



PATIENT

Milo Reynolds

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Nuetered male

AGE

12 years

WEIGHT

3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Chahal

INVOICE

76071

DATE

7/11/23

PRESENTING CLINICAL SIGNS

History: He came in for an exam for weight loss and polyphagia; Blood work showed non-regenerative anemia and hypoproteinemia/hypoalbuminemia; Bile Acids panel and the GI panel came back normal. DDX Internal bleeding secondary to GI masses or ulcers; IBD; Parasites (including blood parasites); PLE; IMHA (Pathologist hasn't mentioned anything in interpretation). Current treatment: Omeprazole 10 mg: 1/2 tablet orally once a day for 14 days; Sulcrate Suspension 1 gram/5 mL: give 2 mL orally every 8-12 hours. He is done Panacur- it was dispensed for 5 days
Abnormal PE/Chem/CBC/UA Results: Very thin. labs attached

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 was noted. Ureteral papillae were normal.

The left **kidney** was enlarged with hyperechoic cortices with a subcapsular halo. There was loss of corticomedullary definition. The left kidney measured 4.6 cm. The right kidney revealed similar changes to the left with generalized enlargement. The right kidney measured 4.9 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 left adrenal gland was mineralized and measured 0.34 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Hepatic vein dilation was noted. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

The **gastric** wall revealed mucosal hypertrophy and echogenic remodeling measuring 0.63 cm. Loss of mural detail was noted in the stomach. An overt gastric mass was noted at the cranial aspect of the gastric wall measuring 1.3 x 2.6 cm. The small intestine was unremarkable with maintained curvilinear patterns. Hard stool was noted in the colon. The epigastric lymph node was also enlarged.

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

Slight free fluid was noted.

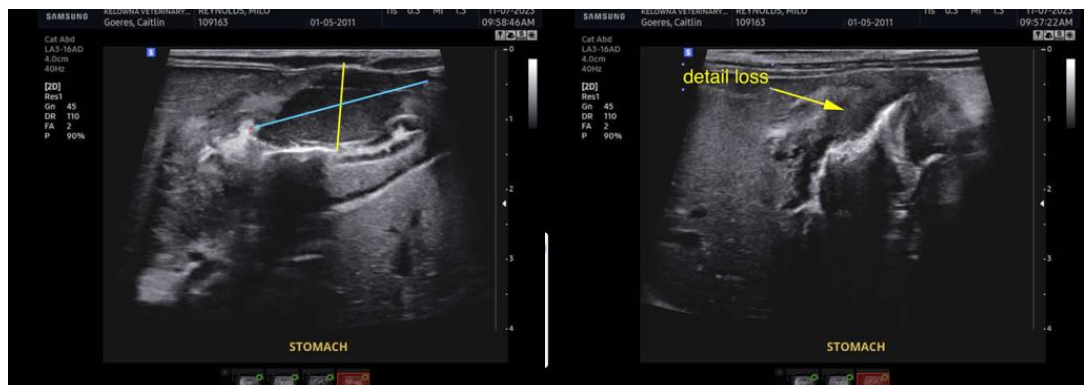
ULTRASONOGRAPHIC FINDINGS

Gastric and renal infiltrative pattern, potential hepatic involvement.

Epigastric lymph node enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA of the gastric wall, liver and kidney is warranted in this patient. There is a strong concern for multi-centric lymphoma or similar neoplasia.





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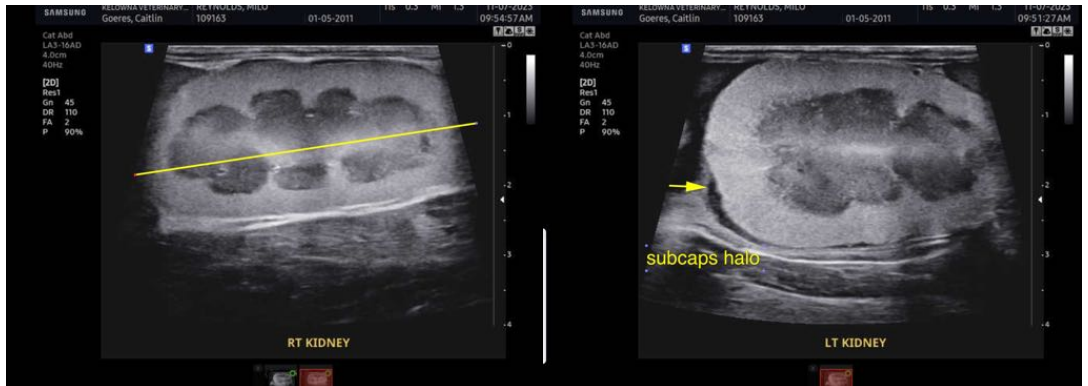
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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