



**PATIENT**

Bindy Poppe

**PRESENTING CLINICAL SIGNS**

History of intermittent vomiting since a young cat, recently progressively worse. Possible intestinal mass vs. stool palpated in mid-caudal abdomen. R/O IBD vs. other.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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.

**SEX**

Spayed Female

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 right kidney measured 4.05 cm. The left kidney measured 3.73 cm.

**AGE**

11 Years

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**WEIGHT**

6.2 Pounds

**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.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Oakland AH

**Gastrointestinal**

The upper **gastrointestinal tract** was largely unremarkable. Curvilinear patterns were maintained. However, the distal small intestine revealed increased submucosal thickening, without overt loss of mural detail. A mesenteric lymph node mass was noted, a grouping of which measured approximately 3.0 cm, moderately vascular. Slight free fluid noted adjacent to the mesenteric lymph nodes, owing to lymphatic congestion. A portion of the mass appears to be deriving from the intestinal muscularis. The combined mesenteric lymph nodes and intestinal mass measured approximately 4.0 cm.

**REFERRING VET**

Dr. Chabora

**INVOICE**

38303

**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.

**DATE**

6/2/22



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Bindy Poppe

**ULTRASONOGRAPHIC FINDINGS**

- Intestinal and lymph node mass – strongly suggestive for round cell neoplasia.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend assessment of the cytology results and/or full thickness intestinal and lymph node biopsies, ideally guided by intraoperative ultrasound, if necessary. Treatment should be based on cytology results.

**BREED**

DSH

**SEX**

Spayed Female

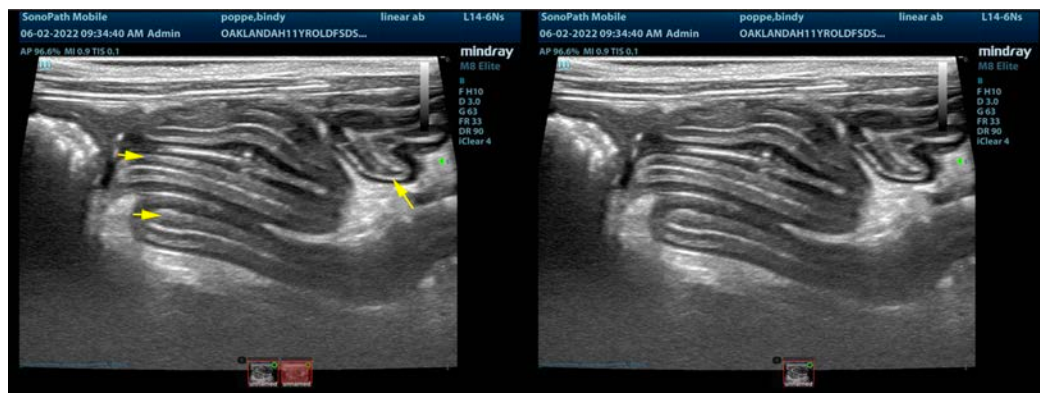
**AGE**

11 Years



**WEIGHT**

6.2 Pounds

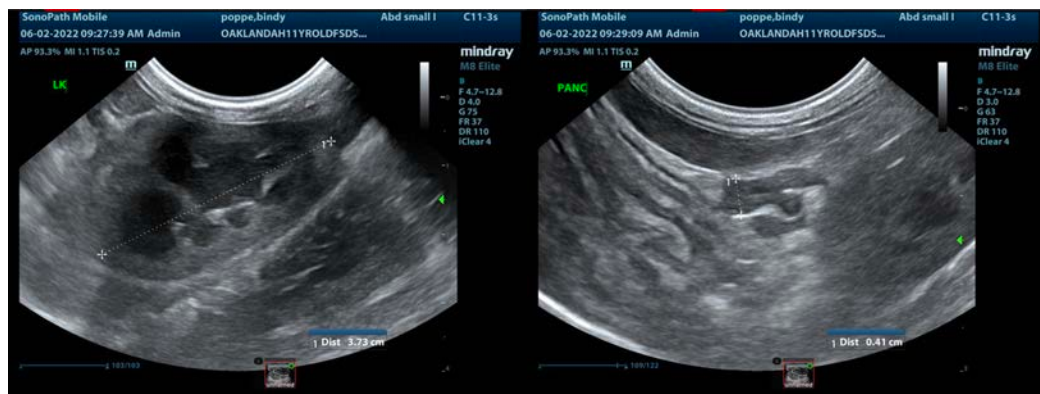


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**BREED**

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**SEX**

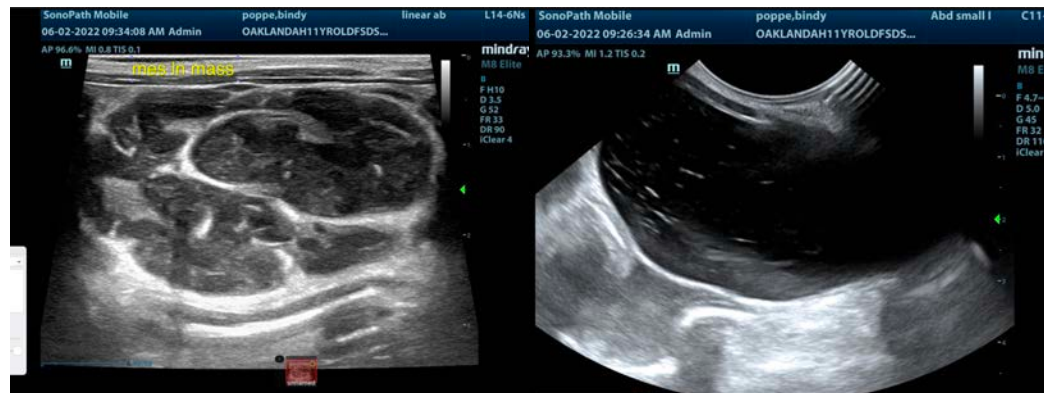
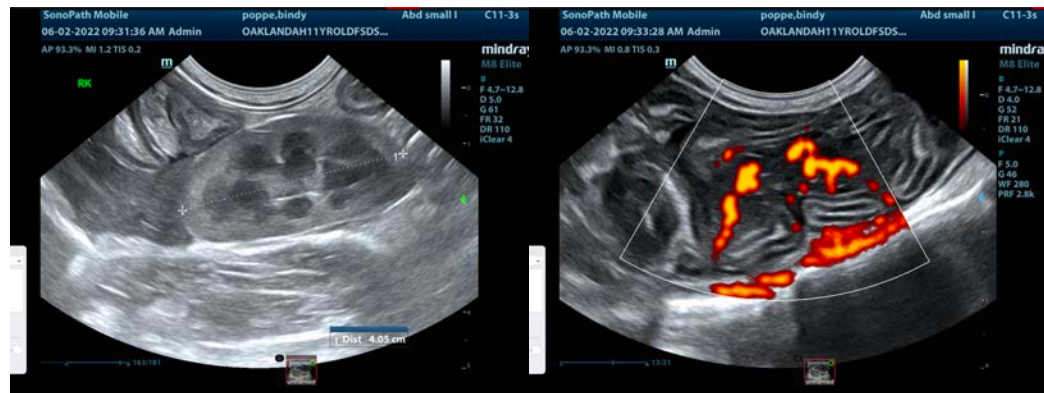
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**AGE**

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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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