



**PATIENT**

Jasper Morton

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

**INVOICE**

91262

**DATE**

8/16/21

**PRESENTING CLINICAL SIGNS**

History: Has lost weight and muscle. Movement is slower and general manner appears "fragile". Spends more time alone.

PE: MILD DEHYDRATION, SOME COLON FILL SUSPECTED MASS DORSAL MID ABDOMEN, SCLEROSIS, LARGE PUPILS, MUSCLE LOSS, STAGE III DENTAL DISEASE, DULL COAT. No masses. LABS ARE PENDING

**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 **right kidney** revealed cortical infarcts, remodeling and mineralization. Cortical infarcts were noted in both kidneys. The right kidney measured 3.51 cm. The left kidney measured 3.47 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** 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**

The **liver** was slightly swollen and mildly hypoechoic to the falciform fat. Slight coarse architecture was noted. Heterogenous parenchymal changes were noted as well around the pancreas. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

**Gastrointestinal**

The upper **gastrointestinal tract** was unremarkable. A portion of intestine in the mid caudal abdomen that appears to be jejunum revealed an infiltrated mass. Irregular, surrounding mesentery was noted. A large amount of undifferentiated, hypoechoic tissue was noted throughout the caudal abdomen. This is



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associated with the intestinal mass. This may be colonic or distal small intestine. However, the amount of tissue is undifferentiated and difficult to ascertain which part of the intestine it belongs to. This is not a surgical presentation. Lymph nodes were enlarged around the infiltrative mass up to 1.0 cm.

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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.

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**ULTRASONOGRAPHIC FINDINGS**

Small intestinal mass.

Enlarged lymph nodes.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the undifferentiated hypoechoic tissue is indicated as well as regional lymph nodes. Round cell neoplasia is suspected, carcinoma is possible with a minor potential for granulomatous disease.

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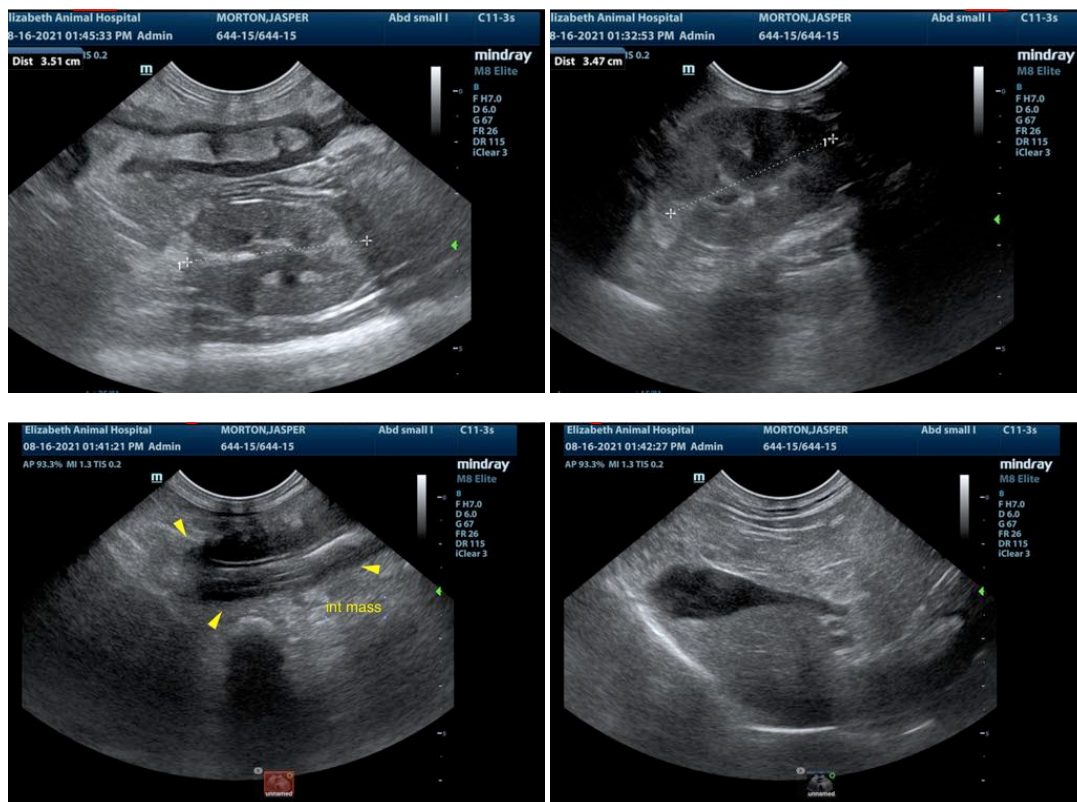
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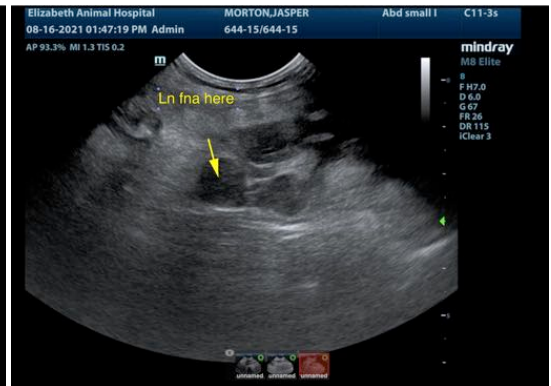
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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