

**DATE PRESENTING CLINICAL SIGNS**

9/7/21 Not Eating. Drinking Less. Losing Weight.

**PATIENT**

History: Date: 09-07-2021 Notes: has owned since a kitten- had to bottle feed usually weighs around 7-8lbs decreased appetite to not eating for a couple of weeks; hiding; a couple of days ago- vomited- no further vomiting indoor only no previous health problems.

**SPECIES**

Feline

Current Medications:  
Lab Results: attached  
Radiographs: attached  
Date of Previous IntraPet Ultrasound: no previous

**BREED**

DSH

Sedation: not needed  
Stat Report: not requested

**SEX**

Spayed Female

**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.

**AGE**

2011

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 3.68 cm. The right kidney measured 3.73 cm.

**WEIGHT**

4.6 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The adrenal glands measured 0.5 cm each.

**HOSPITAL NAME**Animal Emergency  
Hospital**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. Regional free fluid noted, likely owing to lymphatic obstruction.

**REFERRING VET**

Dr. Willer

**Liver**

The **liver** was uniformly swollen and hypoechoic. The gallbladder and common bile duct were unremarkable.

**INVOICE**

25221

**Gastrointestinal**

The upper **gastrointestinal tract** was unremarkable. The ileocecal junction revealed a 4.4 cm x 4.0 cm mass comprised of undifferentiated intestinal thickening and lymph node proliferation.

**Pancreas**

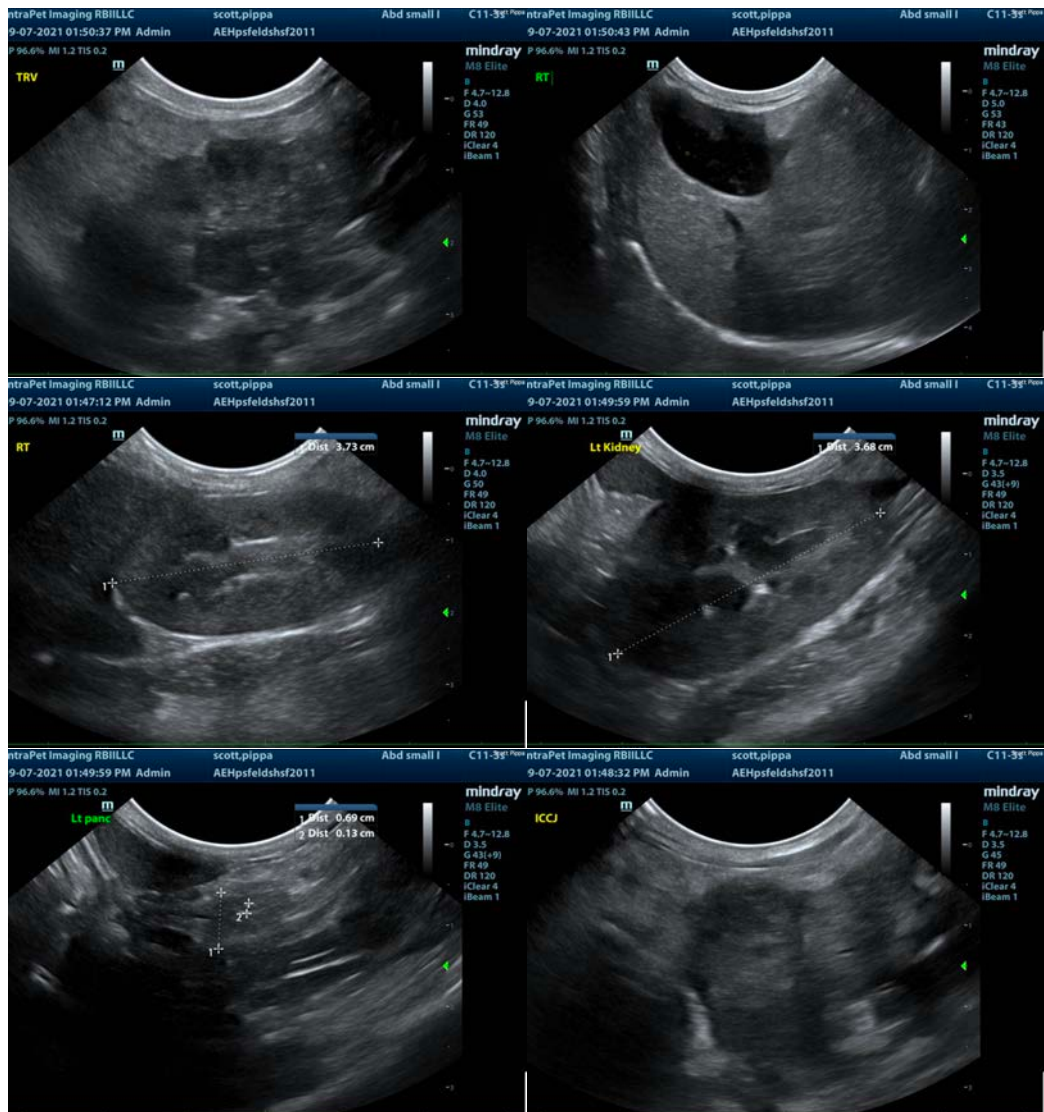
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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. The left limb measured 0.69 cm.

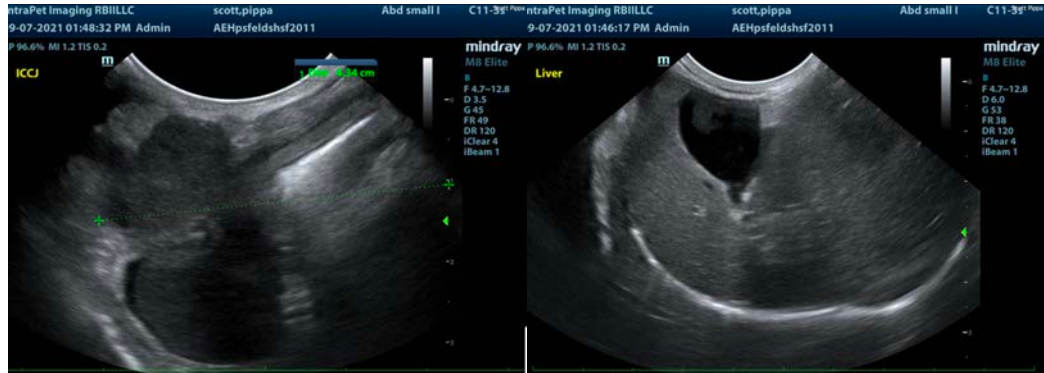
## ULTRASONOGRAPHIC FINDINGS

- Ileocecal junction mass
- Swollen liver
- Free fluid

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lymphoma or similar neoplasia suspected. Minor potential for FIP. FNA liver, lymph node/intestinal mass recommended +/- abdominocentesis and cytospin to arrive at a definitive diagnosis. Prognosis is guarded to poor depending upon cytology results and chemoresponsiveness.





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.

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