



**PATIENT**

Muffin Cuccio-Araoz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

9.46 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Hartwick

**INVOICE**

23899

**DATE**

8/11/23

**PRESENTING CLINICAL SIGNS**

History: Seen as wellness apt for vaccine. Appetite decreased, large irregular abnormal mass/mid ventral, weight loss (was 11#)

Abnormal PE/Chem/CBC/UA Results: WBC 22.1, Neutro 14807, EOS 1989, HCT 26%, TP 10.4, Glob 7.7, t4 1.8

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 4.17 cm. The right kidney measured 4.11 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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.

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. This is a minor change. Except, the ileocecal junction revealed a complex mixed hypoechoic annular mass with regional inflammation, measuring 7.0 cm. The upper GI was empty. Larger regional lymph nodes were also enlarged. Rounded,



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hypoechoic lymph nodes measured up to 2.0 cm. This is not a surgical presentation. A separate area was also thickened in the descending colon.

**Pancreas**

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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.

**BREED**

**Free Abdomen**

DSH

Slight **free fluid** was noted in the abdomen. The mesenteric **lymph nodes** (up to 1.0 cm x 0.6 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

16 Years

- Ileocecal junction/small intestinal mass with regional distorted lymphadenopathy- strongly consistent with carcinoma or lymphoma.

**WEIGHT**

9.46 Pounds

- Slight free fluid, owing to lymphatic obstruction.

- Volume contracted spleen

- Age-related hepatic and renal changes

- Urinary bladder debris

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the intestinal mass or masses and lymph nodes with immediate chemotherapeutic intervention is recommended. This is not a surgical issue. Anemia may be owing to GI blood loss or potential concurrent bone marrow disease. Chest radiographs are warranted to assess for metastatic disease.

