



**PATIENT**

Ichabod Pazos

**PRESENTING CLINICAL SIGNS**

Chronic weight loss and vomiting. R/O IBD, PLE, lymphoma, etc.  
Abnormal PE/Chem/CBC/UA Results: T. protein 5.6, T4 WNL.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**SEX**

Neutered Male

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 right kidney measured 3.58 cm.

**AGE**

10 Years

**Adrenal Glands**

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

**WEIGHT**

N/A

**Spleen**

The **spleen** was uniform at 0.70 cm.

**Liver**

**INTERPRETED BY**

Eric Lindquist, DMV

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. 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.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**Gastrointestinal**

**HOSPITAL NAME**

New Bridge VP

The **stomach** itself was unremarkable. Jejunal luminal mucosal mass noted measuring 3.0 cm x 1.6 cm. The mass appears resectable and localized to the lumen. Reactive mesentery noted around the mass. Variable intestinal thickening noted elsewhere.

**REFERRING VET**

Dr. Abina Glennon

**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.

**INVOICE**

39866

**PRIMARY FINDINGS**

- Luminal jejunal mass – appears resectable, geriatric abdomen otherwise

**DATE**

7/27/22

**SECONDARY FINDINGS**

- Age related renal and hepatic changes



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**WEIGHT**

N/A

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**HOSPITAL NAME**

New Bridge VP

**REFERRING VET**

Dr. Abina Glennon

**INVOICE**

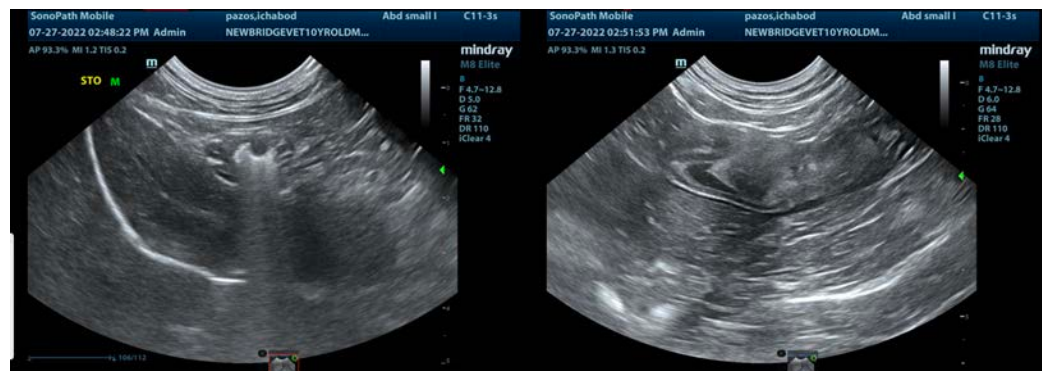
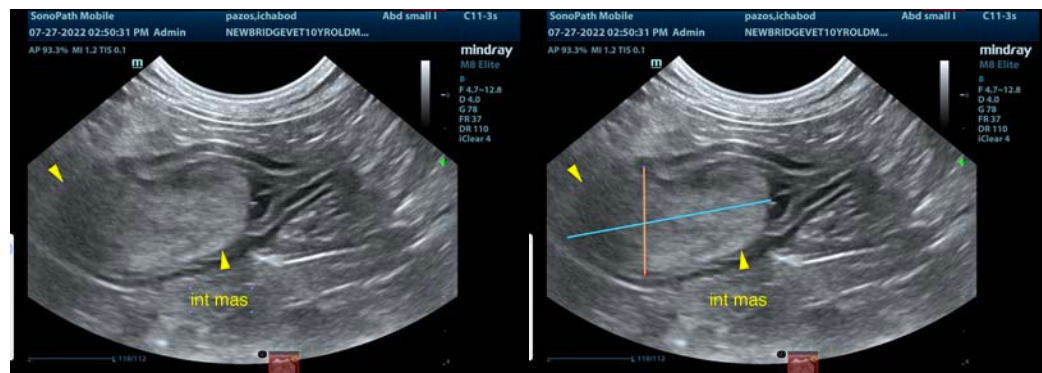
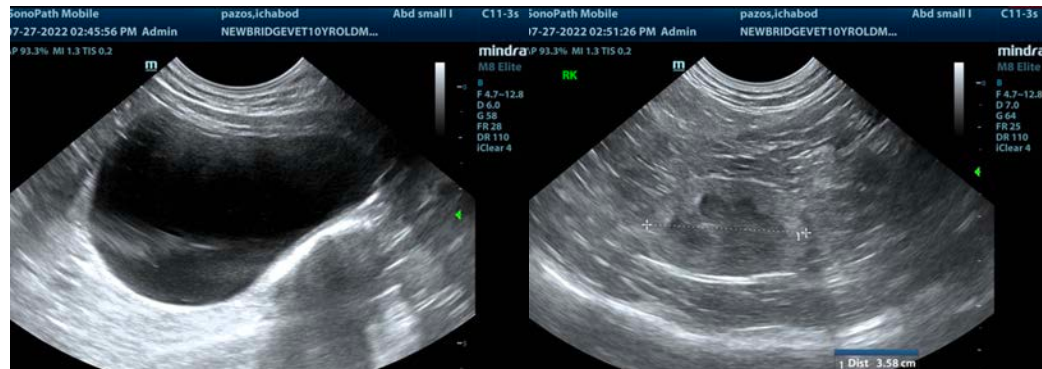
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical intervention recommended with resection and anastomosis. Local carcinoma suspected. Power doppler assessment of the luminal tissue appeared positive. Therefore, is this a tissue tumor.



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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