



PATIENT

Samoa Downes

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

9.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Pascucci

INVOICE

31892

DATE

7/21/22

PRESENTING CLINICAL SIGNS

History: Weight loss in last couple of months with increased drinking and inappropriate urination. Concern for abdominal mass but could not isolate on palpation. Concern for lymphoma or leukemia based on CBC.

Abnormal PE/Chem/CBC/UA Results: Lymph 45k, Neu 11k, Mono 1.3k

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 **kidneys** revealed largely normal size and structure. There was some loss of corticomedullary definition. Some age-related loss of curvilinear patterns was noted regarding the capsule and C/M junction. Increased cortical echogenicity was noted. 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 4.0 cm. The right kidney measured 4.4 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.

Spleen

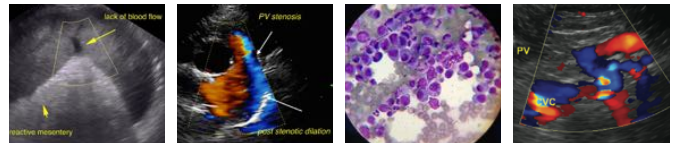
The **spleen** was mildly enlarged with slight scalloping contour measuring up to 1.3 cm.

Liver

The **liver** was slightly enlarged, yet uniform. 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 full of ingesta. Variable intestinal thickening was noted with areas of loss of mural detail. Reactive mesentery was noted around the pathological intestine. The mesenteric lymph nodes were enlarged, grouping of which measured 2.0 cm.



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Pancreas

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. The pancreatic duct was dilated. Heterogenous parenchymal changes were noted around the right limb of the pancreas.

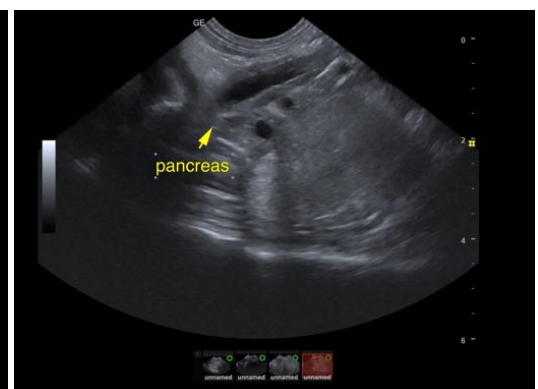
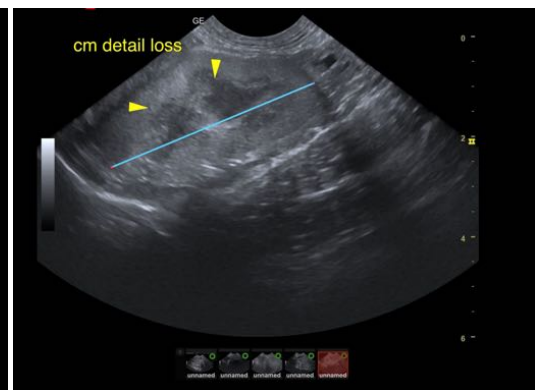
ULTRASONOGRAPHIC FINDINGS

Variable intestinal thickening, mesenteric lymphadenopathy.

Mild splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for regional or sectorial emerging neoplasia. Ultrasound-guided FNA or full thickness intestinal biopsies in the mesenteric root would be appropriate. FNA of the spleen is also appropriate. The prognosis is guarded.





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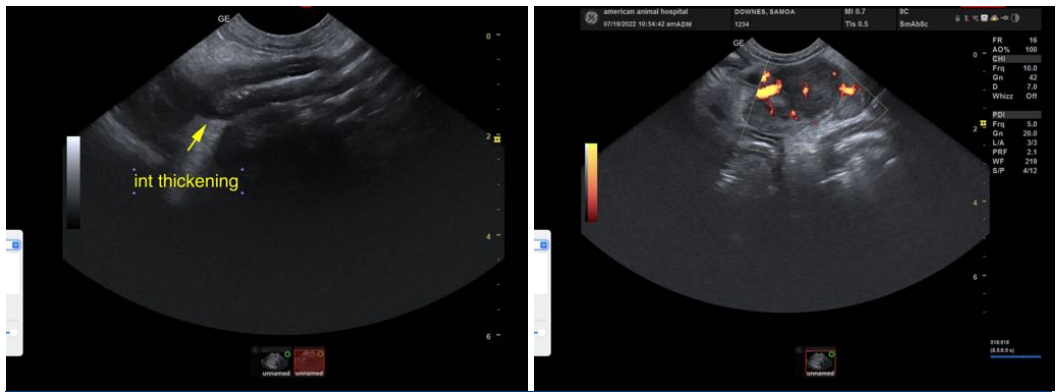
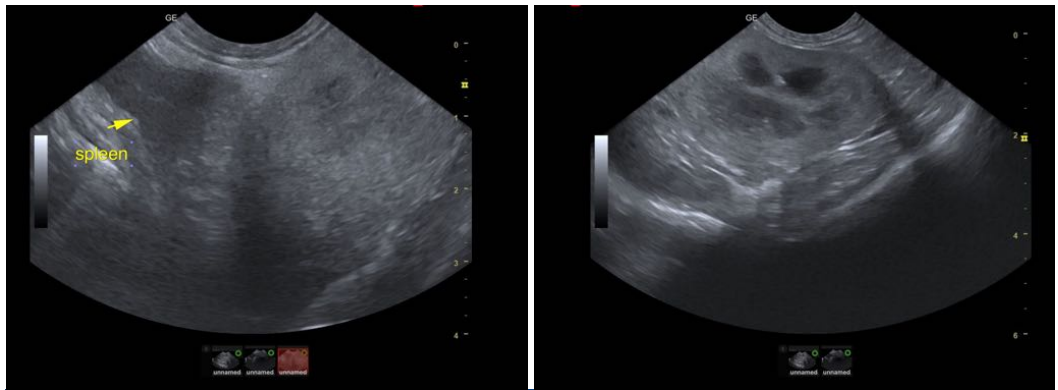
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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