

**PATIENT PRESENTING CLINICAL SIGNS**

Cam Cucinotta Chronic GI issues; vomiting; diarrhea. ALP 5, BUN 52, creat 1.5, WBC 40,000. On Metronidazole 50 mg BID; Cerenia 16 mg, 1/2 once daily

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

Siamese

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**

Neutered Male

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 3.55 cm. The right kidney measured 3.87 cm.

**AGE**

2 Years

**Adrenal Glands**

**WEIGHT**

6 Pounds

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 0.42 cm. The left adrenal gland measured 0.37 cm.

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

The **spleen** measured at upper limits of normal (9.0 mm in width) and was folded upon itself caudally, likely benign.

**Liver**

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

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**

East Boston AH

**Gastrointestinal**

**REFERRING VET**

Dr. Raman Chopra

The **stomach** and small intestine were unremarkable. Curvilinear patterns were maintained. The colon was severely thickened in this patient, measuring 0.85 cm. An enlarged, rounded colic lymph node was noted with length to width ratio maintained, consistent with reactive node, measuring 0.51 cm. A separate lymph node measured 0.65 cm. Reactive mesentery noted around the colon. Loss of mural detail noted in the colon, meeting neoplastic criteria. However, severe colitis is a strong potential.

**INVOICE**

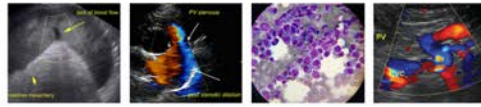
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**Pancreas**

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**

7/17/22



**PATIENT**

Cam Cucinotta

**PRIMARY FINDINGS**

- Colonic infiltrative pattern with colic lymphadenopathy – colonic carcinoma, colonic lymphoma, severe colitis or granulomatous disease such as dry form FIP all possible.

**SPECIES**

Feline

**SECONDARY FINDINGS**

- Folded spleen

**BREED**

Siamese

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lesion appears to be entrapping stool within the colon. The regional lymph node enlargement could represent either lymphadenitis or metastatic spread. FNA of the colonic wall and lymph nodes recommended with cytology and culture as a screening process. If the lymph node does not demonstrate neoplastic involvement, then subtotal colectomy could be considered. Significant regional inflammation present. Alternatively, colonoscopy could be considered to obtain biopsies. Chest radiographs warranted to assess metastatic disease.

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2 Years

**WEIGHT**

6 Pounds

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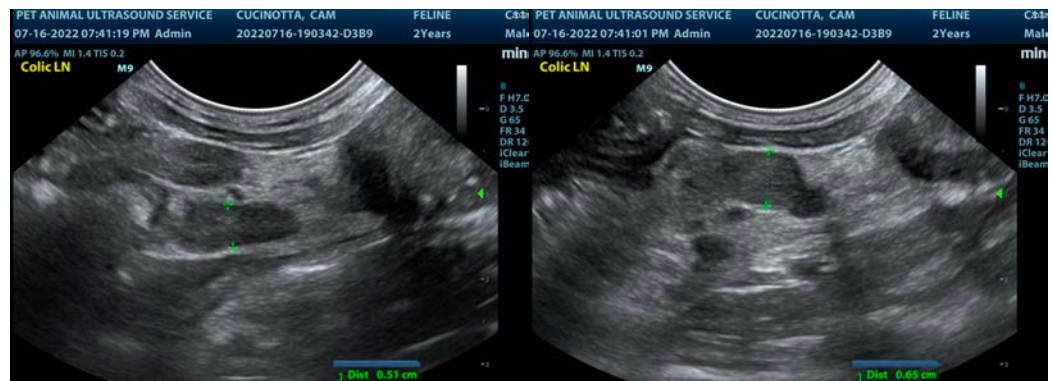
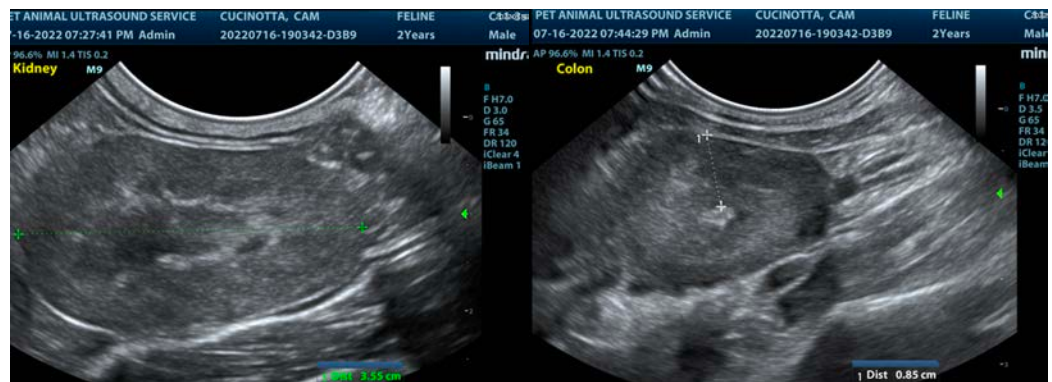
Dr. Raman Chopra

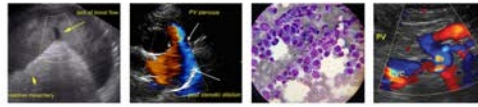
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**PATIENT**

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**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Neutered Male

