



**PATIENT**

Chloe McPartland

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years 6 Months

**WEIGHT**

11.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Melisa DaSilva

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Samantha  
Thompson

**INVOICE**

22449

**DATE**

5/10/23

**PRESENTING CLINICAL SIGNS**

Patient is a regulated, long-term hyperthyroid patient who has been having progressively decreasing appetite. Hiding, becoming antisocial with family, inappropriate urination, on/off frank blood in litterbox. Large, palpable mid-abdominal mass initially noted 10/27/22 when pt presented for lethargy, PU/PD, on/off vomiting, no longer eating dry food, frank blood noted in litterbox. Patient started decreasing, long-term Prednisolone therapy 4/3/23, however mass does not palpate to have decreased in size. Patient was given IVF for about 3 hours prior to ultrasound.

Abnormal PE/Chem/CBC/UA Results: Decreased HCT (19%), RBC, HGB, MCV, TP, ALB. Neutrophilia present.

**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 **left kidney** 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 3.57 cm.

The **right kidney** revealed a hypoechoic expansive irregular nodule, measuring 1.0 cm with pericapsular inflammation. The right renal lesion is strongly suggestive for metastatic disease.

**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 right adrenal gland measured 0.36 cm. The left adrenal gland measured 0.5 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** was swollen and mildly hypoechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **stomach** itself was unremarkable. \*See Free Abdomen section.



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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.

## Free Abdomen

The mid abdomen revealed a disruptive intestinal **mass**, measuring 5.8 cm x 2.8 cm with extension into the regional omentum. Regional peritonitis was present.

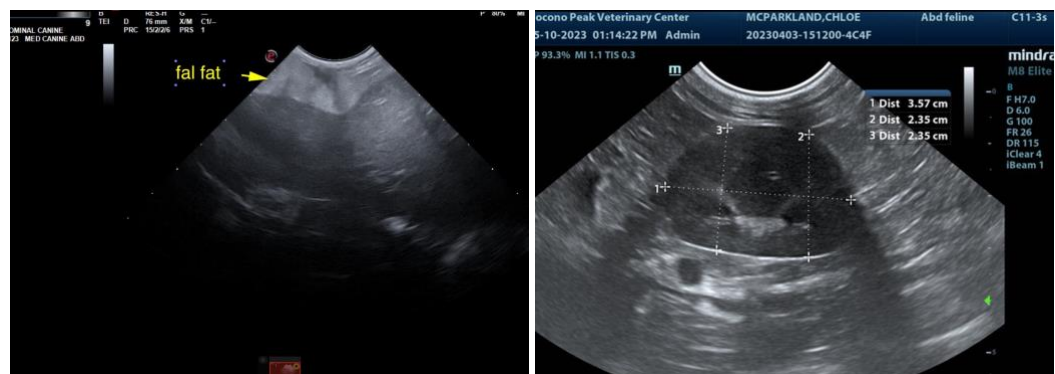
Pleural effusion noted through the diaphragm. Regional lymph nodes were also enlarged, irregular and distorted.

## ULTRASONOGRAPHIC FINDINGS

- Multicentric aggressive lymphoma pattern with lymphomatosis type presentation, involving the intestinal mass and lymph nodes.
- Probable right renal metastatic lesion
- Potential hepatic involvement
- Pleural effusion would suggest metastatic disease, unless cardiac failure is present.
- Age-related left kidney changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA performed without complication is warranted. Prognosis is poor given the extent of the pathology.





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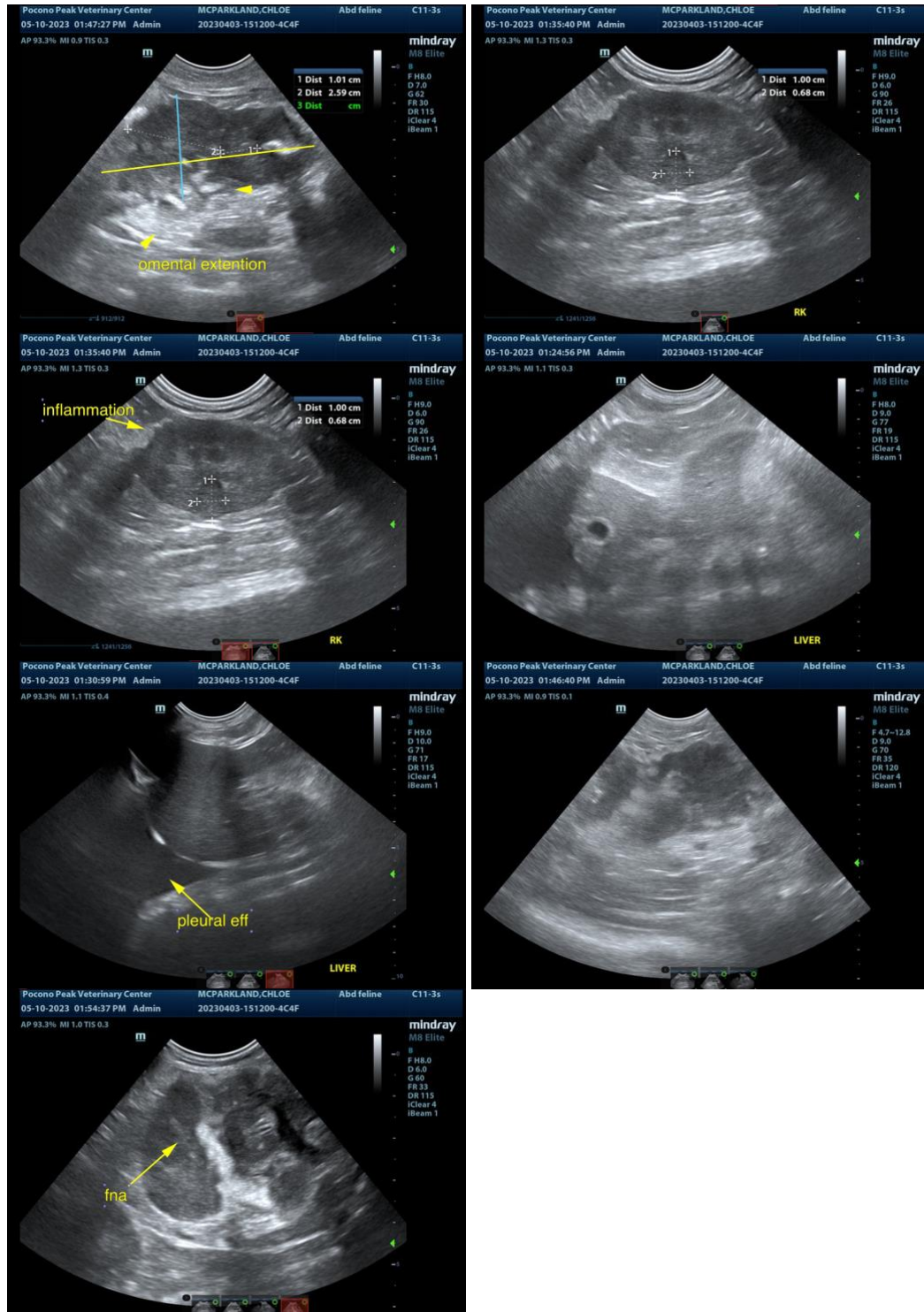
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance please contact me.

Chloe McPartland

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

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