

**PATIENT**

Ruby Townsend

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

4.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC Dr. Bianco

**INVOICE**

30336

**DATE**

5/13/22

**PRESENTING CLINICAL SIGNS**

Progressive GI signs with Hx IBD. AUS earlier this week showed mass around stomach - unclear if gastric lymphadenopathy or primary gastric lesion, but FNA consistent with lymphoma. Now anorexia, depressed, pleural effusion, fever, severe leukocytosis. Cranial mediastinal mass/lymphadenopathy suspected as cause of effusion in thorax. Now concern for abdominal effusion, UTI. R/o sepsis

**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 was 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 left kidney measured 4.07 cm. The right kidney measured 4.34 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 right adrenal gland measured 0.44 cm.

**Spleen**

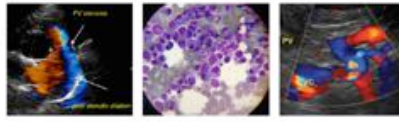
The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**Liver**

The **liver** was mildly swollen and slightly irregular. The gallbladder was deviated caudally.

**Gastrointestinal**

Concentric **gastric** thickening was noted with loss of mural detail and measured up to 0.86 cm. The distal small intestine was largely unremarkable. Regional inflammation was noted associated with the upper gastrointestinal tract and lymphadenopathy. The epigastric lymph node presented normal length



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to width ratio with slight, swollen contour. The lymph node measured 1.75 x 0.12 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

**SPECIES**

**Pancreas**

Feline

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.

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**Free Abdomen**

A nodular omentum was noted adjacent to a pocket of ascites. Other distorted lymph nodes were also enlarged and hypoechoic with enhanced surrounding mesentery.

**AGE**

9 years

**ULTRASONOGRAPHIC FINDINGS**

Mesenteric presentation is consistent with regional sarcomatosis.

**WEIGHT**

4.5 kg

Gastric infiltrative pattern with distorted lymphadenopathy and inflammation.

Minor heterogenous hepatic changes.

**INTERPRETED BY**

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Scalloping spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastric and lymph node based lymphoma is likely. FNA of the lymph nodes and stomach are recommended +/- cytospin of the free fluid. Immediate chemotherapeutic intervention is recommended. Screening with FNA of the liver is also warranted to assess if that organ is involved in the process.

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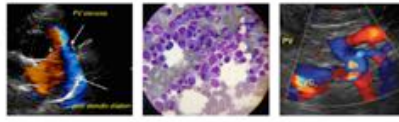
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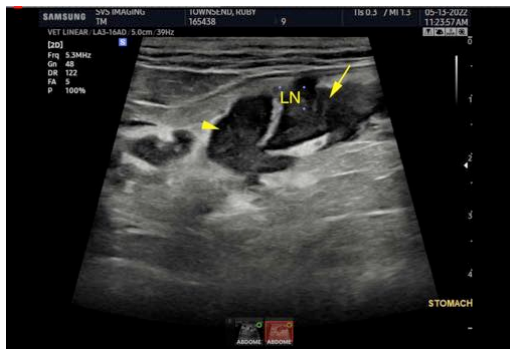
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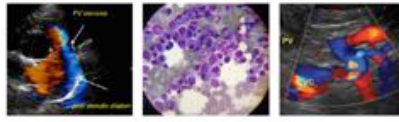
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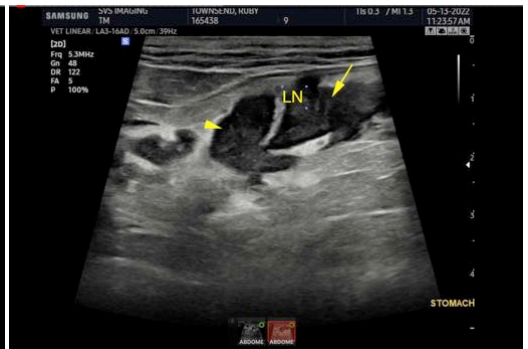
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com