

**PATIENT PRESENTING CLINICAL SIGNS**

Bob Hallihan

**SPECIES**

Feline

History: gastric mass- tentative diagnosis lymphoma. Please re-assess today on US. Endoscopy done, biopsy inconclusive but suspicious for lymphoma/high grade IBD. wt loss, not eating well. On pred 5 mg eod, leukoran 2 g Q 3 days

Abnormal PE/Chem/CBC/UA Results: creat 1.6

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. A minor cystourethral junction polyp was noted and measured 0.3 cm. This may be owing to passage of calculi. The ureters were not visible which is normal. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**AGE**

12 years

**WEIGHT**

10.5 lbs

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.93 cm. The right kidney measured 4.37 cm with slight pinpoint mineralization.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**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.

**HOSPITAL NAME**

Animal Care Center of  
Flanders

**INVOICE**

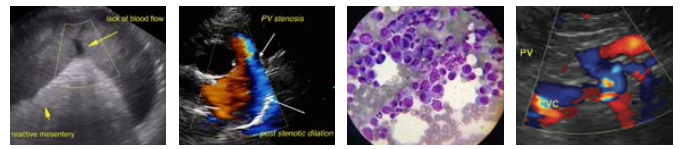
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**DATE**

9/7/21

**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.



**PATIENT** *Gastrointestinal*

Bob Hallihan

The gastric wall thickening has progressed and now measured 2.5 x 0.83 cm at its widest thickness. It extends further around the pyloric outflow. No obstructive pattern was noted, yet complete loss of detail is present. The regional lymph nodes were enlarged. The epigastric lymph node measured 1.0 cm.

**SPECIES**

Feliline

**Pancreas**

**BREED**

Domestic Shorthair

The **pancreas** was normal, yet there was some extension of inflammation from the pyloric pathology is present.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Progressive, pyloric outflow/lymph node infiltrative pattern. Strong suspicion for lymphoma.

Regional enlarged lymph nodes.

**AGE**

12 years

Cystourethral junction polyp.

Geriatric abdomen with renal calculi.

**WEIGHT**

10.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Attention for straining to urinate would be appropriate. Full thickness pyloric and lymph node biopsies would be ideal. However, given that this has progressed in thickness ultrasound-guided FNA may prove effective in obtaining a definitive diagnosis. Full thickness pyloric and lymph node biopsies or ultrasound-guided FNA should be considered with likely necessity for chemotherapy. Small cell lymphoma is a strong potential in which Prednisolone, Leukeran or similar protocol may prove effective for long term management.

