



## PATIENT

Izzy Whitfield

## SPECIES

Feline

## BREED

Calico

## SEX

Spayed Female

## AGE

16 years

## WEIGHT

4.65 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Westcott

## HOSPITAL NAME

Dr. Westcott

## REFERRING VET

Dr. Westcott

## INVOICE

91825

## DATE

9/17/21

## PRESENTING CLINICAL SIGNS

History: Diarrhea that is unresponsive to standard medications for 3 weeks. No vomiting. Some weight loss  
Abnormal PE/Chem/CBC/UA Results: Mild dehydration, palpable abdominal mass Mild non regenerative anemia Mild elevation in CREAT

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The left ureter was mildly dilated and measured 0.27 cm. 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.28 cm. The left kidney measured 3.72 cm with pyelectasia and focal calculus or possible tissue mass (mass and debris or blood clot).

### 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. Both adrenal gland revealed slight areas of mineralization. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.37 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 was noted.

### Liver

The right **liver** revealed a 1.66 cm cyst. This is consistent with cystadenoma or primary cyst. 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.



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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The descending colon revealed an infiltrative mass that measured 1.62 cm in thickness and occupied the majority of the descending colon; however, it appears potentially resectable as the pelvic colon at the level of the cystourethral junction appears intact. Minor, variable intestinal thickening was noted elsewhere without neoplastic criteria. The mesenteric lymph nodes were slightly enlarged and measured 1.0 x 0.5 cm.

**Pancreas**

The **pancreas** revealed a hypoechoic nodule that measured 0.72 x 1.0 cm. Heterogenous pancreatic changes were noted elsewhere in the parenchyma with undulating contour.

**ULTRASONOGRAPHIC FINDINGS**

Descending colonic mass.

Cystadenoma in the right liver.

Minor mesenteric lymphadenopathy.

Minor intestinal thickening noted.

Left renal pelvic calculus and clot or possible emerging masses.

Nodular pancreatic changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the pancreatic nodules and colonic mass +/- left renal pelvic pyelocentesis can be considered with cytology. Some level of pancreatitis and nodular hyperplasia is likely with the potential for emerging pancreatic neoplasia. Due to the involved lymph nodes with the colonic pathology surgical resolution is unlikely. Chemotherapeutic intervention is likely the best option in this patient based on colonic cytology +/- pancreatic cytology results. The colonic pathology does appear obstructive. However, if the colonic pathology is chemo reducible then this should resolve the obstructive pattern as well. The prognosis is guarded. Colonic lymphoma +/- other organ involvement is likely. If pyelocentesis of the left kidney is to be performed coagulation panel is warranted prior to the procedure. The left ureter appeared to be dilated for approximately 2.5-3.0 cm distal from the left renal pelvis and likely strictured.



