



**PATIENT**

Smudge Leone

**PRESENTING CLINICAL SIGNS**

Wt loss, Anorexia.

Abnormal PE/Chem/CBC/UA Results: N/A

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Minor suspended debris was visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**SEX**

MN

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.24 cm in length. The right kidney measured 4.7 cm in length.

**AGE**

10yr

**Adrenal Glands**

**WEIGHT**

9.2lb

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 0.32 cm. The right adrenal gland measured 0.35 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**

Dr. Rodriguez

**Liver**

The liver images submitted revealed mild enlargement and mild coarse architecture. Slight hyperechogenic parenchyma was noted, possible lipidosis or micro metastasis from the intestinal mass cannot be completely ruled out. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Foxfield Veterinary  
Service

**Gastrointestinal**

**REFERRING VET**

Dr. Rodriguez

The intestine in this patient revealed concentric wall thickening up to 0.54 cm in width with regional inflammation. A partially obstructive intestinal mass noted measuring 2.5 cm x 2.1 cm with dilated small intestine followed by empty small intestine. Areas of gas accumulation were also noted. The stomach contained minor chyme.

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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.

**DATE**

03/06/2023



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## Free Abdomen

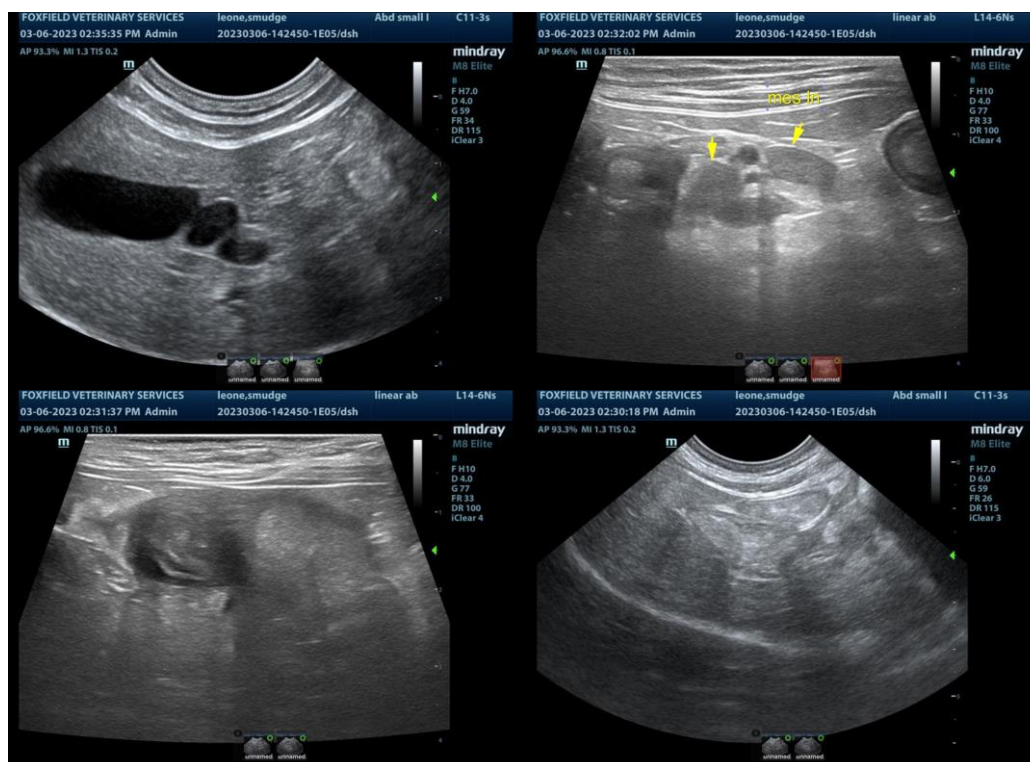
Slight free fluid noted adjacent to the intestinal mass. Mesenteric lymph nodes were mildly enlarged and reactive measuring up to 1.0 cm x 0.60 cm.

## ULTRASONOGRAPHIC FINDINGS

- Partially obstructive intestinal jejunal mass, appears resectable
- Hepatic lipidosis pattern or possible early infiltrative disease
- Minor mesenteric lymphadenopathy with slight free fluid
- Age related renal changes
- Minor suspended urinary bladder debris

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations include intestinal lymphoma vs carcinoma. The lymph nodes may be reactive. Surgical intervention with resection and anastomosis with lymph node and liver biopsies are all indicated. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology prior to surgery.





