

**PATIENT**

Abby Ortman

**PRESENTING CLINICAL SIGNS**

History: weight loss and acute diarrhea Current Medications probiotic  
Abnormal PE/Chem/CBC/UA Results: -WBC 22K, elevated eos 2.4K and monos 2.4K

**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.

**SEX**

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 4.13 cm. The left kidney measured 4.29 cm.

**AGE**

10 Years

**Adrenal Glands**

**WEIGHT**

11.5 Pounds

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 left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.35 cm.

**Spleen**

The **spleen** measured the upper limits of normal, uniform, measuring 1.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**Liver**

The **liver** was slightly coarse in architecture with minor increased portal markings. The gallbladder and common bile duct were unremarkable. No obvious evidence of neoplasia. However, micrometastasis could not be ruled out.

**Gastrointestinal**

**HOSPITAL NAME**

Willakenzie AC

The **stomach** and pylorus were free of evident pathology. The mid to distal small intestine revealed an infiltrative mass with wall thickness up to 1.0 cm. The mass extended for at least 6.0 cm in length. The mass width measured up to 2.5 cm with partial obstructive pattern. Variable small intestinal thickening was noted elsewhere.

**REFERRING VET**

Dr. Brandt

**Pancreas**

The **pancreas** and omentum revealed heterogeneous changes, likely secondary to the intestinal pathology, as a significant amount of inflammation is present, associated with the small intestine.

**INVOICE NUMBER**

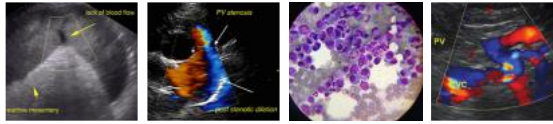
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**Free Abdomen**

Regional **lymph nodes** were also enlarged around the intestinal mass.

**DATE**

8/19/22



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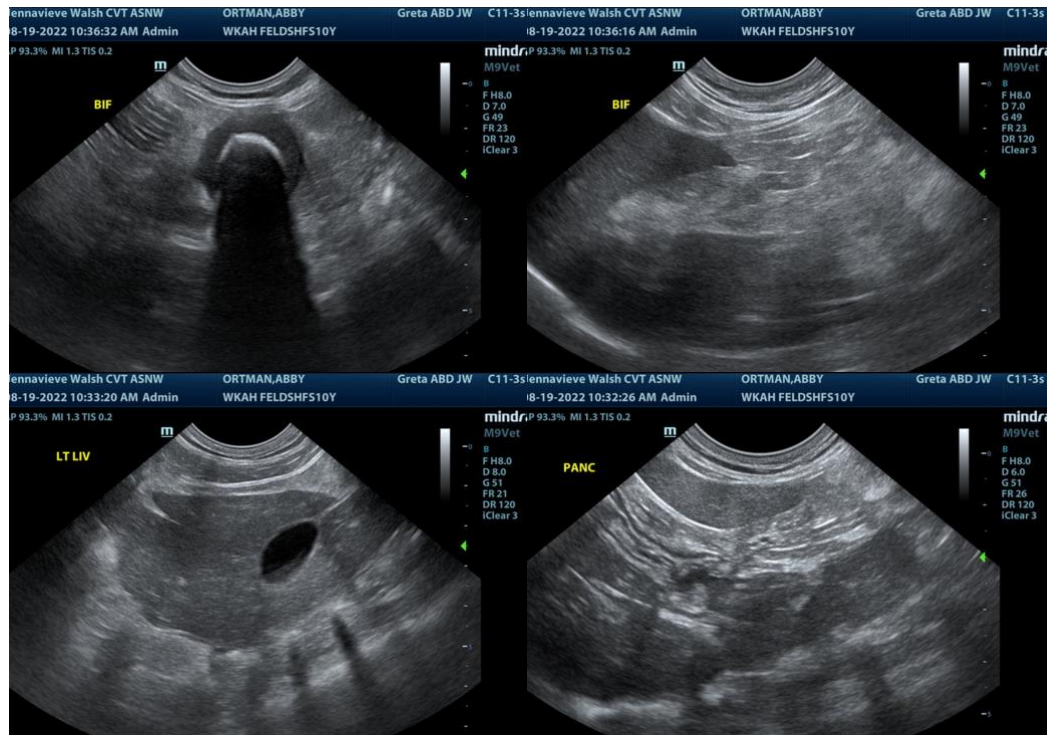
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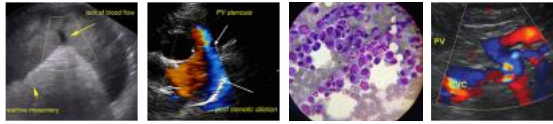
**ULTRASONOGRAPHIC FINDINGS**

