



PATIENT

Cinnamon Ganahl

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

12 years

WEIGHT

11.31 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Companion Pet Clinic

REFERRING VET

Dr. Finney

DATE

12/23/21

Invoice

PRESENTING CLINICAL SIGNS

V/D and not eating very well for 3 weeks. PU/PD weight loss
Current Medications Mirtazapine

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 **right kidney** revealed regional inflammation, pyelectasia and pelvic calculi. The right kidney measured 3.51 cm. The left kidney was at the upper limits of normal and irregular with expansive cortical changes primarily at the cranial pole with associated pericapsular inflammation. The left kidney measured 4.2 cm.

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. The right adrenal gland measured 0.52 cm. The left adrenal gland measured 0.35 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 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*

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable small intestinal thickening was noted. A portion of jejunal thickening measured 1.5 cm x 4.0 cm in length with enhanced, surrounding mesentery revealed loss of intestinal mural detail. This is strongly suggestive for emerging round cell neoplasia.

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Pancreas

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The **pancreas** was hypoechoic with irregular parenchyma with enhanced surrounding mesentery.

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ULTRASONOGRAPHIC FINDINGS

Strong concern for renal and intestinal lymphoma.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the left kidney is warranted. If by chance this is not neoplastic and related to nephritis then treatment for nephritis, stabilization of the patient and eventual resection and anastomosis of the pathological portion of intestine is recommended. Other differentials include nephritis, enteritis with intestinal necrosis or other complicating event that is meeting neoplastic criteria. The prognosis is guarded. Concurrent pancreatitis is suspected.

