



PATIENT

Maui Lancaster

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

5.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

40743

DATE

8/25/22

PRESENTING CLINICAL SIGNS

Presented for weight loss, more finicky appetite. Sibling cat has HX of hyperthyroidism. Has HX of poor grooming but may be worse now. Deb had noted a mass in the abdomen and concern of cancer Objective E/e clear. Teeth multiple missing teeth/previous extractions. BCS 3/9. Sarcopenia over dorsum. Loss of hair shine and condition. Mild matting. QAR, tolerant and enjoyed petting. Significant weight loss. Previous weight of 7.9 pounds Abd- 2 large irregularly rounded masses in mid abdomen cranial to the bladder US pending review Chem K 6.0 all else WNL, Alb 2.9 T4/SDMA pending Assessment Abdominal mass- Ro lymphadenopathy vs primary neoplasia vs other Weight loss/sarcopenia Diminished appetite Plan Disc bloodwork findings with Deb. Pending full US review to consider options for further care/treatment.

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 left kidney measured 3.5 cm. The right kidney measured 4.0 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 right adrenal gland measured 0.40 cm. The left adrenal gland measured 0.40 cm.

Spleen

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

Liver

The **liver** was swollen with increased portal markings noted. Mildly thickened gallbladder noted.

Gastrointestinal

Gastric stasis present. The majority of the small intestine was unremarkable, yet a jejunal mass was noted in the mid abdomen measuring 3.5 cm. A separate second mass measured 2.0 cm. Regional lymph nodes enlarged, rounded and hypoechoic. A lymph node cluster measured 2.5 cm.

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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Free Abdomen

Maui Lancaster

Slight free fluid noted, likely owing to lymphatic congestion.

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ULTRASONOGRAPHIC FINDINGS

- Two separate intestinal masses with regional lymphadenopathy and slight free fluid - multicentric intestinal lymph node based lymphoma likely.
- Age related renal changes
- Volume contracted spleen
- Swollen liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA indicated. Immediate chemotherapeutic intervention recommended. Prognosis long-term is guarded depending upon responsiveness to chemotherapy. Chest radiographs warranted to assess for metastatic disease.

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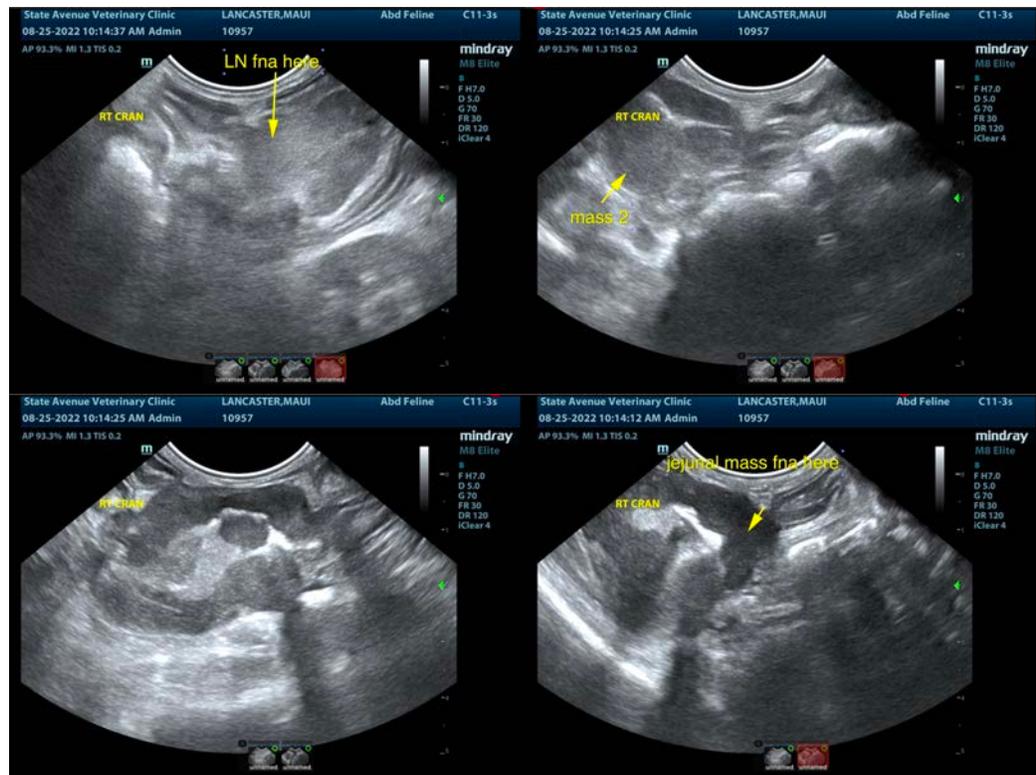
Dr. Jessie Evoniuk

