

PATIENT

Squeakers Blocher

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Nelson

INVOICE

91102

DATE

8/10/21

PRESENTING CLINICAL SIGNS

History: 15 year old MN DSH presented for wellness exam. Client concerned that pet seems to sneeze and nose runs when owner is cooking. Pet is otherwise eating well and acting normal. On PE, mild mucoïd discharge noted OS but no scleral injection and eye appears WNL. Pet has moderate tartar. Large (~10-12cm) mass palpated in mid-abdomen. 2V Abd Rads confirm large mass present in mid-abd caudal to stomach.

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 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.96 cm. The right kidney measured 3.94 cm with slight pyelectasia. Blood flow to the kidneys appeared to be slightly subnormal on power Doppler assessment.

Adrenal Glands

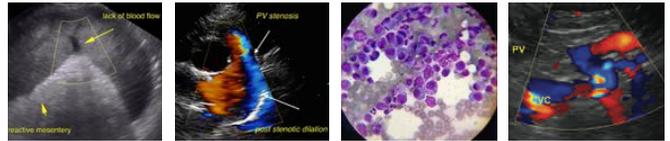
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.36 cm.

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 was noted.

Liver/Pancreas

A moderately complex cystic mass that measured approximately 10.0 cm occupied the area of the pancreas. The mass is suspected to be pancreatic origin, complex cyst or abscess is possible. It impinges upon the caudate process and caudal liver. Slight areas of free fluid are noted. The cranial liver was unremarkable; however, some nodular changes were noted in the right liver. These are likely cystadenomas. The majority of the liver appeared unremarkable with minor heterogenous changes. The gallbladder, common bile duct and portal hilus appeared to be free of evident pathology.



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Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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ULTRASONOGRAPHIC FINDINGS

Mass suspected to be pancreatic origin, complex cyst or abscess is possible. It impinges upon the caudate process and caudal liver.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation would be ideal for surgical planning or direct exploratory surgery with removal +/- debridement. Critical structures such as the portal hilus do not appear to be involved and the gastrointestinal appears to be deviated, yet not overtly involved. The mass is significantly friable and trace amounts of free fluid are present. I recommend direct exploratory surgery. There is a strong potential that the mass is histopathological benign. Approximately 30% of the mass volume is cystic. Drainage can be considered, however, leakage into the abdomen is a strong potential.

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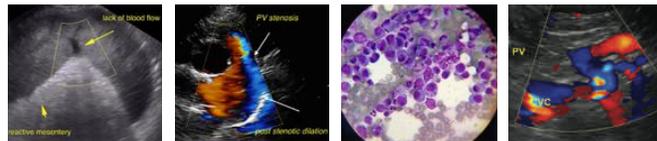


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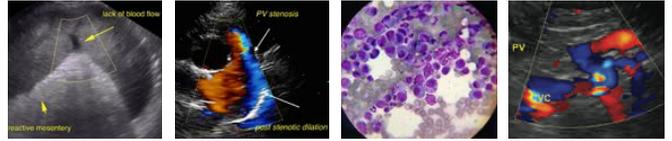
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com