

**DATE**

6/3/22

**PATIENT**

Redd Frantz

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

8/2/20

**WEIGHT****INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING  
PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Willer

**INVOICE**

38387

**PRESENTING CLINICAL SIGNS**

Referred for possible FB - vomited up plastic a couple of days ( outer sheath from model airplanes- very flexible- like aluminum foil); yesterday- stopped eating, not drinking, decreased stool production; has not vomited since similar event in 5/22- had bloodwork done- NSF; per owner- no xrays done indoor only; owner believes the cat is FeLV/FIV negative got him from a rescue bloodwork was pending when owner was on the way here

Current Medications: Buprenorphine.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: IV Ace.  
Stat Report: Not requested.

**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 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 3.5 cm. The right kidney measured 3.5 cm.

**Adrenal Glands**

The **right adrenal gland** was 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 0.35 cm. The region of the **left adrenal gland** was unremarkable.

**Spleen**

The **spleen** was enlarged at 1.3 cm with scalloping contour and hypoechoic parenchyma.

**Liver**

The **liver** was mildly enlarged. The gallbladder was unremarkable.

**Gastrointestinal**

The **stomach** was unremarkable. The ileocecal junction revealed a 5.7 cm hypoechoic, undifferentiated intestinal mass disrupting architecture. It appears to be ileocecal in origin. Regional lymph node mass noted at 2.6 cm, created by a combined grouping of hypoechoic, rounded lymph nodes.

**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**

A cranial mediastinal mass was noted at 2.37 cm x 1.93 cm.

