



**PATIENT**

Bentley Henderson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Netered Male

**AGE**

14 Years

**WEIGHT**

11.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creature Great & Small - Corvallis

**REFERRING VET**

Dr. Beth Marszewski

**INVOICE**

40736

**DATE**

8/24/22

**PRESENTING CLINICAL SIGNS**

chronic progressive lethargy, loss of appetite and intermittent vomiting over the last 2-3 weeks. Prior hx of hyperthyroidism - well regulated. Prior hx of stomatitis - resolved w/ FM extractions.

Abnormal PE/Chem/CBC/UA Results: Painful central abdomen, possible low grade fever, unkempt haircoat on PE BW: CBC: Stress leukogram with mild neutrophilia Chem: BUN (23), Crea (1.7) T4: (1.3) U/A: USG (1.032), 1+ protein (UPC 0.1), IS Thoracic/abdominal rads; SI appear bunched centrally, otherwise NSF.

**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 were noted. Ureteral papillae were normal.

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 4.18 cm. The left kidney measured 4.07 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. The left adrenal gland measured 0.40 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 were noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** was unremarkable. The ileocecal junction revealed a 5.5 cm x 2.2 cm infiltrative mass with regional rounded lymph nodes up to 1.0 cm. Regional inflammation present.



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**Pancreas**

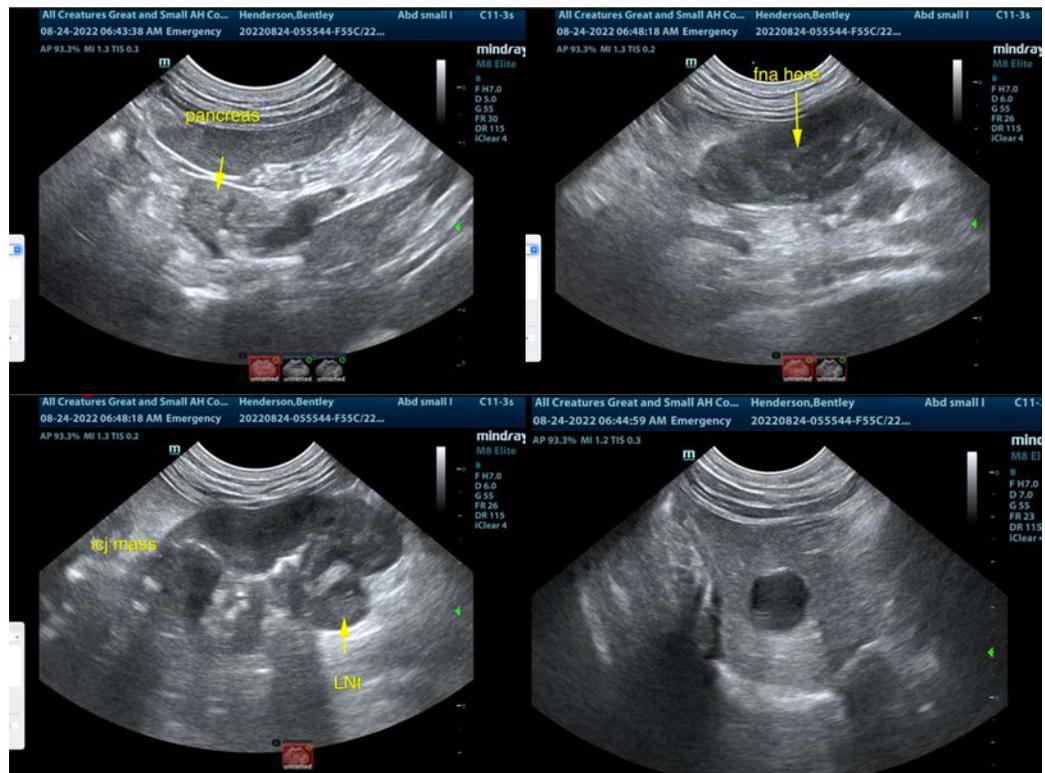
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

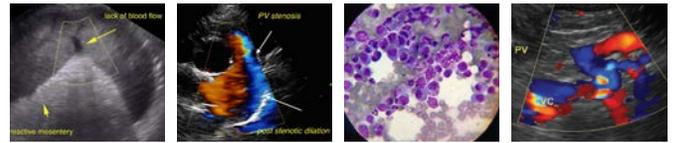
**ULTRASONOGRAPHIC FINDINGS**

- Intestinal mass, appears to be ileocecal junction (likely lymphoma) with regional lymphadenopathy
- Age related renal changes
- Age related pancreatic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the intestinal mass indicated. No obvious metastatic disease. Not a resectable presentation. Chest radiographs warranted if not already performed to ensure no metastatic disease. Treatment should be based on cytology results from FNA.





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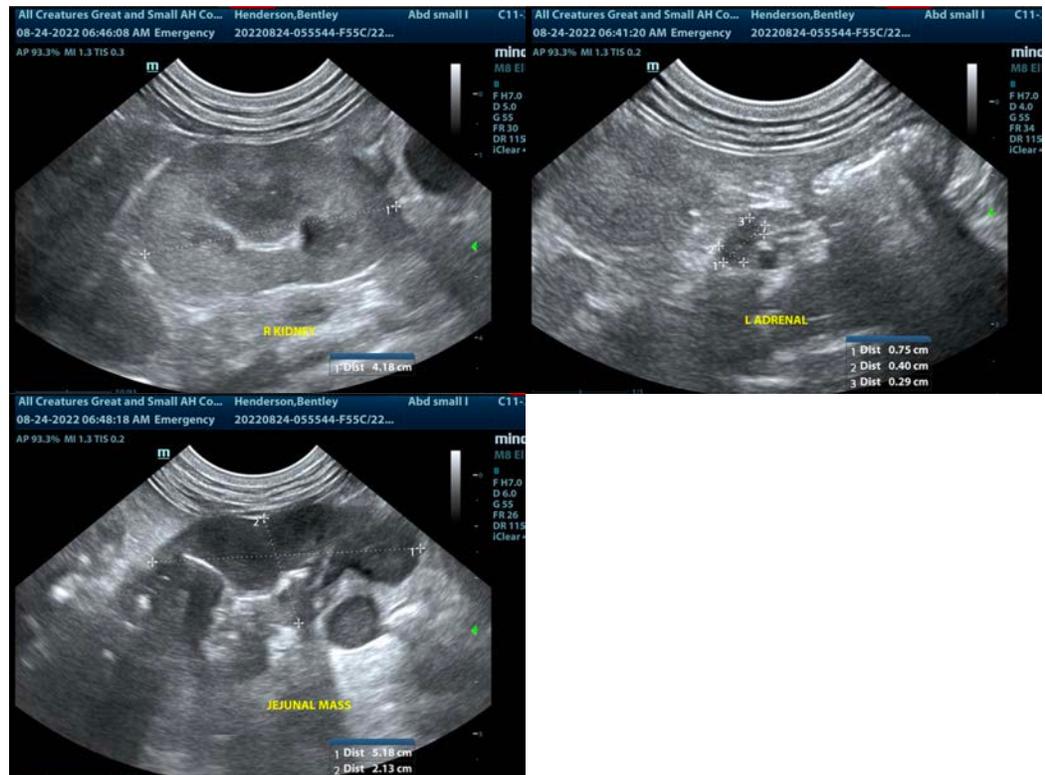
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)