



PATIENT

Simba Dickerson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

6.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Veterinary Wellness
(Glen Rock)

REFERRING VET

Dr. Sepulveda

INVOICE

16567

DATE

7/11/22

PRESENTING CLINICAL SIGNS

History: Constant eating, no other clinical signs. Current meds: Methimazole 2.5 mgs 2 tabs BID. Thyroid under control.

Abnormal PE/Chem/CBC/UA Results: Ca 7.8, WBC 22.2, HGB 8.1, HCT 26%, PLTs 193, neut. 91, lymph 7, EOS 1, abs neut. 20202, RTP (+).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The caudal aspect of the **urinary bladder** revealed a 0.65 cm x 0.34 cm polyp at the level of the cystourethral junction. The remainder of the bladder was unremarkable.

The **right kidney** was thickened and irregular with subcapsular halo development. The right kidney measured 4.0 cm.

The **left kidney** 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 3.52 cm.

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 0.4 cm. The left adrenal gland measured 0.34 cm.

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 0.68 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



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The stomach itself was unremarkable. An ileocecal colic mass, measuring 3.0 c x 1.5 cm, was noted with regional mildly enlarged lymph nodes.

Pancreas

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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.

BREED

DSH

Free Abdomen

SEX

Slight **free fluid** was noted.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

18 Years

- Ileocecal junction mass with regional lymphadenopathy. Potential early renal involvement.
- Concurrent urinary bladder polyp- polypoid hyperplasia versus early transitional cell carcinoma. Given the position, this does not appear resectable.

WEIGHT

6.8 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the ileocecal junction mass, I suspect lymphoma. There is a possibility of carcinoma. FNA of the intestinal mass is recommended. 25-gauge FNA of the right kidney is also warranted.

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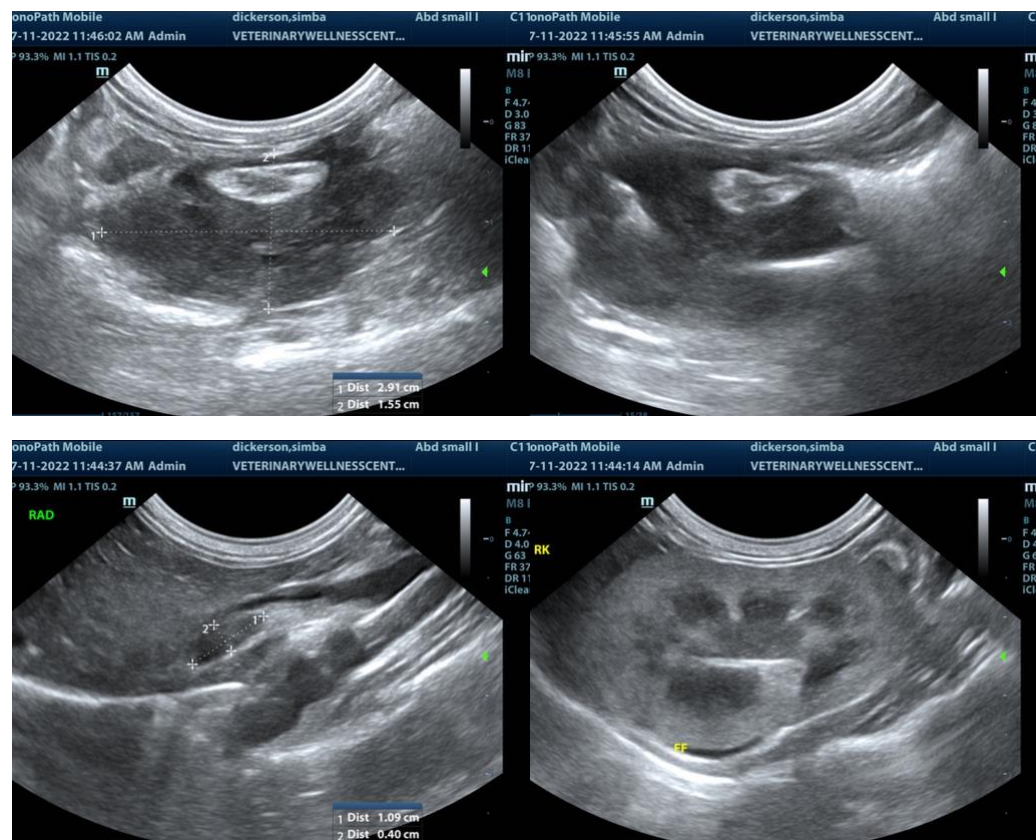
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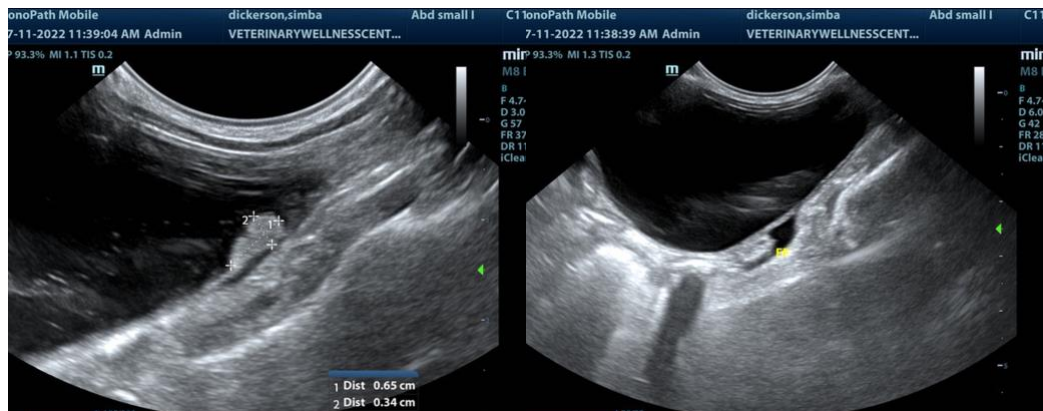
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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