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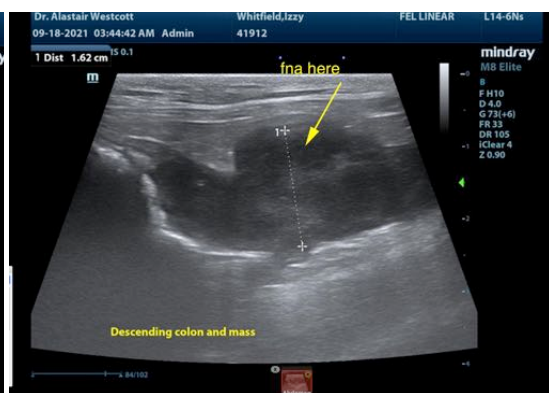
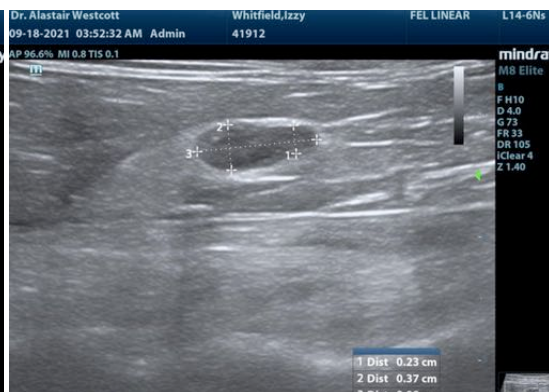
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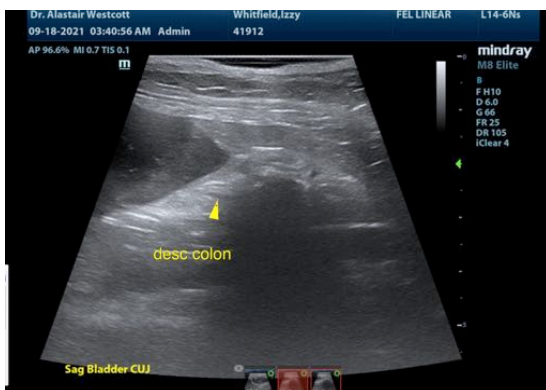
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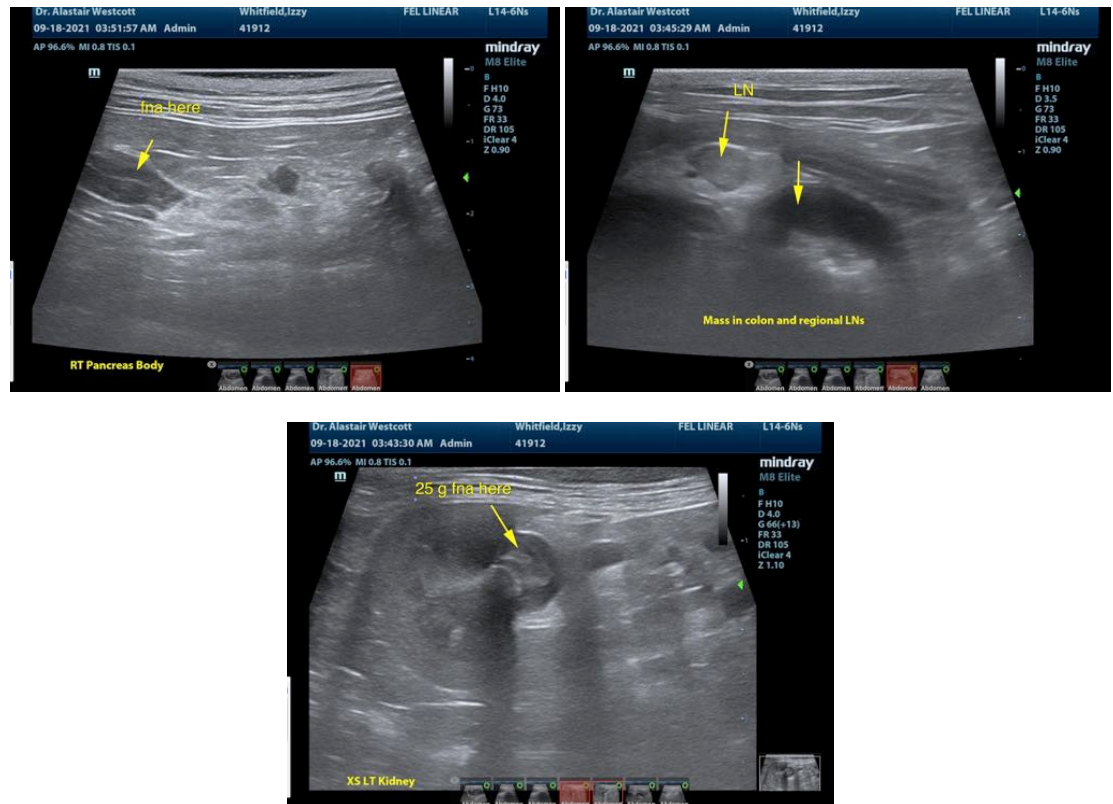
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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