



PATIENT

Bernie Drake

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

3.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

McKnight 24-Hour

REFERRING VET

Dr. Gruffydd

INVOICE

14198

DATE

3/7/22

PRESENTING CLINICAL SIGNS

History: Cat is feral so age uncertain. Blood in litter box uncertain as to origin. Palpable mass in mid abdomen

Abnormal PE/Chem/CBC/UA Results: None done Chest x ray pending

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 **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 3.68 cm. The left kidney measured 4.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.43 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** revealed slight heterogeneous parenchymal changes with minor scalloping contour. The spleen was mildly enlarged, measuring 1.1 cm.

Liver

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.

Gastrointestinal

The **stomach** itself was unremarkable. Areas of distal small intestinal thickening noted, expanding into an ileocecal junction mass, measuring approximately 4.3 cm with regional inflammation.

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. Pancreatic duct and capsular irregularities were present consistent with age related



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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.

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Free Abdomen

The mesenteric **lymph nodes** were hypoechoic and rounded, the largest lymph node measured 0.71 cm.

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ULTRASONOGRAPHIC FINDINGS

SEX

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- Ileocecal junction mass
- Regional inflammation
- Lymphadenopathy
- Age-related pancreatic changes
- Heterogeneous spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the regional lymph nodes and hypoechoic mural thickening involved in the ileocecal mass for further definition. There is a possibility that this may be non-neoplastic and granulomatous. Eventual ileocecal junction resection could be considered as long as the lymph nodes are not overtly neoplastic. Prognosis is guarded. Granulomatous disease/ileitis/typhlitis with lymphadenitis versus carcinoma or intestinal lymphoma.

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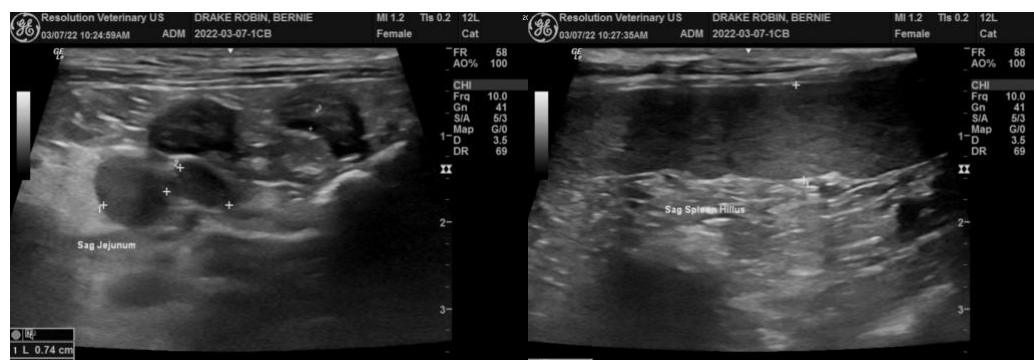


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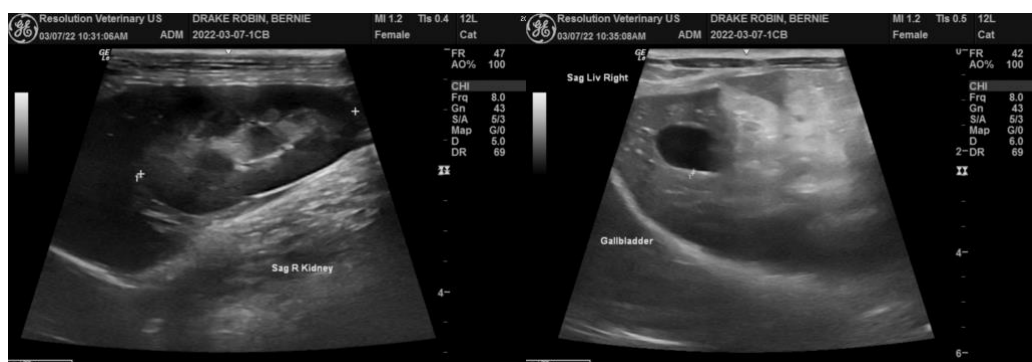
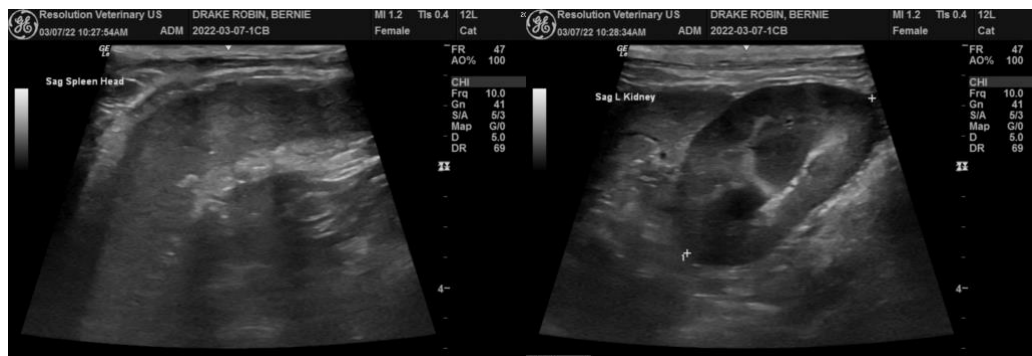
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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