



PATIENT

Little Cat Atkins

PRESENTING CLINICAL SIGNS

Patient vomiting & defecating weekly on couch & bed for a month. Patient also urinated on bed 1-2x. Eating/drinking normally.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: UA nonremarkable. Mild anemia. 2 lb weightloss since Aug '22.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DLH

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.

SEX

FS

The left kidney revealed thickened hypoechoic cortex with hyperechoic medullary rim sign. The right kidney exhibited changes similar to the left. The left kidney measured 4.01 cm in length. The right kidney measured 4.81 cm in length.

AGE

10yr

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 right adrenal gland measured 0.45 cm pole width.

WEIGHT

10.3lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. The spleen measured 0.87 cm in width.

IMAGING PERFORMED BY

Melissa DaSilva

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

POCONO PEAK
VETERINARY
CENTER..

REFERRING VET

Dr. Christine Coyle

Gastrointestinal

Examination of the gastrointestinal tract revealed a 2.4 cm proximal colon mass with luminal ingesta entrapment. Regional inflammation was noted around the mass.

INVOICE

14353ag

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

07/10/2023



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Free Abdomen

No omental masses or peritoneal effusion was present.

SPECIES

Feline

The mesenteric lymph nodes were mildly enlarged and hypoechoic measuring up to 1.0 cm x 0.5 cm. Reactive vs metastatic.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

- Proximal colon mass with regional lymphadenopathy.
- Renal medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FS

Exploratory with ileocecolic resection and removal/biopsy is indicated. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. The anemia may be caused by intestinal hemorrhage.

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WEIGHT

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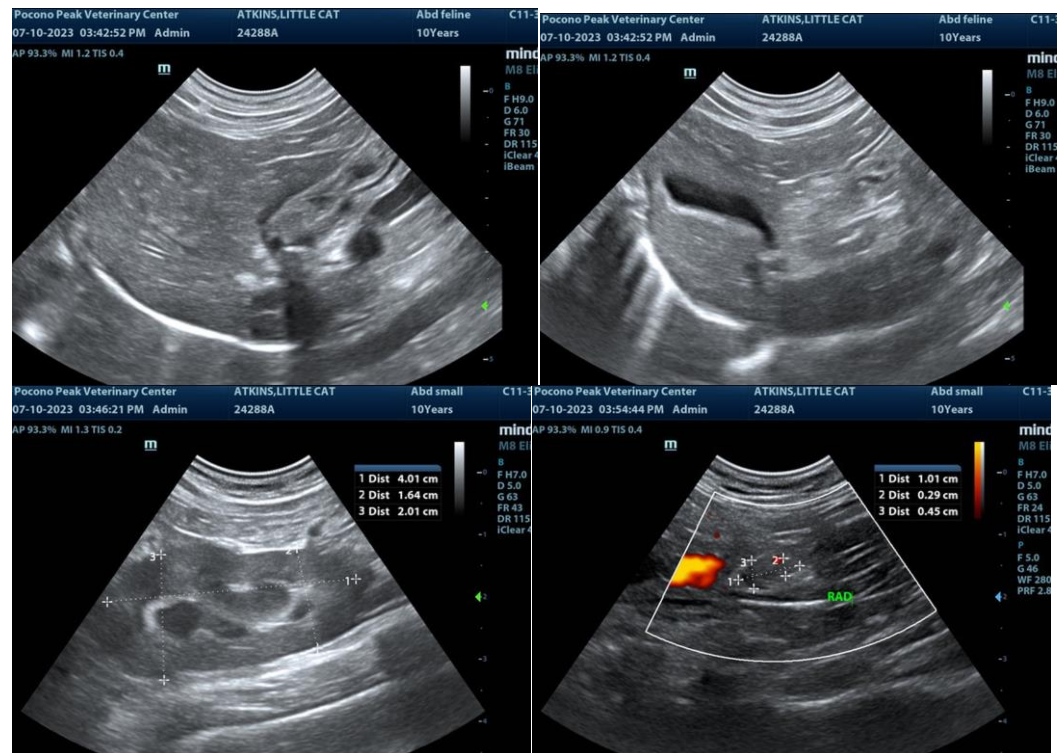
Dr. Christine Coyle

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SPECIES

Feline

BREED

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SEX

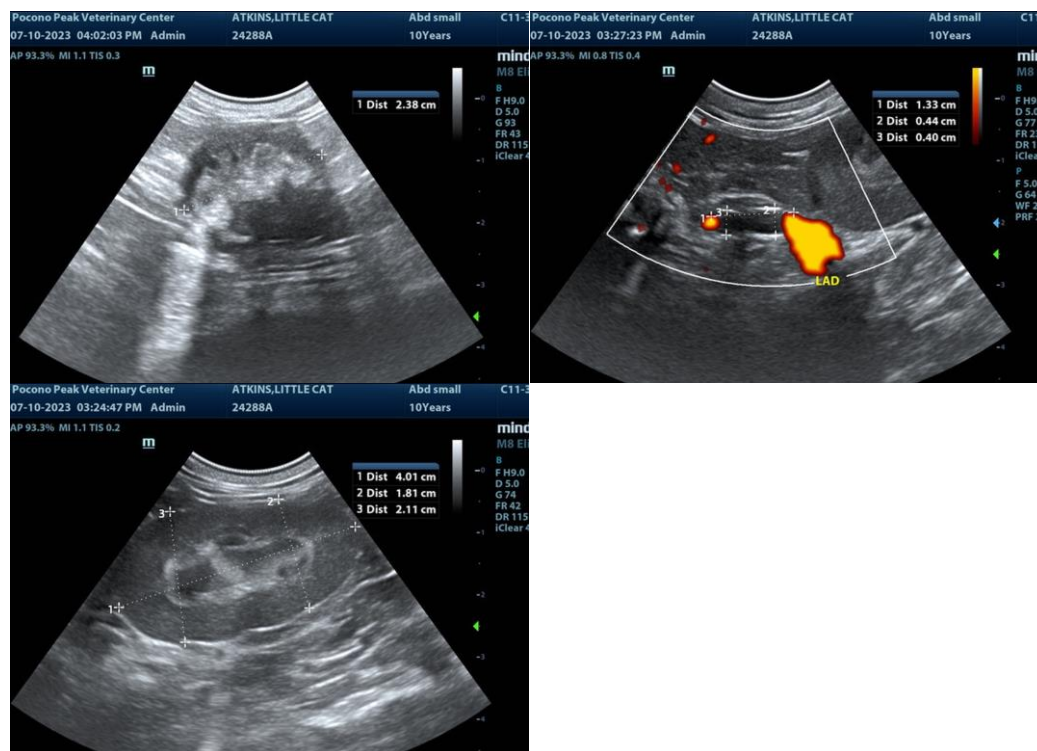
FS

AGE

10yr

WEIGHT

10.3lb



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Melissa DaSilva

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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