



**PATIENT**

Princess Raimondo

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

13 Years 1 Month

**WEIGHT**

12.3 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Westwood Regional

**REFERRING VET**

Dr. Hartwick

**INVOICE**

38070

**DATE**

5/27/22

**PRESENTING CLINICAL SIGNS**

Vomited multiple times last 24 hours-bile w/bld flecks, hairball day before. Passing normal formed stools-last was last pm. Hx intestinal R + A-intraluminal ileal mass= Small Cell Lymphoma based on histo. No adjunctive therapy or chemo done. (last AUS 4/2021 and 5/2021 attached). Current meds: Cerenia, Famotidine, Convenia, SQF today and Carafate PO. Abnormal PE/Chem/CBC/UA Results: WBC 18.83 (17 H); Neutrophilia, BG 217 all else 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 **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 left kidney measured 3.63 cm. The right 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 0.34 cm. The right adrenal gland measured 0.33 cm.

**Spleen**

The **spleen** presented undulating contour with a hyperechoic lipogranulomatous nodule measured 0.28 cm. The spleen measured 0.84 cm.

**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. Slight free fluid noted between the liver lobes.

**Gastrointestinal**

The upper **gastrointestinal tract** was unremarkable. A minor amount of luminal fluid was noted in the gastric lumen. The distal small intestine revealed a regional thickening with enhanced surrounding mesentery. Wall thickness measured up to 0.34 cm. A portion of intestine that appeared to be thickened was medial to the spleen. In the area of thickened jejunum, an approximately 2.0 cm progressively luminal shadowing material was noted, such as hairball transit. Regional inflammation/peritonitis noted around this portion of unhealthy bowel. The portion of intestine measured approximately 5-7 cm.



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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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**Free Abdomen**

Slight areas of free fluid noted in the caudal abdomen.

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**ULTRASONOGRAPHIC FINDINGS**

- Jejunal obstructive pattern with unhealthy bowel and localized peritonitis
- Unremarkable geriatric abdomen otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend exploratory surgery with resection of approximately 8-10 cm of jejunum and removal of the partially transiting material. Abdominal lavage warranted. Minor potential for underlying intestinal lymphoma developing. Intestinal biopsies indicated.

**WEIGHT**

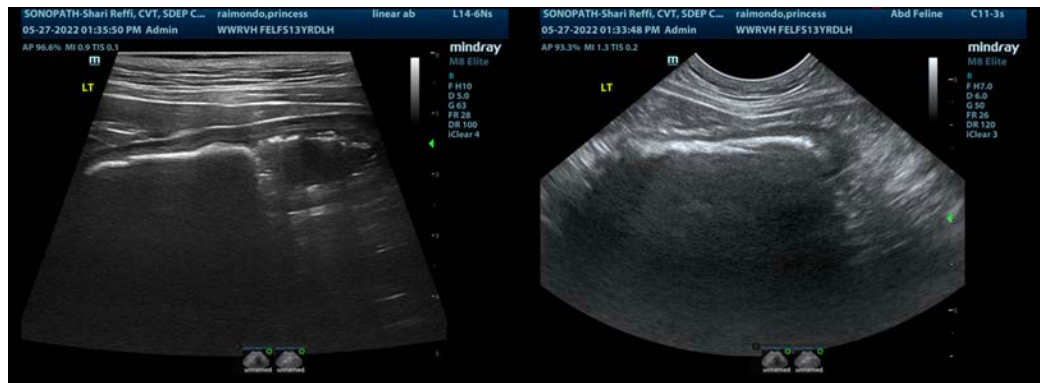
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According to SonoPath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

