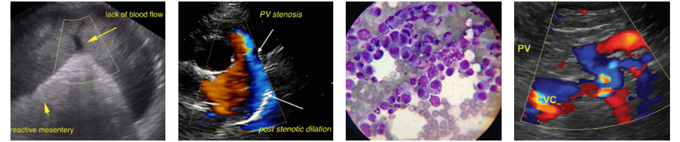


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Roza Sandin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

9.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

Dr. Justin Vaughn

INVOICE

36918

DATE

4/14/22

PRESENTING CLINICAL SIGNS

dramatic weight loss despite normal appetite. Hx of vomiting/diarrhea about once/month
Abnormal PE/Chem/CBC/UA Results: Generalized unkempt haircoat Moderate/severe MCS atrophy dorsum. Significant weight loss BW/UA: SC: UR CBC: Neuts 10336. Mono 680. All other UR. UA: 1.063. IS T4: 1.3

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.56 cm. The left kidney measured 3.58 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. The left adrenal gland measured 0.33 cm. The right adrenal gland measured 0.30 cm.

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.

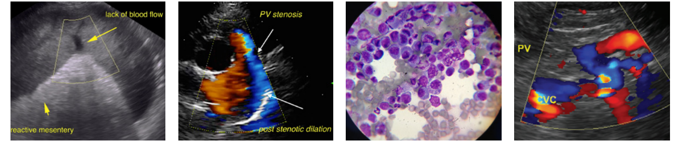
Liver

The **liver** 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.

Pleural effusion noted through the diaphragm along with trace ascites.

Gastrointestinal

The **stomach** itself was unremarkable. The small intestine revealed a concentric mass with loss of mural detail, measuring 1.41 cm in wall thickness. Regional inflammation noted. Slight free fluid present. The intestinal mass extended for approximately 5.0 cm in tapering fashion. Regional lymphadenopathy also noted. Variable intestinal thickening noted elsewhere.



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Pancreas

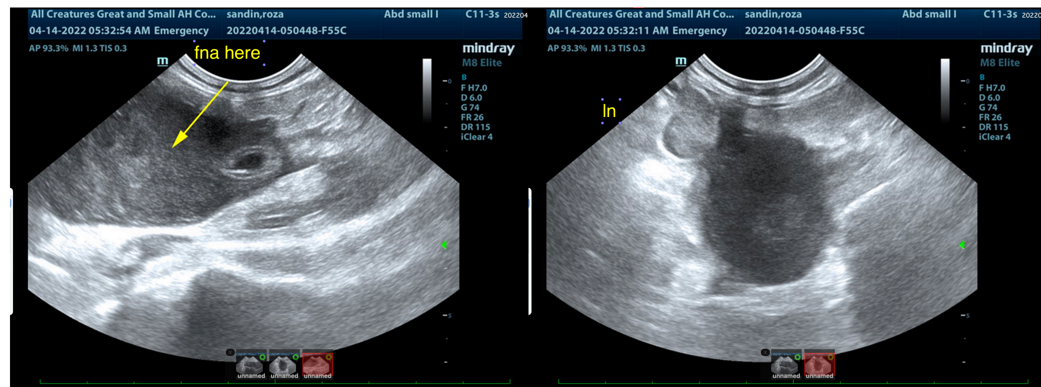
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