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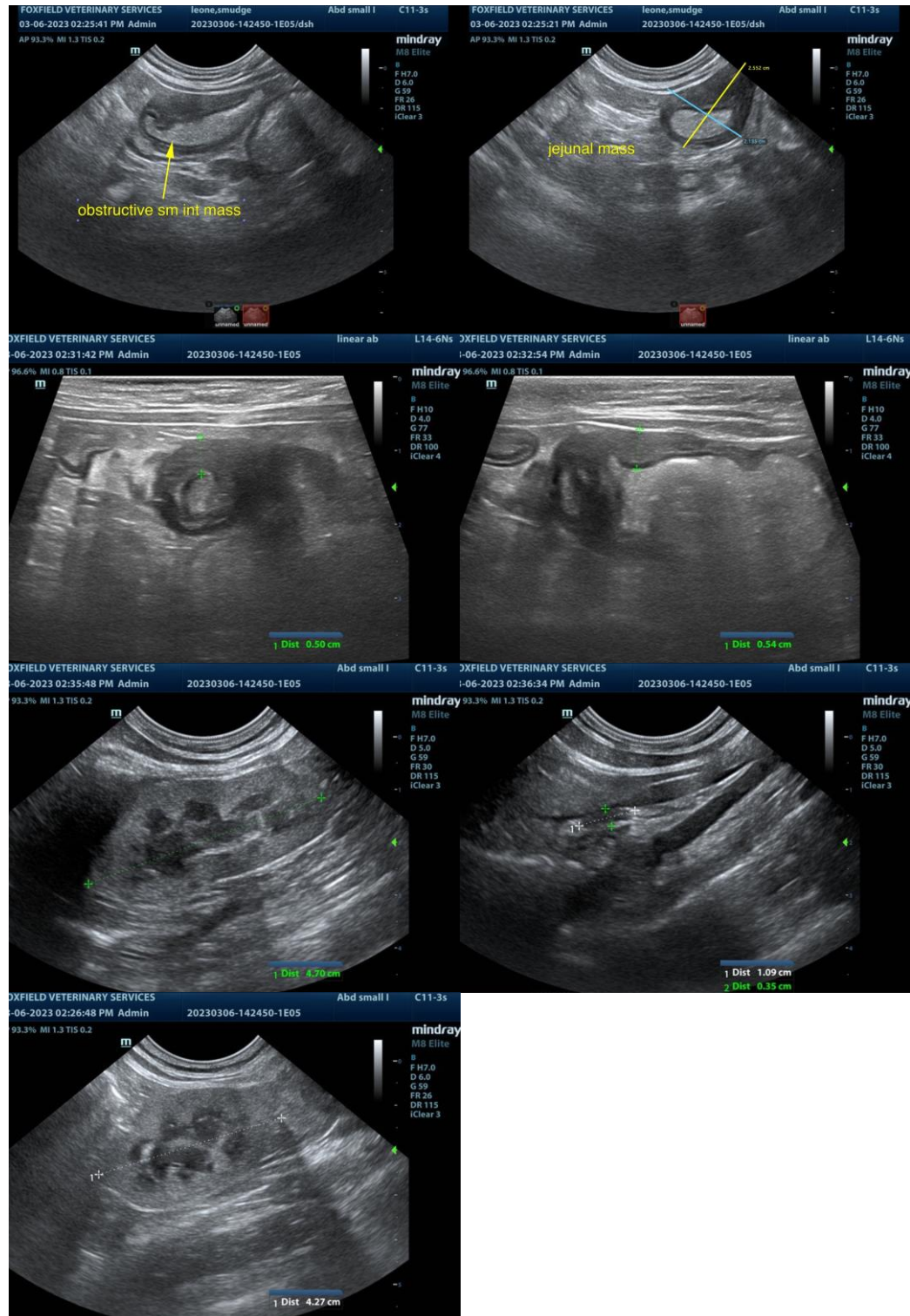
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

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.

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**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
Eric.Lindquist@SonoPath.com

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