



PATIENT

Frank Urbach

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years 5 Months

WEIGHT

12.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

INVOICE

38385

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Decreased appetite 1 week duration

Abnormal PE/Chem/CBC/UA Results: mid abdominal mass noted on palpation. CBC: WBC=30.20 10⁹/l 5.5-19.5, NEUTROPHIL 25.36 10⁹/l 2.5-14.0, CHEM: ALT 107 * U/L 20.0-100.0, AMY 1250 * U/L 300.0-1100.0

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight pyelectasia noted. The kidneys measured 3.0 cm each.

Adrenal Glands

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

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 heterogeneous and mildly irregular, slightly swollen. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. Two separate intestinal masses noted in this patient, one up to 3.0 cm with regional free fluid and loss of structural detail. A second mass of 5+ cm noted. Both masses were deriving from the mid small intestine. Regional inflammation and peritonitis noted. Variable intestinal thickening noted elsewhere.

Pancreas

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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ULTRASONOGRAPHIC FINDINGS

- Multicentric lymphoma pattern with intestinal masses, likely hepatic and early splenic involvement.

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- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal masses, liver and spleen indicated for staging with immediate chemotherapeutic intervention.

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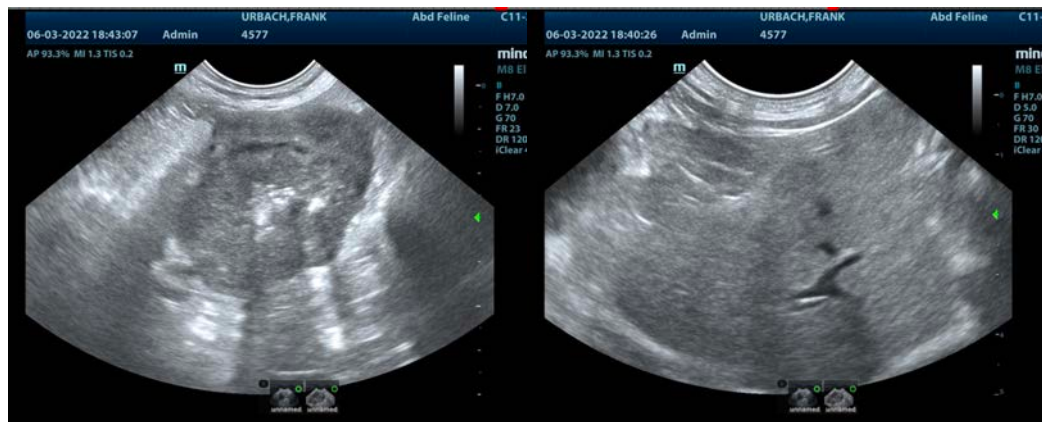
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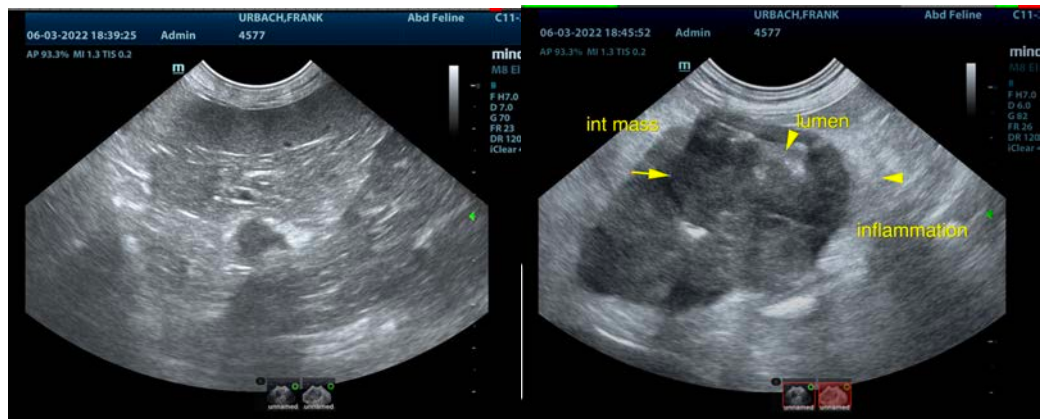
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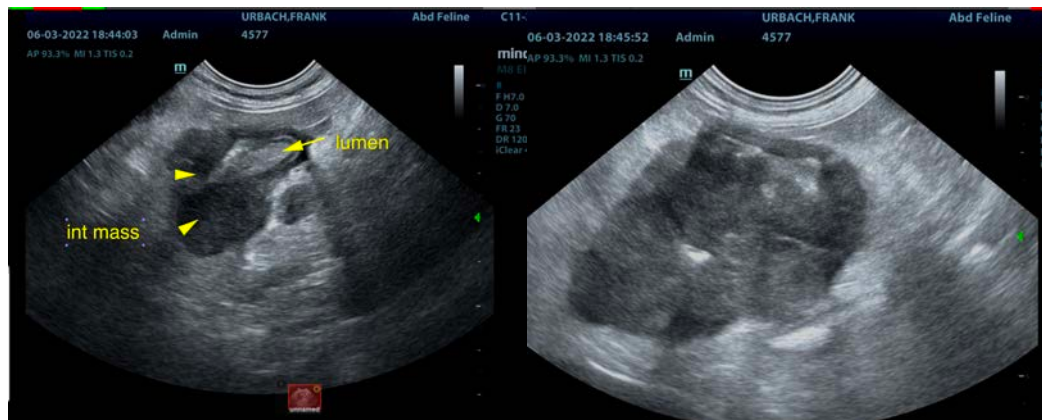


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

info@SonoPath.com

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