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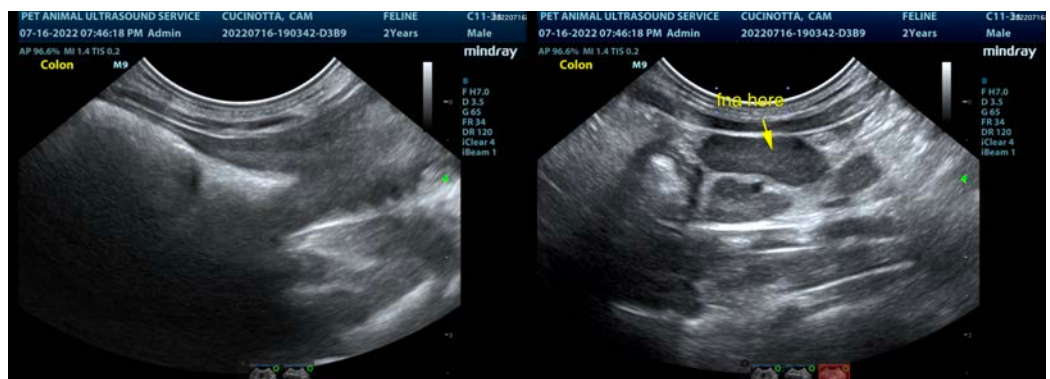
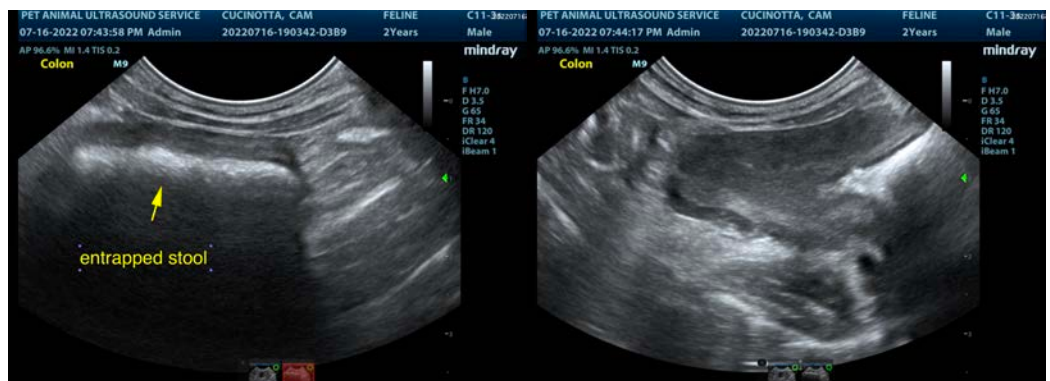
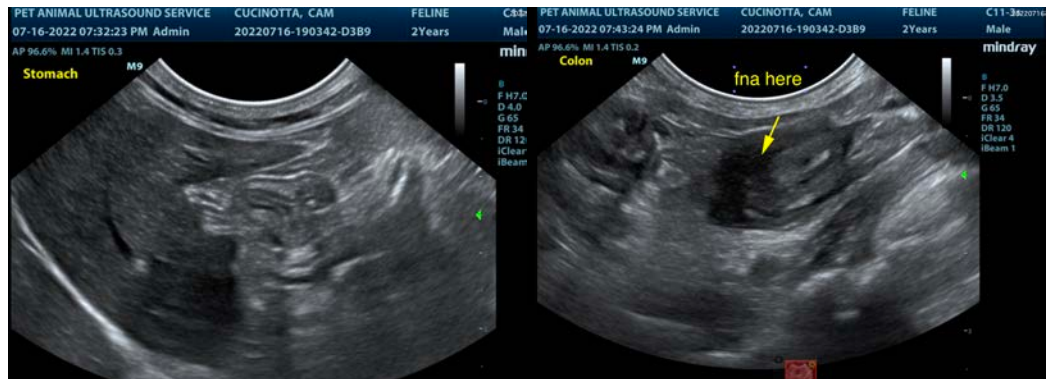
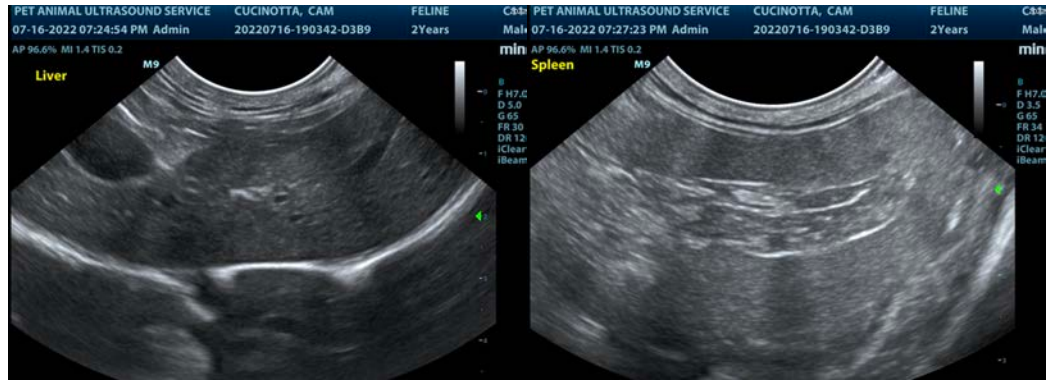
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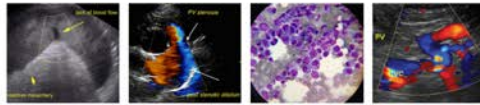
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**PATIENT**

Cam Cucinotta

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.

**SPECIES**

Feline

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](mailto:info@SonoPath.com)

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Siamese

**SEX**

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**AGE**

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