



PATIENT

Yao Li Summerlight

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Brasted Maki

DATE

12/15/21

Invoice
94648

PRESENTING CLINICAL SIGNS

History: Presented 12-13-21 with a several month history of diarrhea and a several week history of weight loss. **Examination:** Large palpable, irregular midabdominal mass, thickened intestines, palpable fluid. Patient is emaciated, markedly dehydrated, pale, with a Grade 3/6 systolic heart murmur. **Abnormal PE/Chem/CBC/UA Results:** CBC: A strongly regenerative anemia is present (hematocrit 22.0 %, red blood cells 3.32, hemoglobin 5.3, reticulocyte count 1,215,000). Leukocytosis (31,400) and neutrophilia (27,318) are seen. Nucleated red blood cells 3. Platelet count 964,000. Marked polychromasia and moderate anisocytosis. **Chemistries:** Calcium is low at 7.0 (but protein levels also low), potassium is elevated at 6.3. Total protein (4.7), albumin (1.9), and globulin (2.8) are all low. T4: 1.6

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Trace pyelectasia was noted. The left kidney measured 4.17 cm. The right kidney measured 3.96 cm. Blood flow to the kidneys appeared to be adequate.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.53 cm. The right adrenal gland measured 0.52 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 **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



PATIENT	normal volume with no evidence of congestion. The gallbladder revealed a minor amount of debris. Tortuous cystic duct was noted.
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SPECIES	Gastrointestinal
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SEX	Pancreas
Neutered male	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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.
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WEIGHT	Free Abdomen
6 lbs	A mild amount of free fluid was noted in the abdomen.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Eric Lindquist, DMV, DABVP, Cert. IVUSS	Multi-focal intestinal masses with mesenteric lymphadenopathy. GI lymphoma is likely. Chronic interstitial nephrosis pattern. Free fluid owing to lymphatic obstruction and paraneoplastic effusion.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jenna Walsh, CVT	Intestinal and lymph node aspirates are recommended. The prognosis is guarded to poor depending upon responsiveness to chemotherapy.
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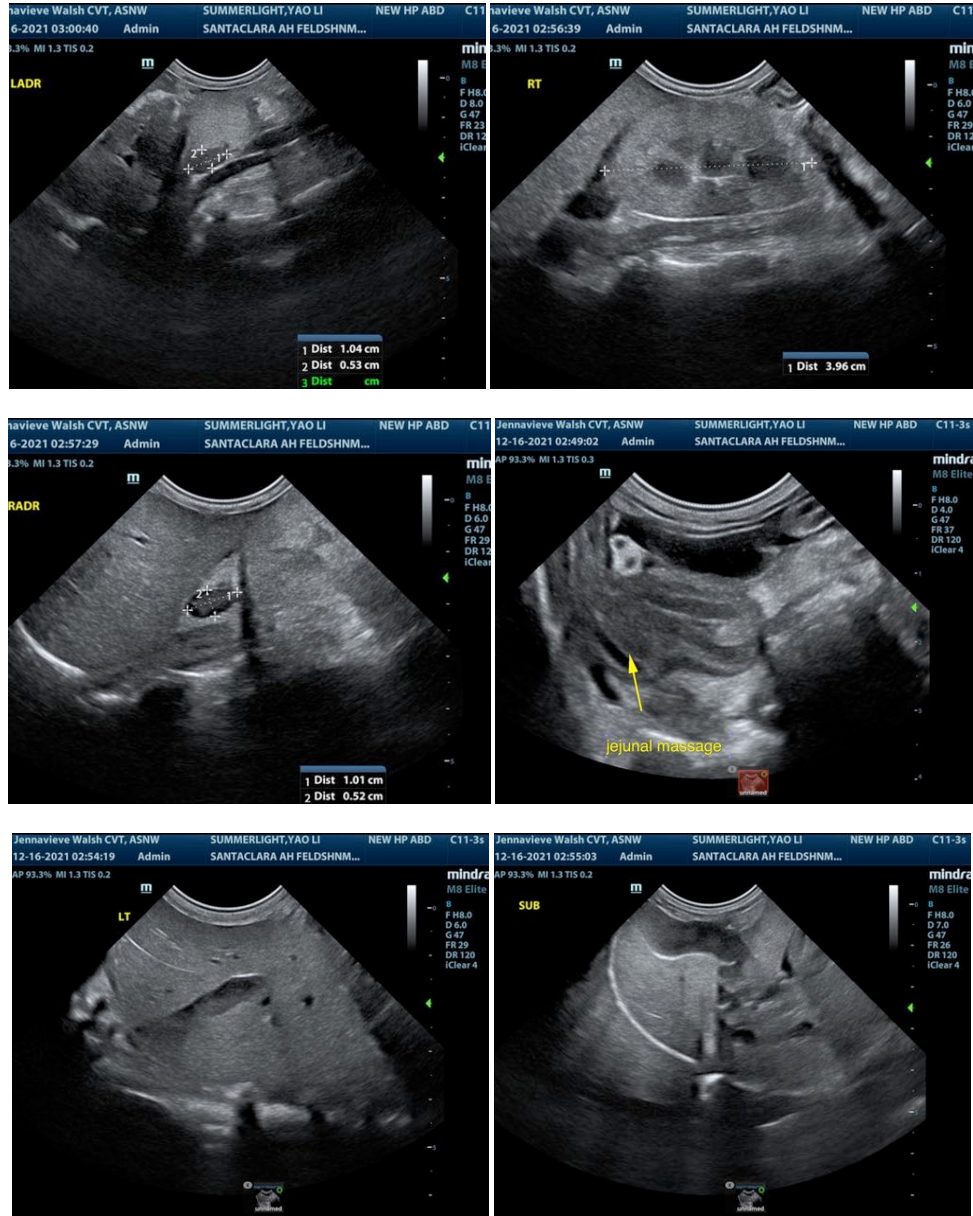
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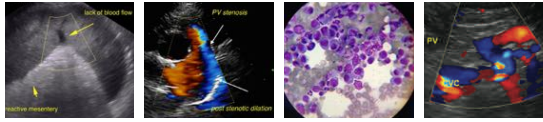
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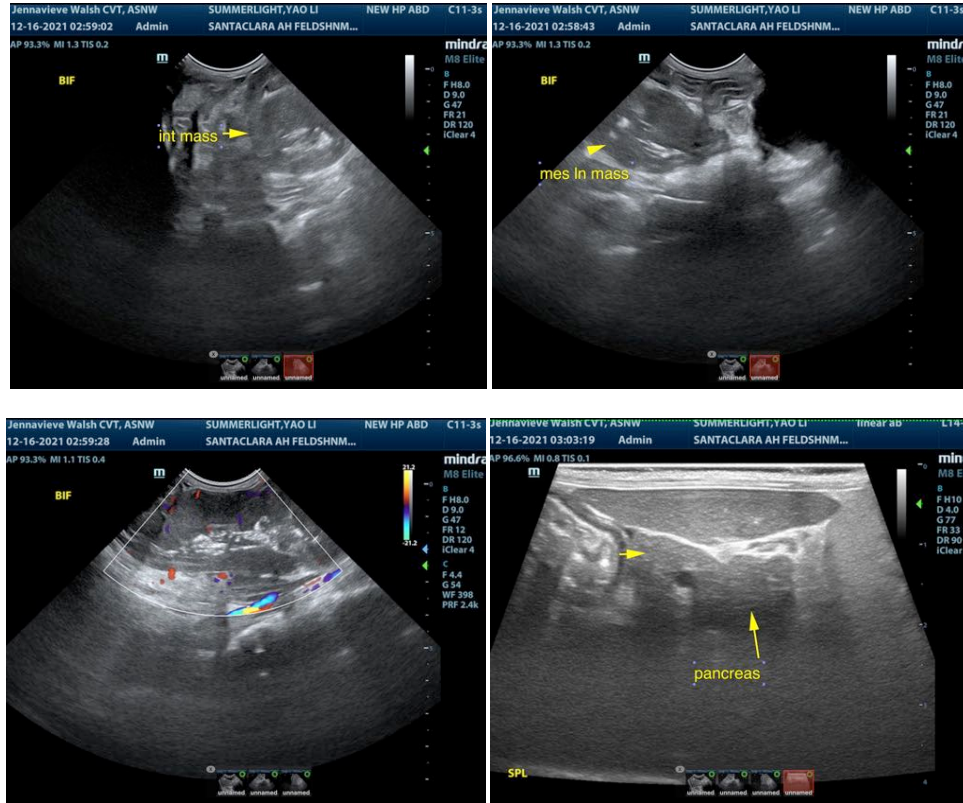
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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