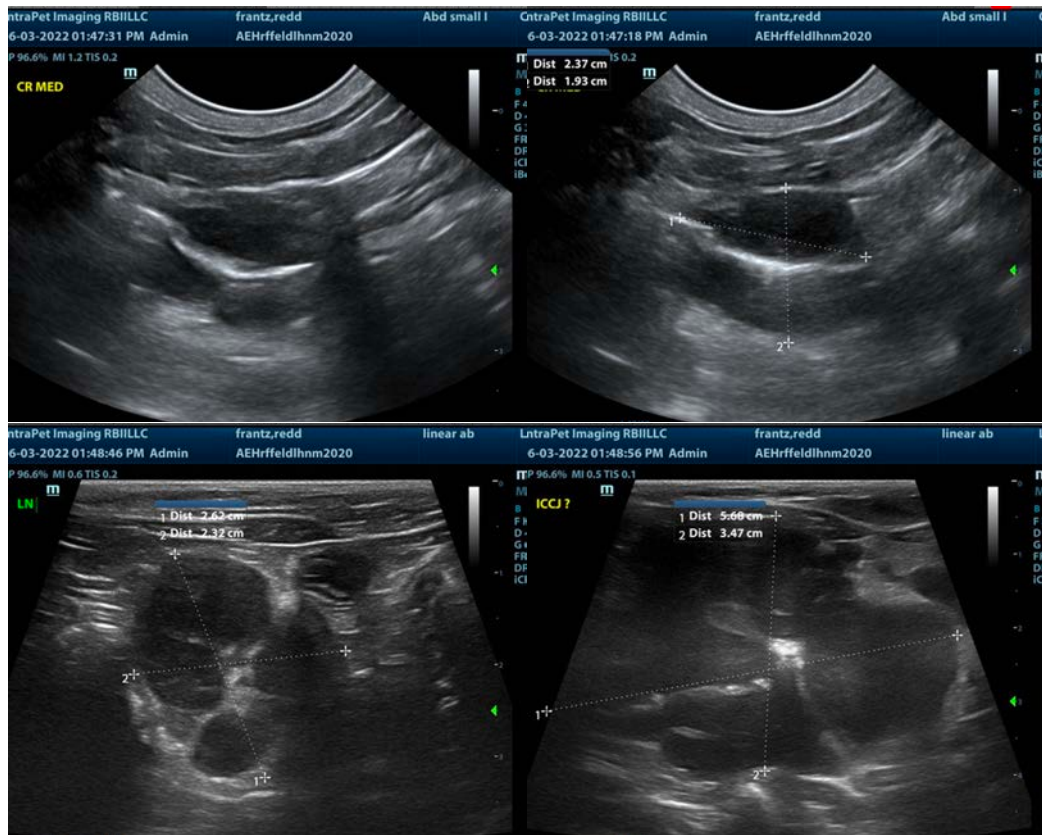
## ULTRASONOGRAPHIC FINDINGS

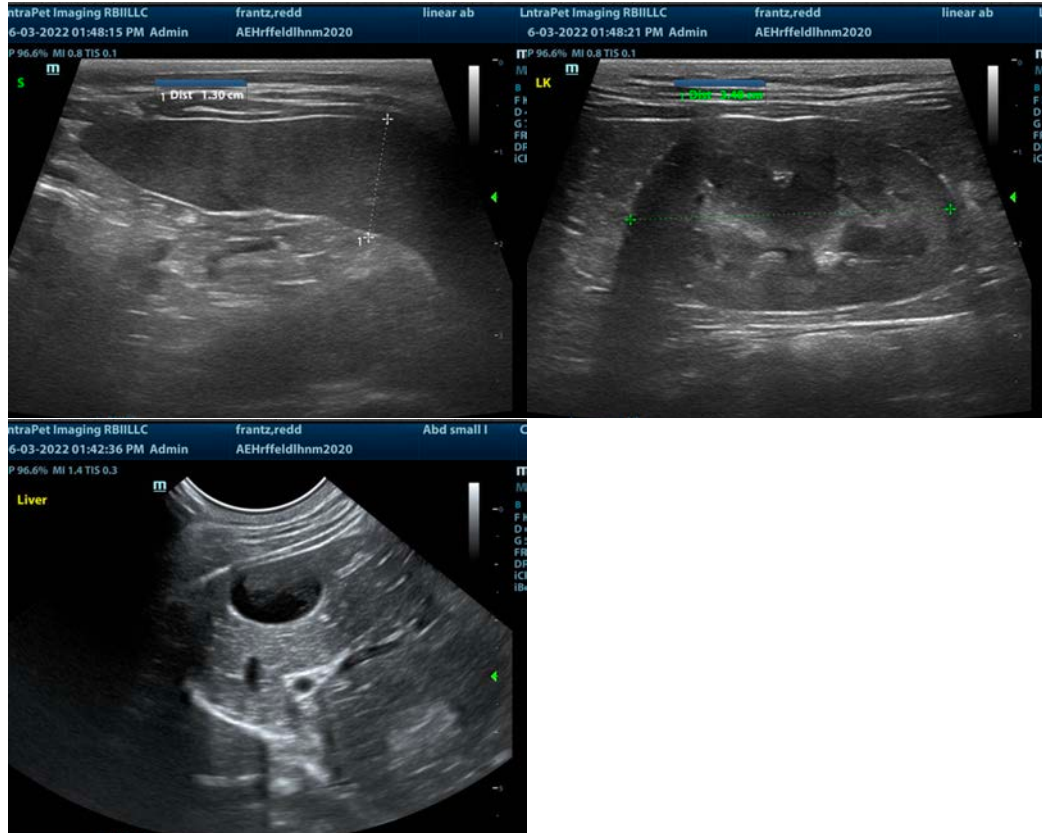
- Intestinal lymph node masses
- Splenic infiltrative pattern
- Mildly enlarged liver
- Metastatic pattern to the cranial mediastinum

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen, liver, lymph node and intestinal masses all indicated. Round cell neoplasia likely. Dry form FIP is a remote potential. Immediate chemotherapeutic intervention recommended. Prognosis is poor long-term. However, may be responsive to chemotherapy.

*Radiographs: Unremarkable other than minor hepatomegaly.*





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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