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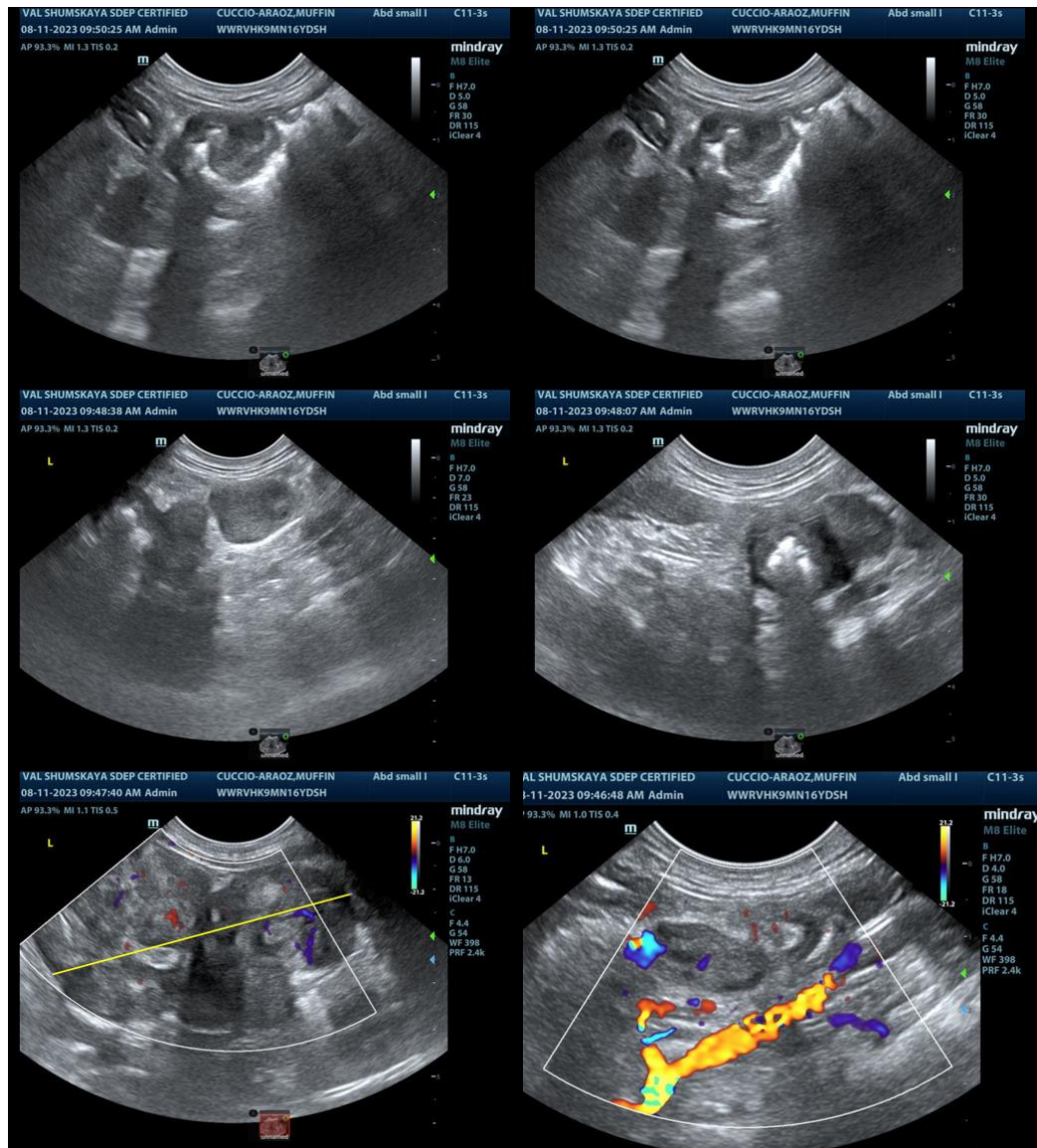
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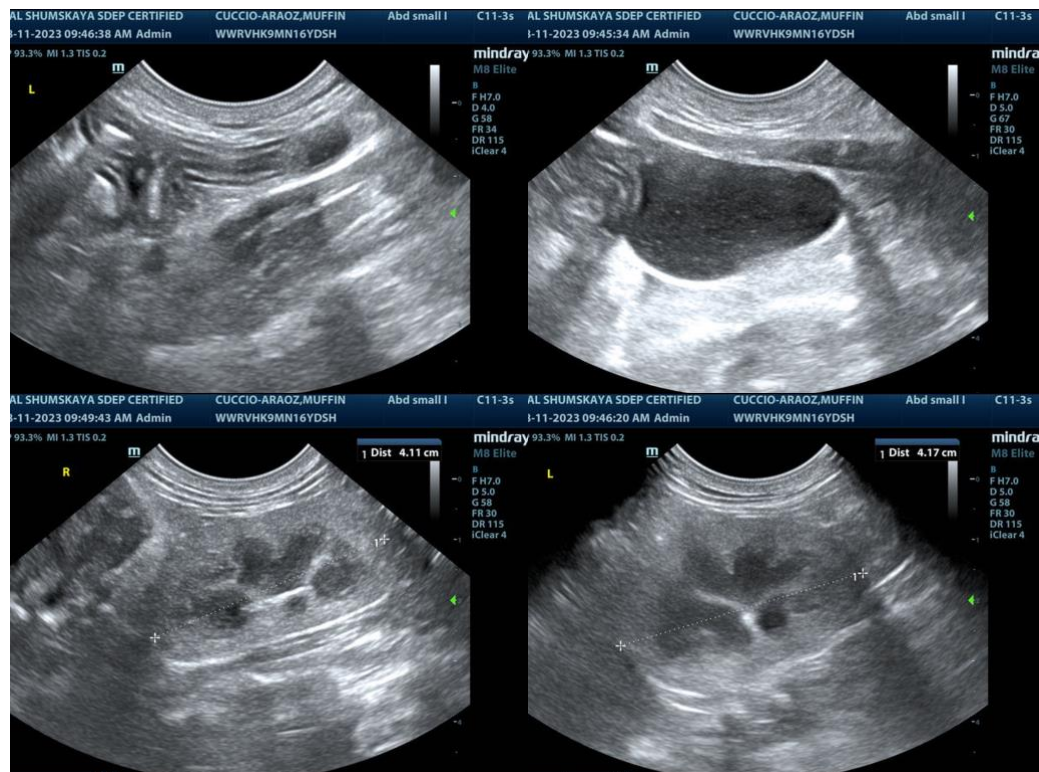
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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