



**PATIENT**

Lexi Dickey

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

6.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Casita

**HOSPITAL NAME**

Companion AC

**REFERRING VET**

Dr. Casita

**INVOICE**

32220

**DATE**

8/8/22

**PRESENTING CLINICAL SIGNS**

History: intermittent V for 8 months, worsening weight loss (2 lb in 3 months), small feces, still eating  
Abnormal PE/Chem/CBC/UA Results: abdominal mass palpable, mass effect in cranial abdomen, painful abdominal palpation, recent increased respiratory effort  
Chem: PSL 136, CBC lymphopenia 940

**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 **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 kidneys measured 3.0 cm each.

**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 cranial pole of the **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. However, the caudal pole of the spleen appeared to blend into the mass.

**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. Pleural effusion was noted through the abdomen.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was also present.



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**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.

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**Free Abdomen**

**BREED**

Siamese

Free fluid was noted in the abdomen with reactive surrounding mesentery. . A 4.0 x 3.0 cm parenchymal, irregular mass was noted in the midabdomen. This may be lymph node or splenic in origin. Other smaller lymph nodes are present.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Mesenteric lymph node masses with free fluid, ascites and pleural effusion.

**AGE**

11 years

Variable intestinal thickening.

Volume contracted spleen.

**WEIGHT**

6.8 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Lymphomatosis type presentation. Abdominocentesis, pleurocentesis, and mass FNA are all indicated. Prognosis is poor.

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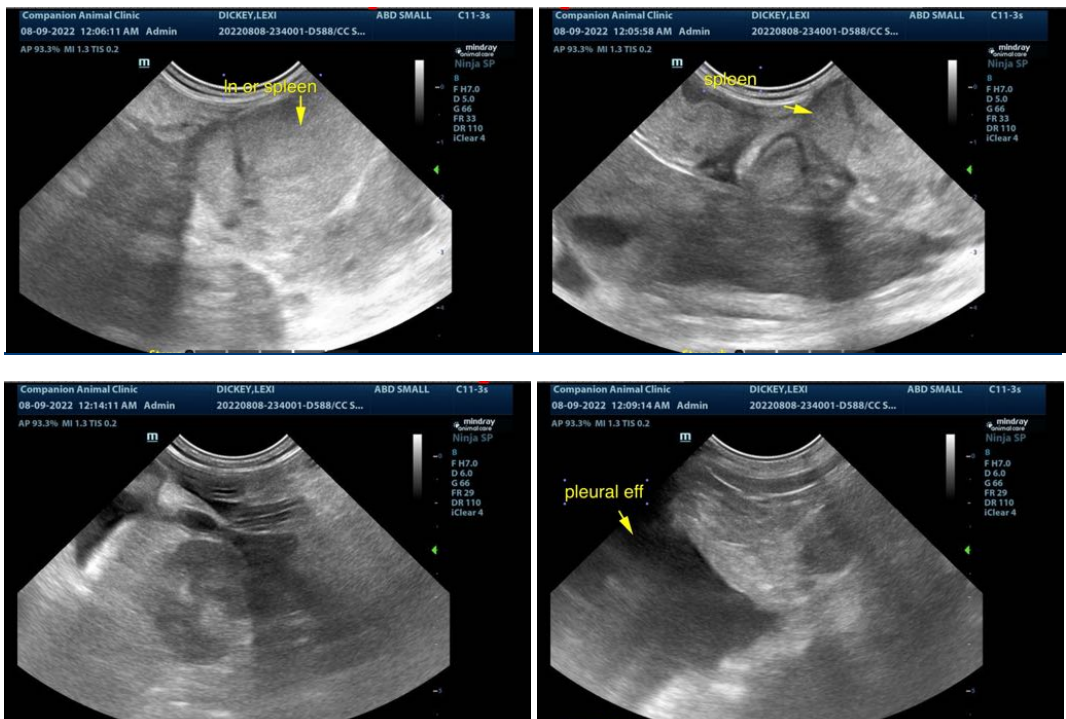
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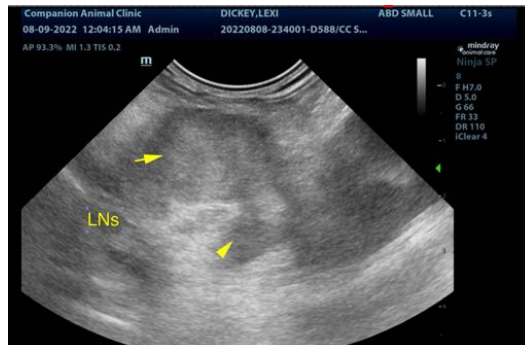
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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