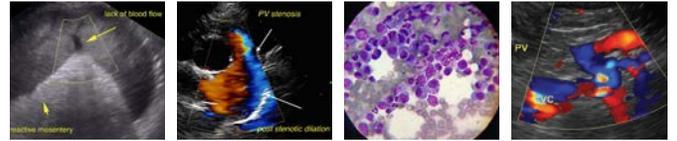
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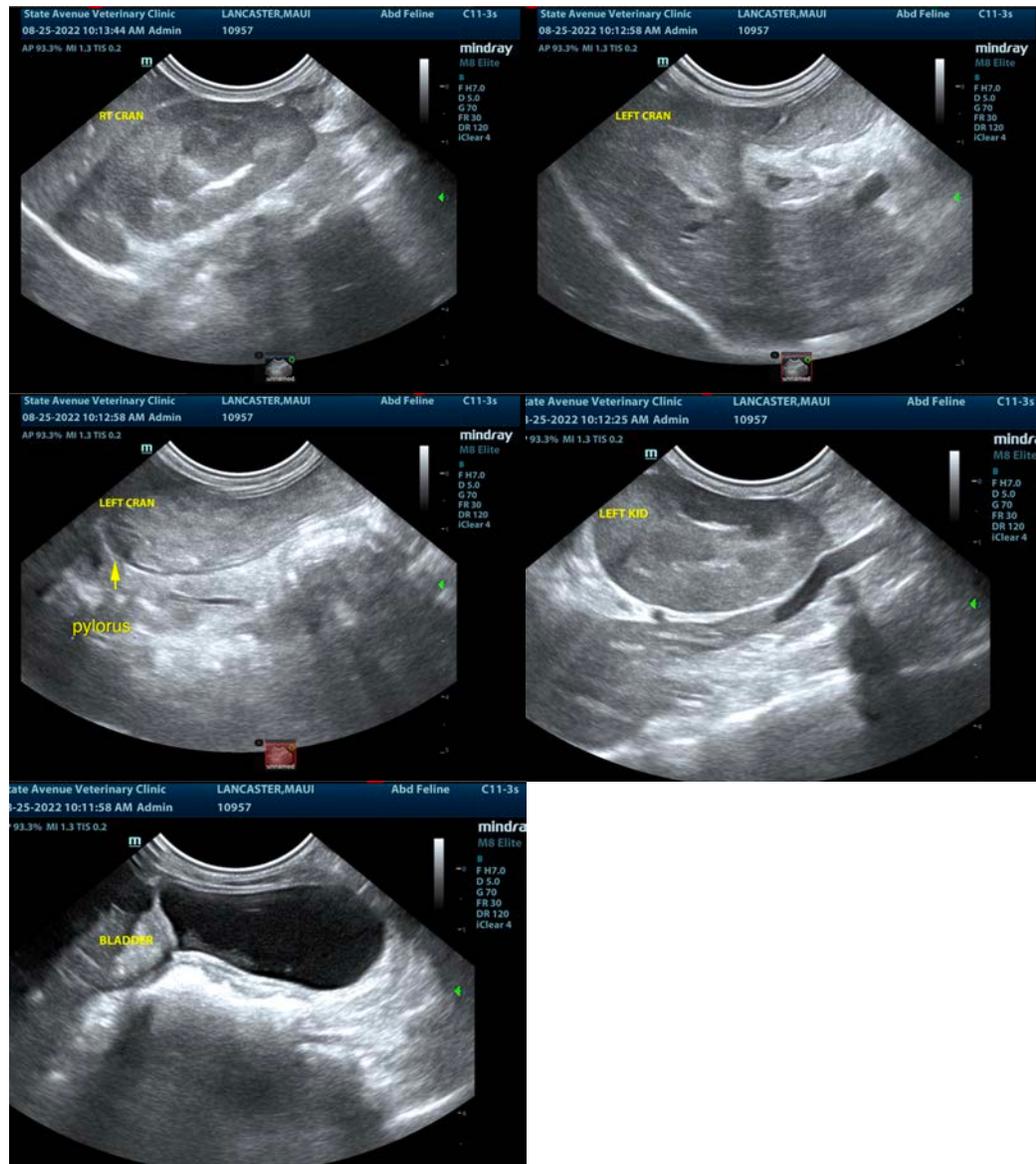
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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