**IMAGING PERFORMED BY**

Diane McFadden, RVT

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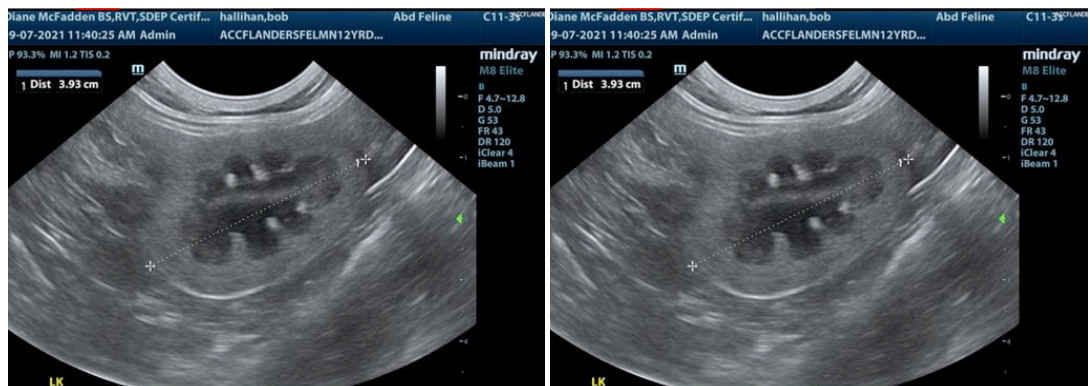
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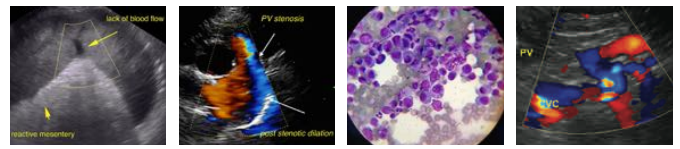
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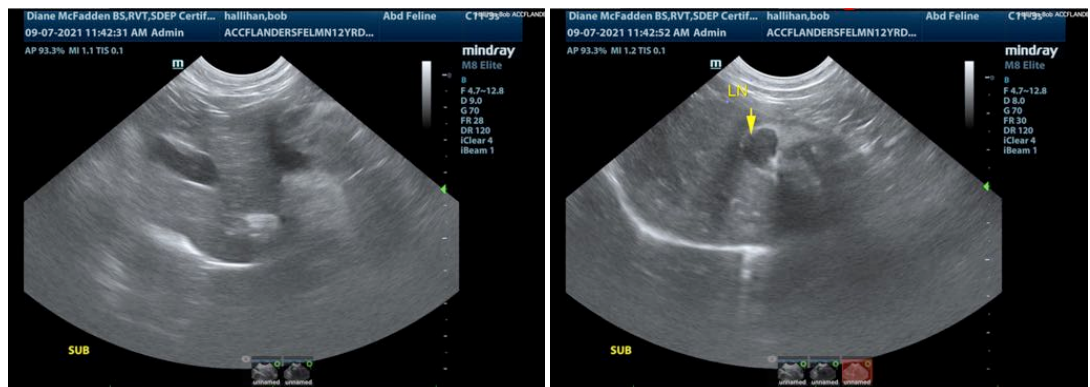
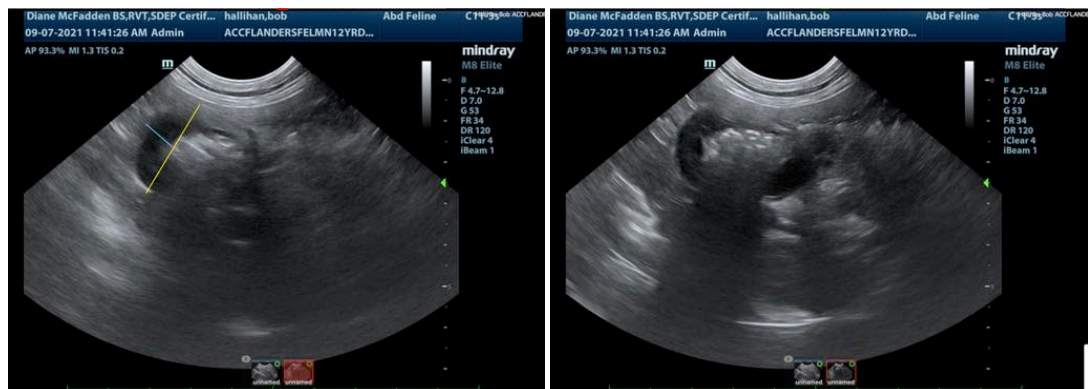
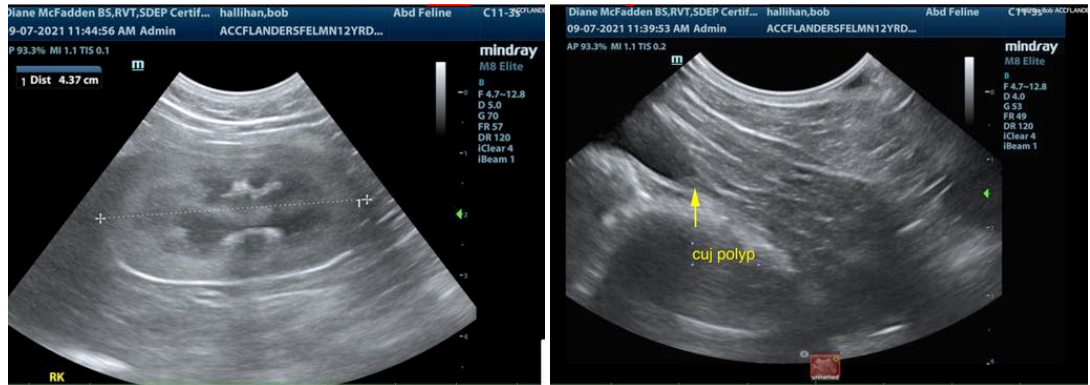
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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