



**PATIENT**

Drake Green

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

6.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carolina Veterinary  
Mobile

**HOSPITAL NAME**

Animal Emergency  
Clinic of High Country

**REFERRING VET**

Dr. Sparks

**INVOICE**

46437

**DATE**

8/4/23

**PRESENTING CLINICAL SIGNS**

History: P initially presented on 7/27 for ADR. P returned on 8/3/23 for no improvement, lethargy, inappetence and nausea.

Abnormal PE/Chem/CBC/UA Results: HCT 18.4, WBC 23.5, Neu 19.8, bands suspected, Plt 6,000  
Chem Glu 229, Alb 2.1 FeLV/FIV Neg x 3 Manual plt count 35-46,000

**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** 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralization was noted. The right kidney measured 4.28 cm and the left kidney measured 3.93 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 left adrenal gland measured 0.38 cm. The right adrenal gland measured 0.36 cm.

**Spleen**

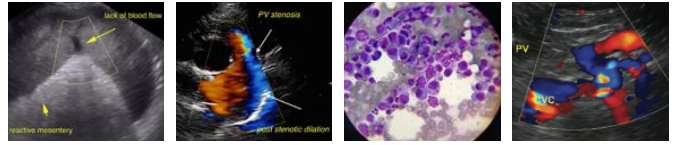
The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** was swollen and heterogenous with hypoechoic nodular changes and free fluid. The gallbladder was unremarkable with no evidence of post hepatic obstruction, yet it was deviated by internal mass effects.

**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. No obstructive or overt infiltrative disease was noted.



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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**Free Abdomen**

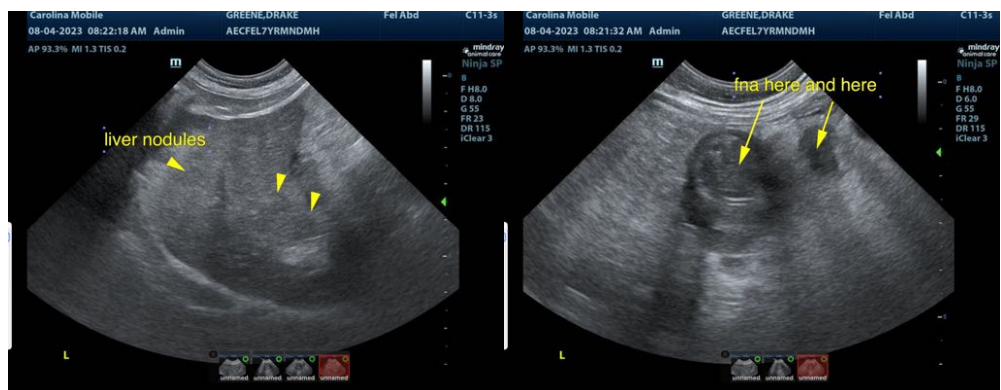
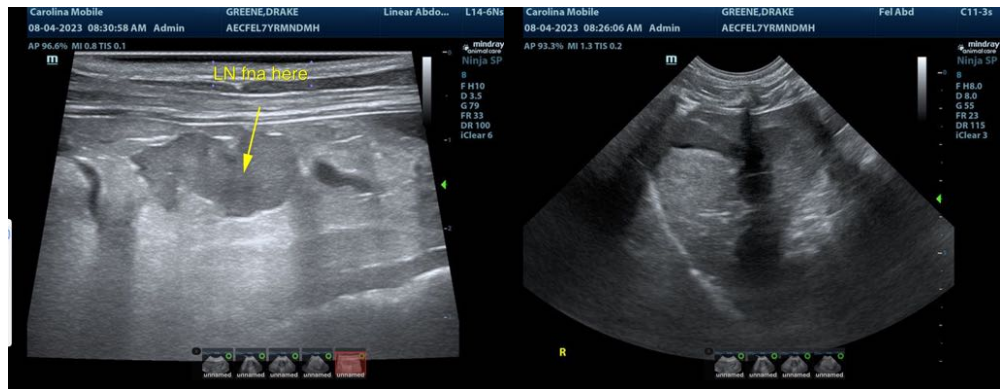
Free fluid was noted in the abdomen. A mass was noted at the ileocecal junction with regional lymphadenopathy. The larger lymph node measured up to 1.5 cm. Nodular omentum is also noted. This is not a surgical presentation. A larger lymph node measured up to 1.5 cm.