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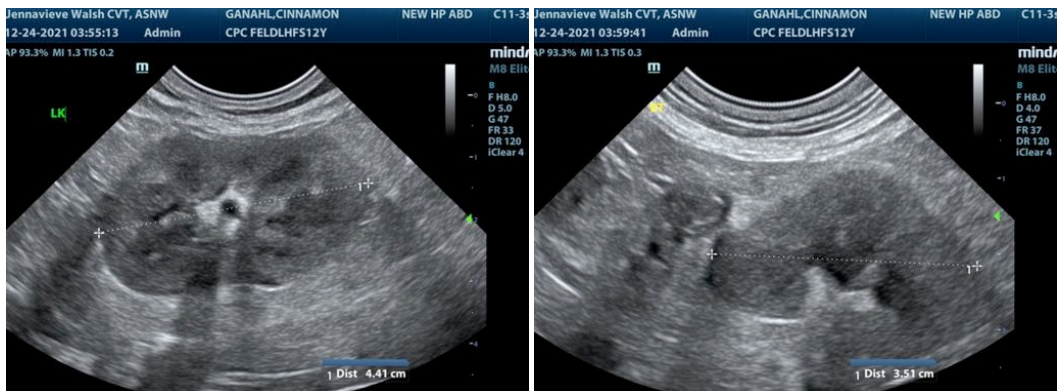
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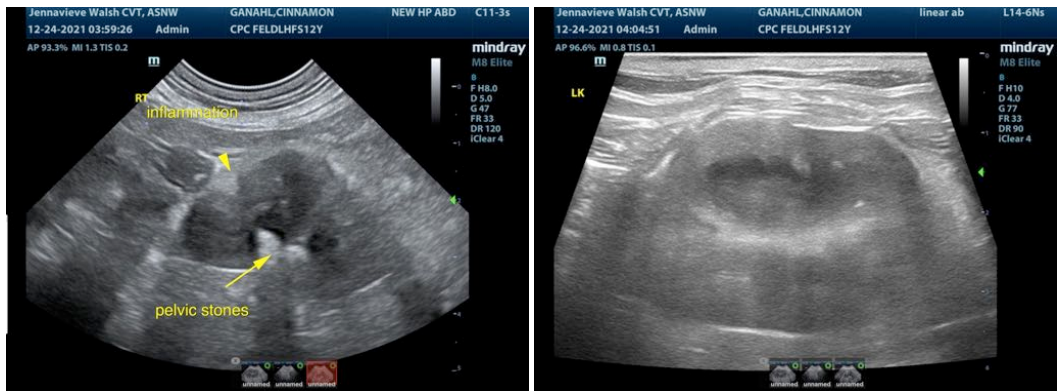
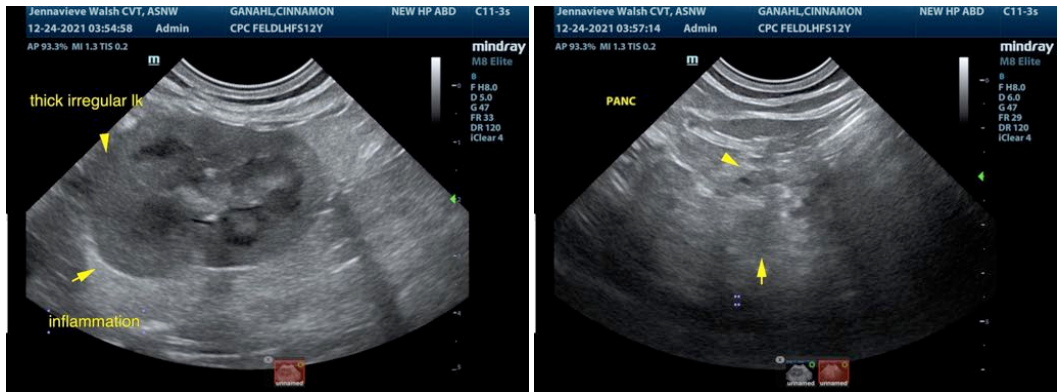
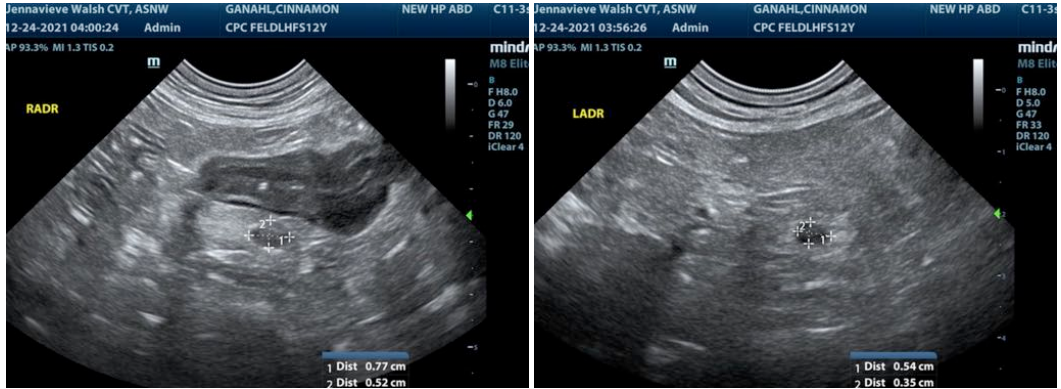
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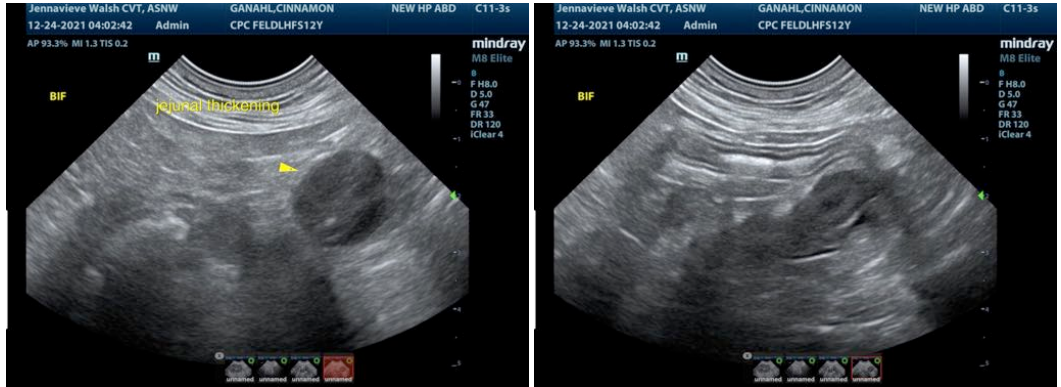
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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