



PATIENT

Bailey Dunn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10.75 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Guiliani

HOSPITAL NAME

The Pet Hospital
Stratford

REFERRING VET

Dr. Claudia Giuliani

INVOICE

14859

DATE

4/22/22

PRESENTING CLINICAL SIGNS

History: Hx of weight loss and diarrhea starting in Oct '21. Diarrhea resolved when put on probiotics but returned and probiotics aren't helping as much. Pt also not interested in food for the last week or 2.

Abnormal PE/Chem/CBC/UA Results: low ALT: 18, rest wnl

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 2.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 3.5 cm. The right kidney measured 3.5 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** itself was uniform with normal vascularity. Slight free fluid was noted between the liver lobes. The gallbladder and common bile duct were unremarkable. No evidence of biliary disease.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. The distal small intestine revealed a concentric mass. The intestinal mass measured approximately 4.0 cm x 3.0 cm. Regional inflammation noted. Ultrasound guided FNA indicated.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening with small intestinal mass
- Undefined trace free fluid noted between the liver lobes. Lymphatic obstruction is likely the cause of secondary free fluid.
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal mass maybe resectable, however, some ill-defined omentum was noted in the region. I recommend screening FNA of the intestinal mass and liver in this patient to assess for micrometastasis in the liver. Prognosis is guarded.

AGE

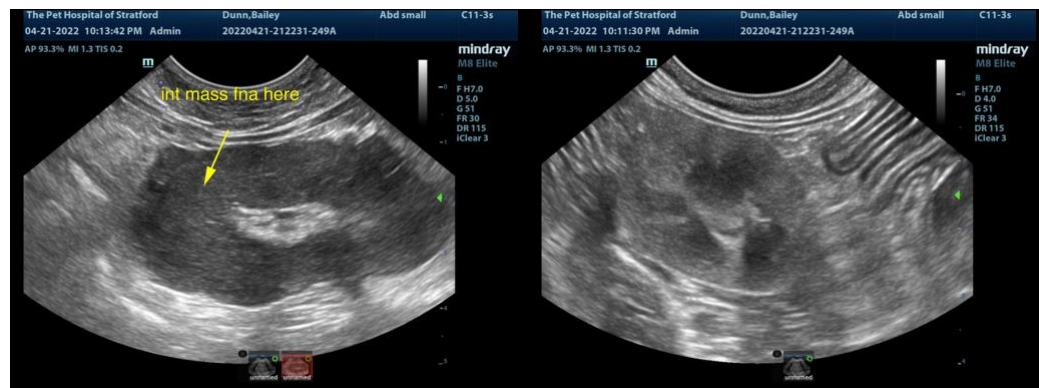
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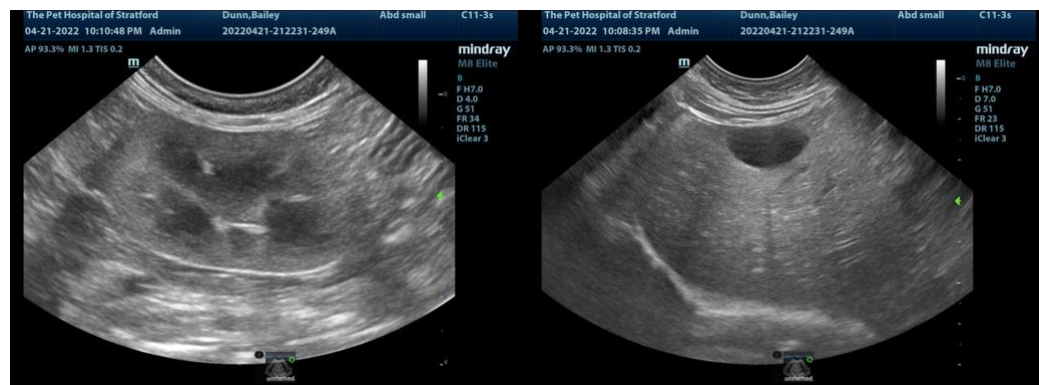
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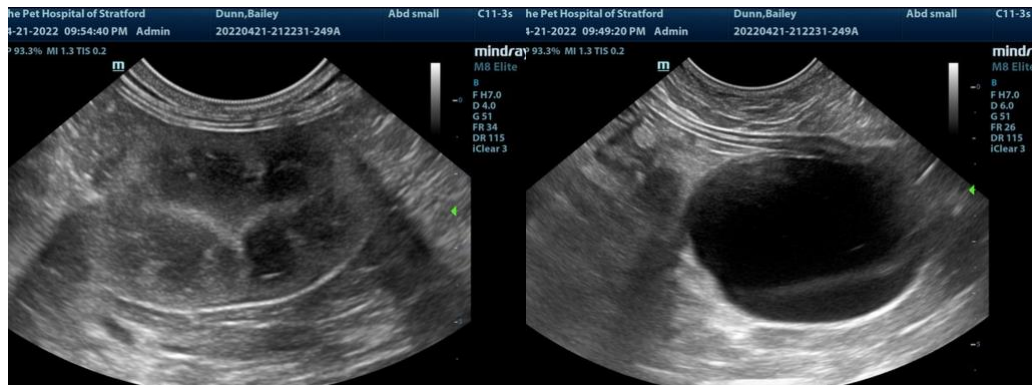
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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