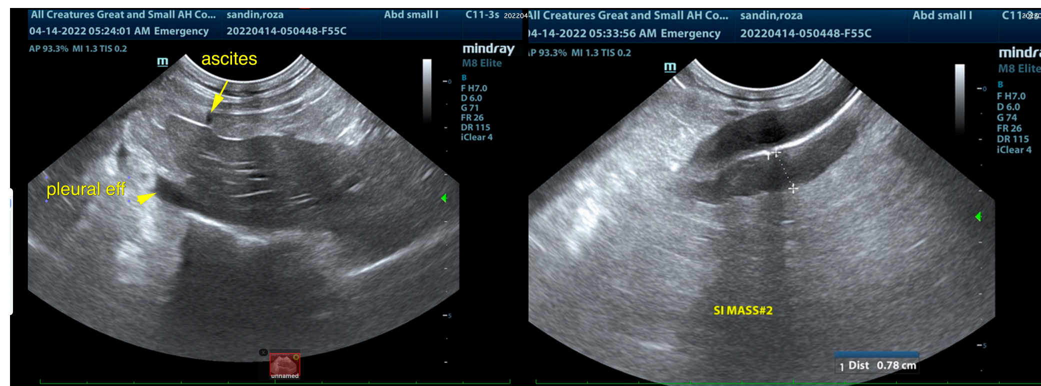
ULTRASONOGRAPHIC FINDINGS

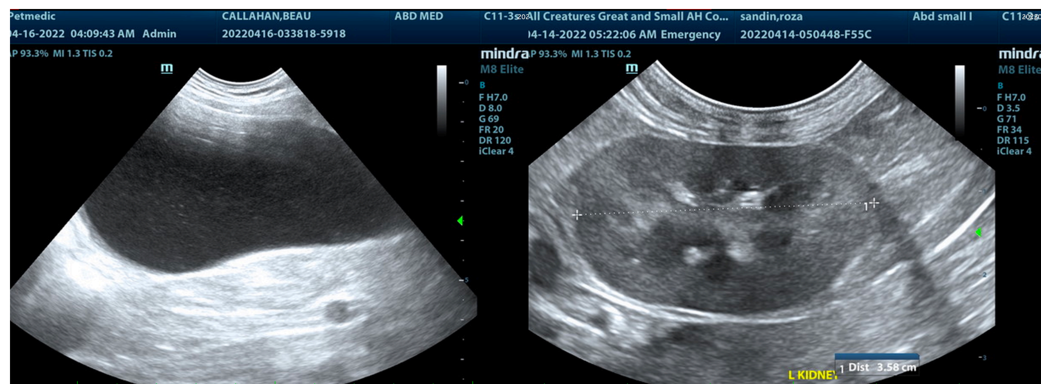
- Intestinal mass with trace ascites

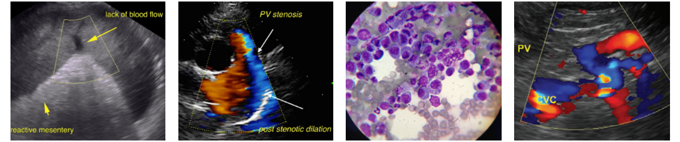
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not believe this to be a surgical presentation. Chest radiographs warranted and pleurocentesis with cytospin as well as FNA of the intestinal mass for definitive diagnosis and immediate chemotherapeutic intervention. Multicentric round cell neoplasia likely.









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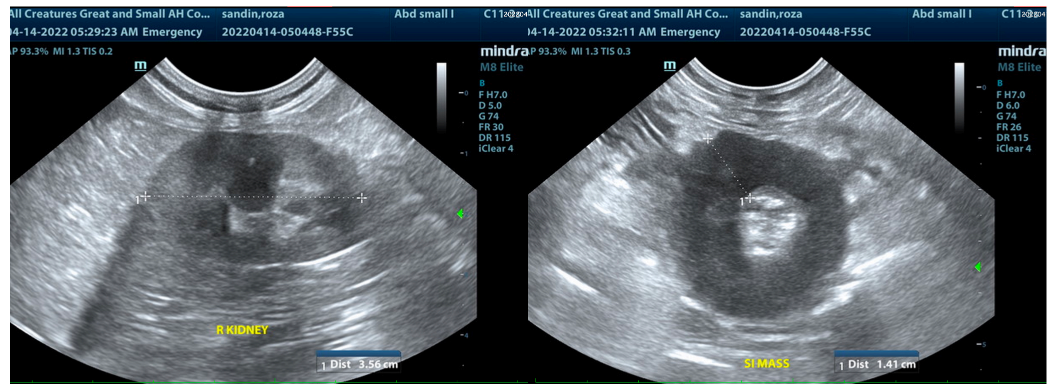

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com