- Obstructive intestinal mass with regional inflammation, lymphoma is likely, carcinoma is possible. Embedded foreign matter with the mass lumen is also possible.
- Multifocal lymphadenopathy
- Heterogeneous pancreas
- Liver, coarse architecture with increased portal markings
- Age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment based on cytology results is warranted. Aggressive resection and anastomosis may be necessary, unless chemotherapy can reduce the luminal stricture, given the material embedded within the intestine prior to the mass. However, clean resection would not occur given the extent into the regional omentum and lymphomatosis or carcinomatosis type presentation appears to be occurring at an early phase.





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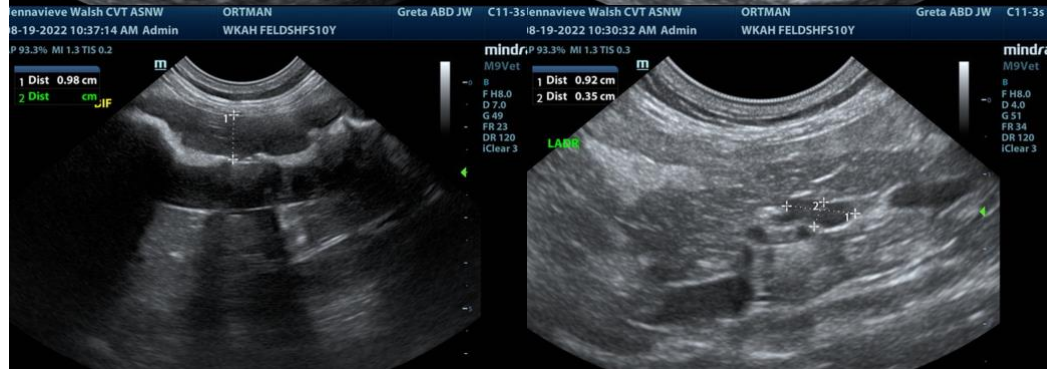
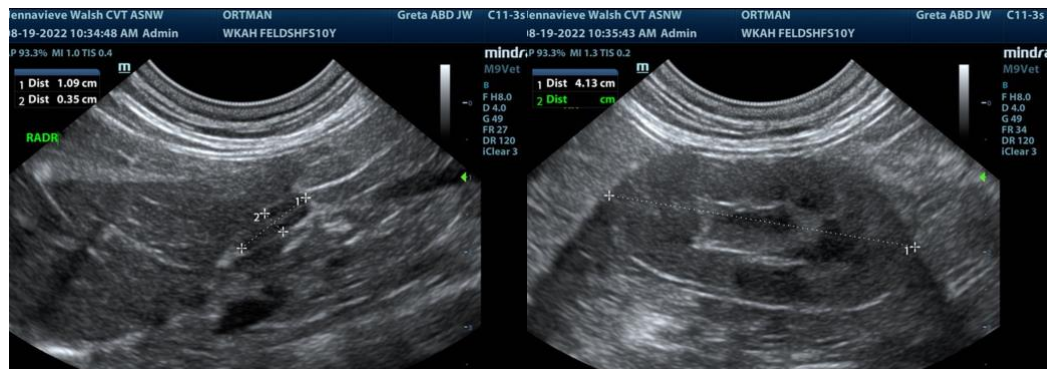
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**HOSPITAL NAME**

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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.

**REFERRING VET**

Dr. Brandt

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.

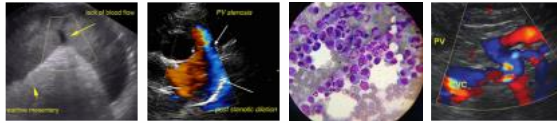
**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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