**ULTRASONOGRAPHIC FINDINGS**

Ileocecal junction lymph node and hepatic infiltrative patterns. Consistent with multi-centric neoplasia such as lymphomatosis, carcinomatosis or similar.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the intestinal mass and lymph node as well as the liver could be considered for a definitive diagnosis. The prognosis is poor.





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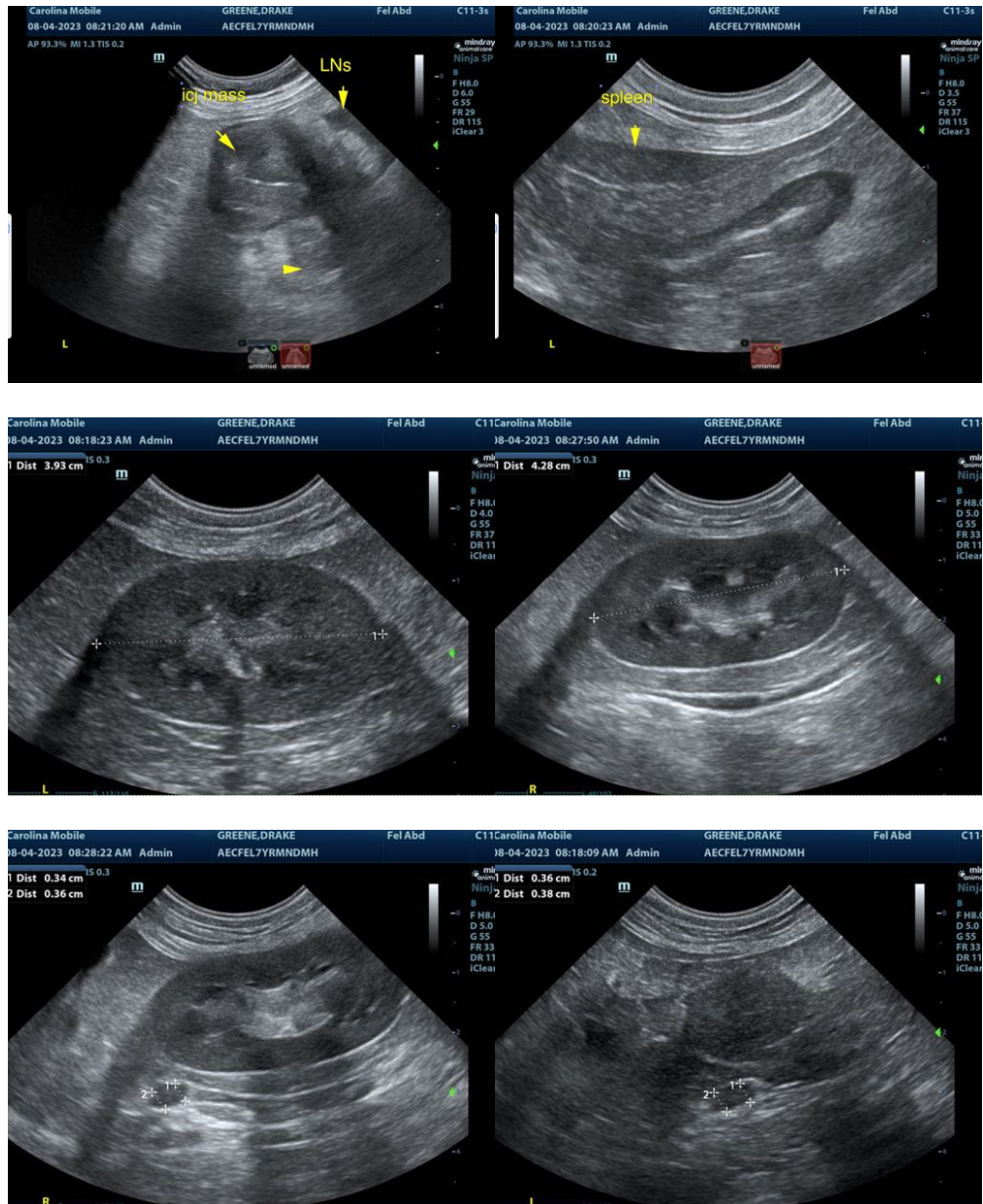
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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