



**PATIENT**

Moochie Osborne

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

5.0 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Nelson

**INVOICE**

39584

**DATE**

7/17/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for wt loss over the last 6 months, brown d/c from ears and eyes, decreased appetite 2 weeks, not drinking well, not urinating well, fur changing. Previous Health Concerns: none Current Medications: none

Abnormal PE/Chem/CBC/UA Results: Bloodwork: NEU% 84.1; MCHC 36.3; Ca 7.8; TP 5.4; ALB 2.0; GLU 133; pO2 51.7; O2SAT 85.6; pCO2 30.5; Ca+++ 1.17 Rads: large abdominal mass in caudal abdomen approx 4cm

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm. The right kidney measured 4.02 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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.

**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.

**Gastrointestinal**

The **stomach** was empty. The intestine revealed a complex mixed hypoechoic 5.0 cm mass. Variable other areas of small intestinal thickening noted. Regional distorted lymph nodes were also enlarged. Reactive mesentery noted throughout the mid abdomen.



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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.

**PRIMARY FINDINGS**

- Intestinal masses with regional lymphadenopathy and reactive mesentery

**SECONDARY FINDINGS**

- Age related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the intestinal pathology and lymph nodes with immediate chemotherapeutic intervention recommended.

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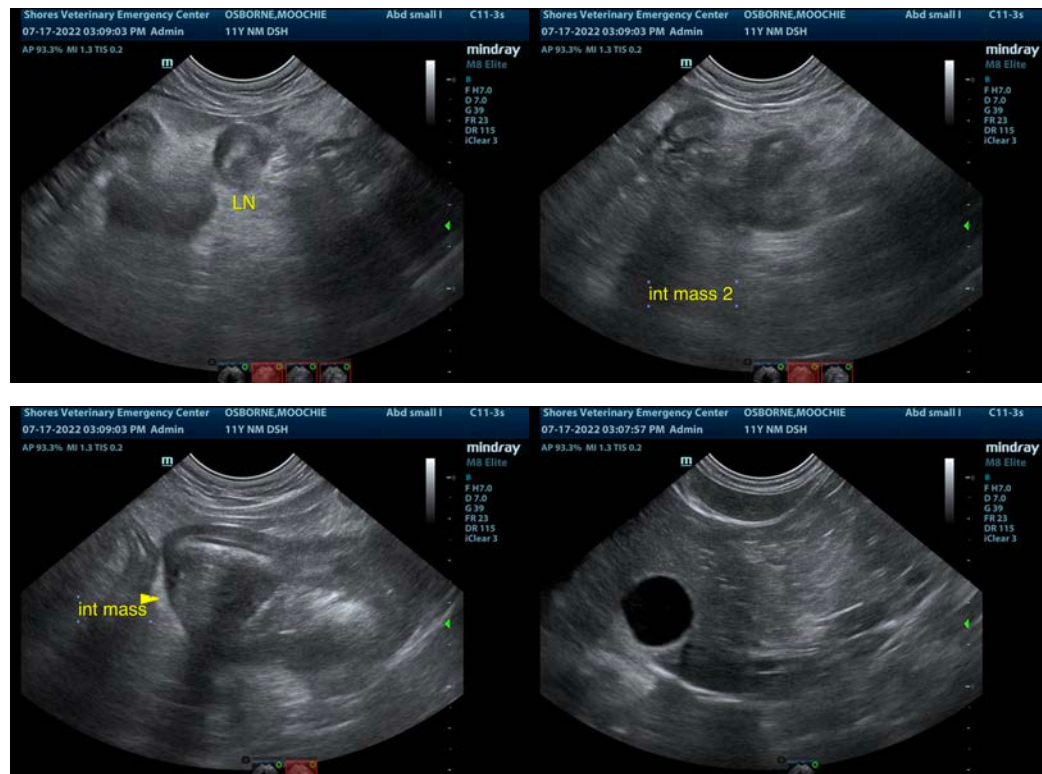
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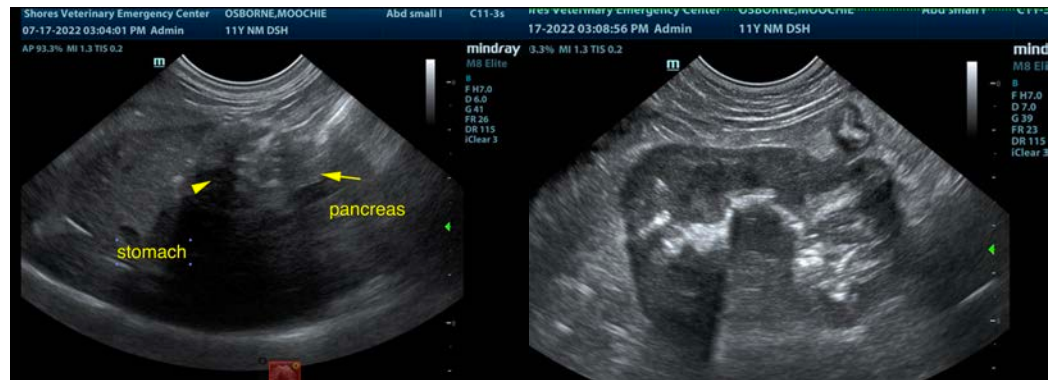
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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