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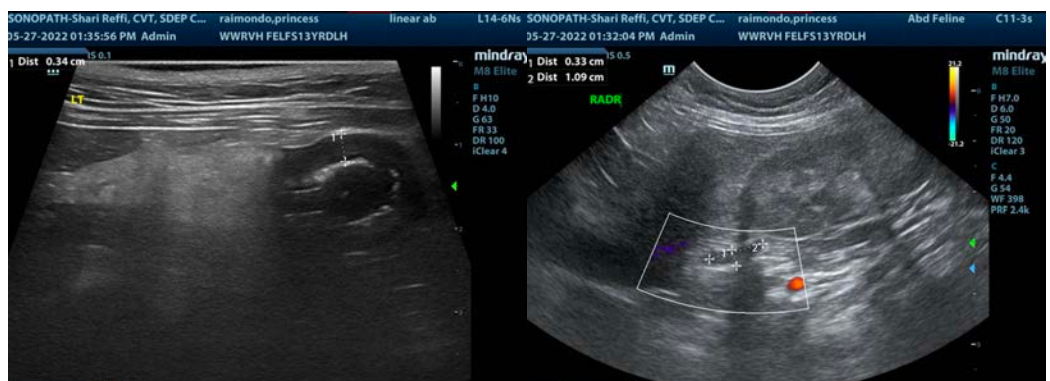
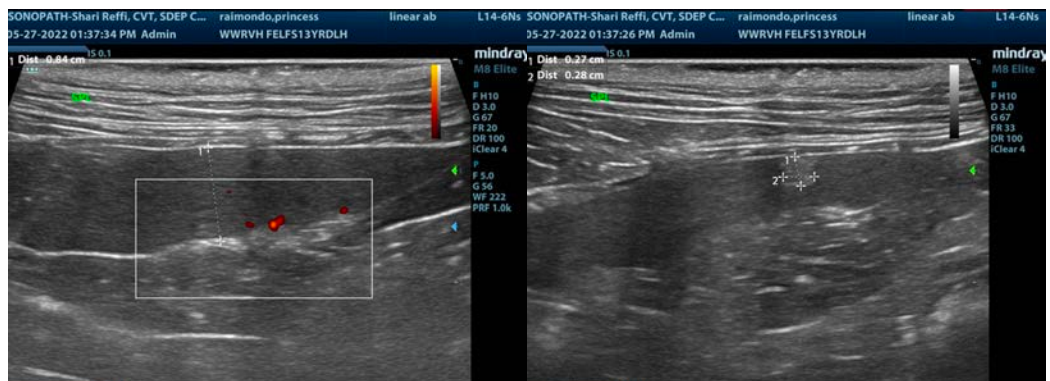
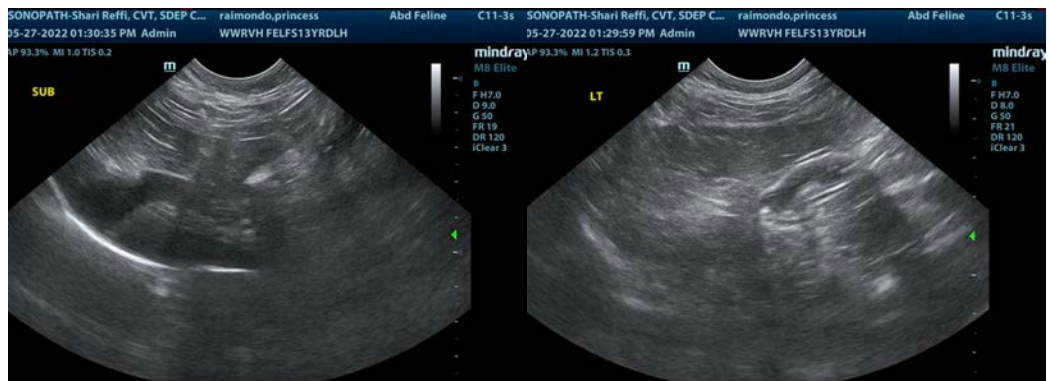
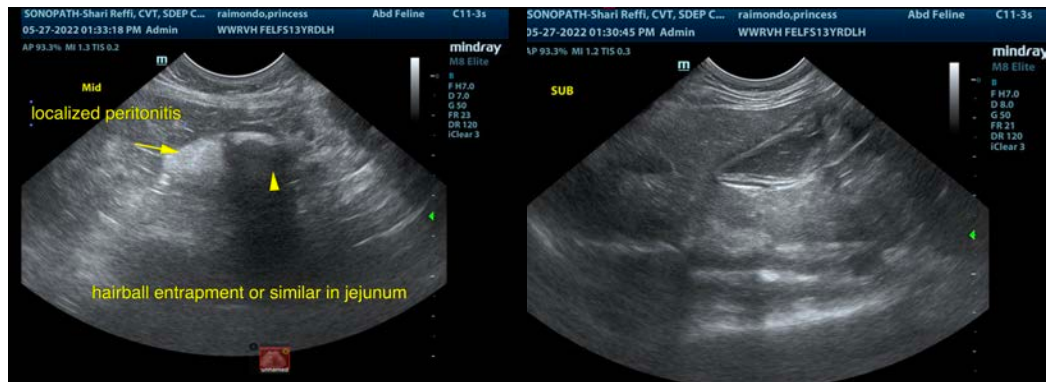
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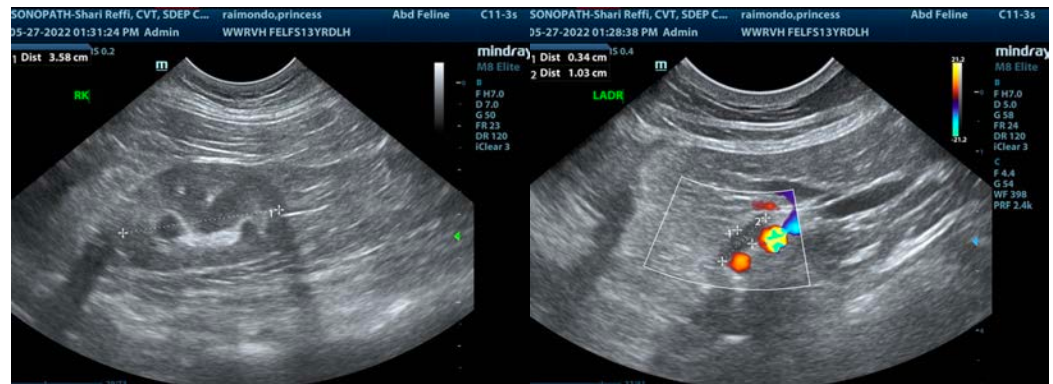
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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