

**DATE PRESENTING CLINICAL SIGNS**

6/23/23 History: Decreased appetite, activity and weight.

**PATIENT**

Casper Dumont

Current Medications: None.

Lab Results: PCV 32, TP 45.

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**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.

**AGE**

6/1/15

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 4.1 cm. The left kidney measured 4.13 cm.

**WEIGHT**

11 Pounds

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Spleen**

The **spleen** was slightly irregular in contour.

**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.

**HOSPITAL NAME**AMC of Dulaney  
Valley**REFERRING VET**

Dr. Chrest

**Gastrointestinal**

The **intestinal tract** revealed an aggressive mixed hypoechoic undifferentiated mass, measuring 3.0 cm x approximately 7.0 cm in length. Mass wall thickness measured 1.63 cm. Reactive mesentery was noted around the mass. Variable intestinal thickening was noted elsewhere in the GI tract. Other infiltrated portions of the small intestine were also noted.

**INVOICE**

23023

**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**

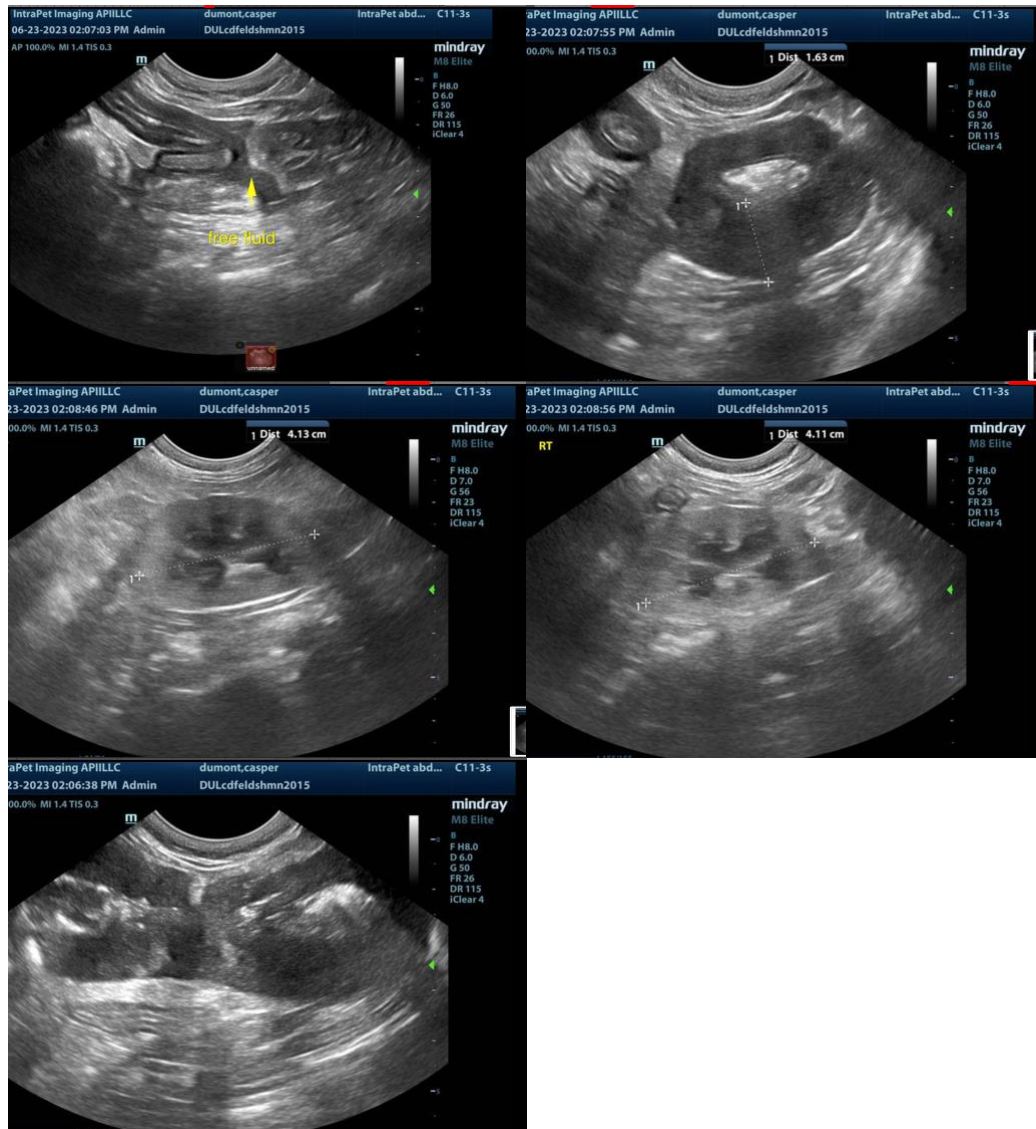
Free fluid was noted consistent with lymphomatosis or possible intestinal rupture. Heterogenous omental changes were also noted. Multifocal lymph nodes were enlarged and irregular.

### **ULTRASONOGRAPHIC FINDINGS**

- Multicentric GI and lymph node based neoplasia- lymphoma pattern or similar
- Slightly irregular spleen

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Prognosis is poor. FNA and immediate chemotherapeutic intervention is necessary in this patient for quality of life management or humane euthanasia should be considered.



**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.

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