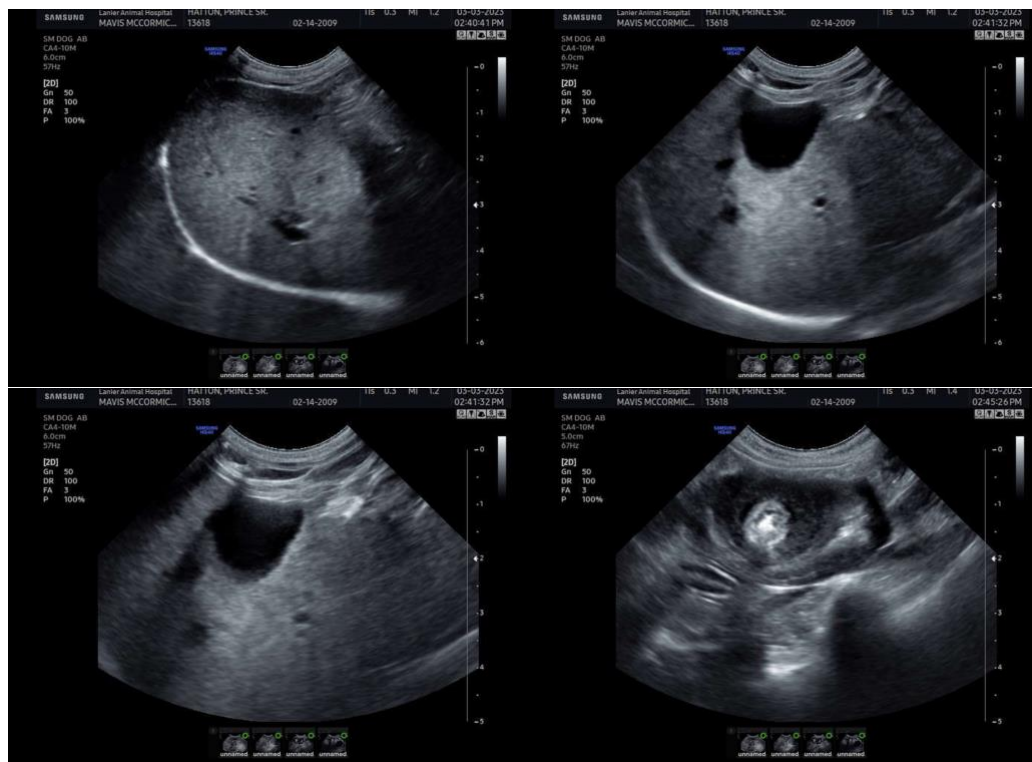
Neutered Male

AGE

14 Years

WEIGHT

7.37



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Macie Joncas

INVOICE

21449

DATE

3/4/23

The information and recommendations provided are based on the images presented by the referring veterinarian. 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