



**PATIENT PRESENTING CLINICAL SIGNS**

**Patient:** Pixel Troy  
**History:** Patient with history of inappropriate urination presents for probable abdominal mass; felt during palpation. Skin issues/scabs, thin hair coat. Had Convenia on 2/26/22.  
**Abnormal PE/Chem/CBC/UA Results:** Non-regenerative anemia, inflammatory leukogram.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**Breed:** Domestic Shorthair  
**Sex:** Spayed Female  
**Age:** 10 years  
**Weight:** 7.1 lbs

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.0 cm. The left kidney measured 3.54 cm.

**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.

**Spleen**

The **spleen** was enlarged with scalloping contour and measured 1.13 cm in width.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The caudal abdomen revealed a small

**INVOICE**

96582

**DATE**

3/7/22

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak



**PATIENT**

Pixel Troy

intestinal mass that measured 4.0 x 3.0 cm with wall thickness up to 1.0 cm. The mass impinged upon the urinary bladder caudally. Variable intestinal thickening was noted elsewhere with hypertrophied muscularis and areas of thickened submucosal layering. Reactive mesentery was noted associated with the small intestine. Regional lymph nodes are slightly enlarged.

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**Pancreas**

**BREED**

Domestic Shorthair

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 changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 years

Intestinal mass, likely lymphoma. Minor intestinal thickening elsewhere with reactive mesentery. Slightly enlarged lymph nodes.

**WEIGHT**

7.1 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is not likely a surgical case given the lymph node involvement. Ultrasound-guided FNA of the intestinal mass is recommended and lymph node if accessible. Intestinal lymphoma is likely. Carcinoma is possible, yet less likely and there is a minimal potential for granulomatous disease. Chest radiographs are warranted to assess for metastatic disease.

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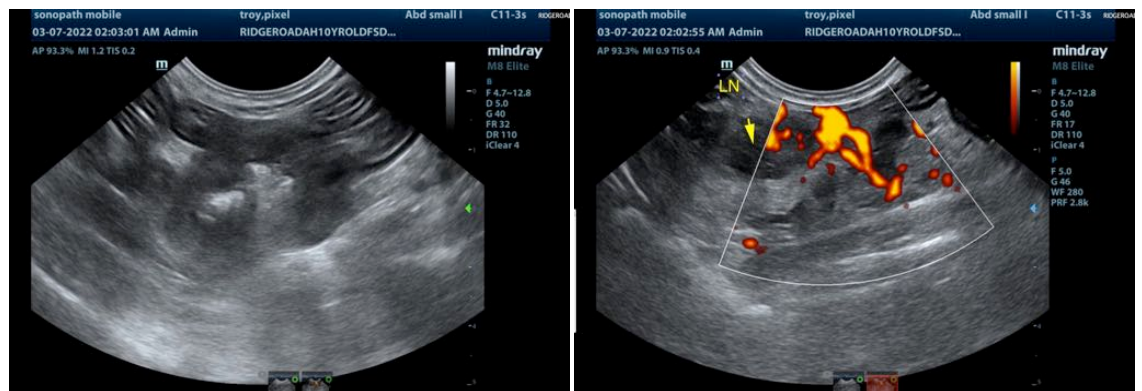
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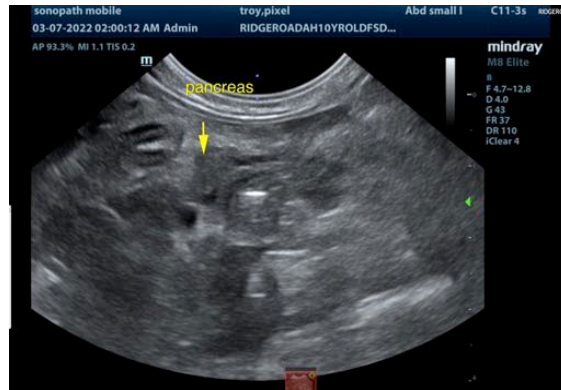
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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