



PATIENT

Magic Blackley

PRESENTING CLINICAL SIGNS

not eating, losing weight, mass felt on palpation and seen on rads. Is mass operable? And any obvious metastasis

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Longhair

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. 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.

SEX

Spayed Female

The **kidneys** in this patient were thickened with irregular contour and enhanced surrounding mesentery. There was loss of corticomedullary definition. The right kidney was more dramatic than the left with irregular contour. Both kidneys measured 4.5-5.0 cm. Strongly suggestive for infiltrative disease. A slight amount of free fluid was noted around the kidneys.

AGE

9 years

Adrenal Glands

WEIGHT

12.7 lbs

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 0.54 cm. The left adrenal gland measured 0.38 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Crystal Hill

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

Dog and Cat Clinic of
Niagara

Liver

REFERRING VET

Dr. Habib

The **liver** was mildly coarse in architecture and slightly swollen. The liver revealed mild, irregular contour. The gallbladder and common bile duct were unremarkable with generalized enlargement. The gallbladder was duplicated. This is a normal variant and not pathological.

INVOICE

94691

Gastrointestinal

DATE

12/17/21

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A small intestinal mass was noted and measured 5.0 cm with reactive mesentery.



PATIENT

Pancreas

Magic Blackley

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Intestinal mass, lymphoma pattern.

Domestic Longhair

Probable concurrent renal +/- hepatic involvement.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 years

Ultrasound-guided FNA of the intestinal mass is warranted. 25-gauge of either kidney is warranted as well as FNA of the liver. I do not believe this to be a surgical presentation given the renal presentation unless the renal and hepatic FNA are negative. However, even if those organs are not infiltrated depending upon cytology results chemotherapeutic intervention would likely present a similar MST to that of a surgical + chemo approach. Guarded to poor prognosis depending on response to chemotherapy.

WEIGHT

12.7 lbs

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

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REFERRING VET

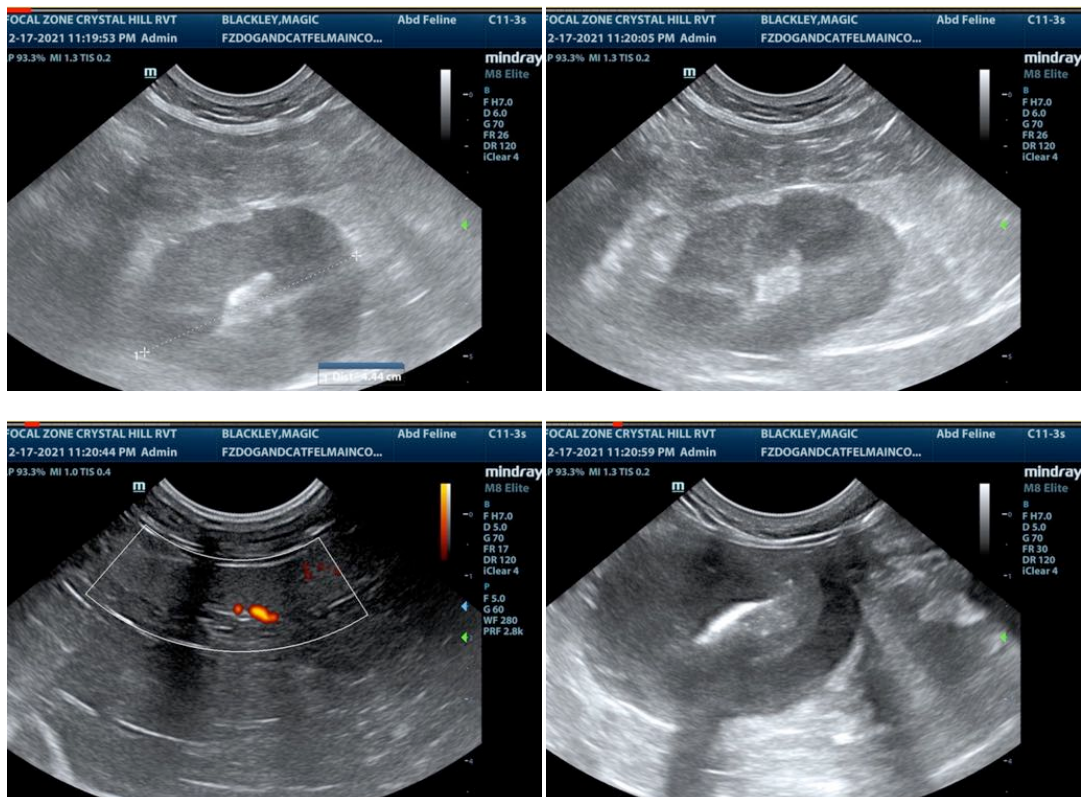
Dr. Habib

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Spayed Female

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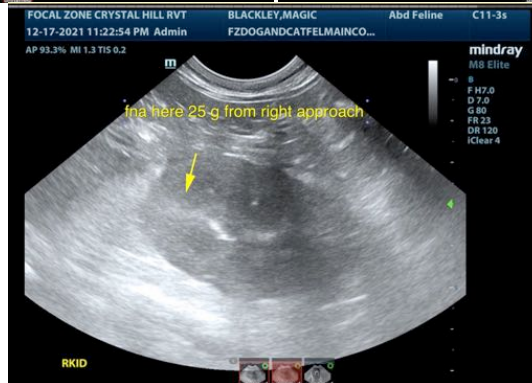
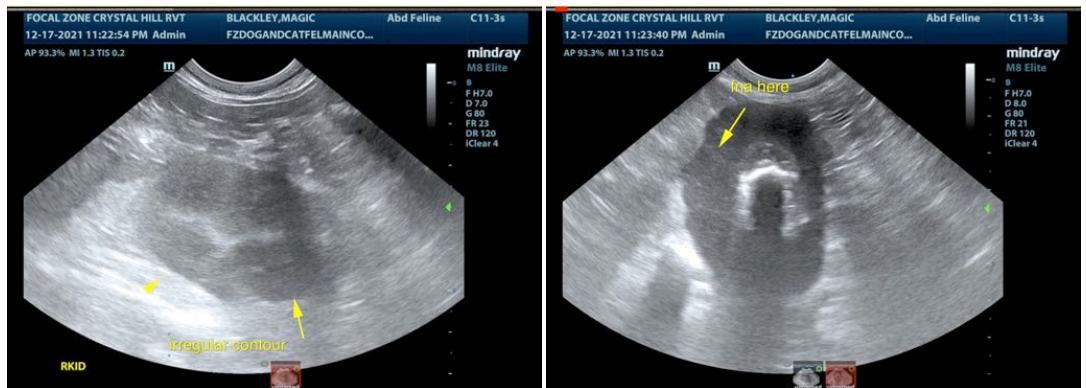
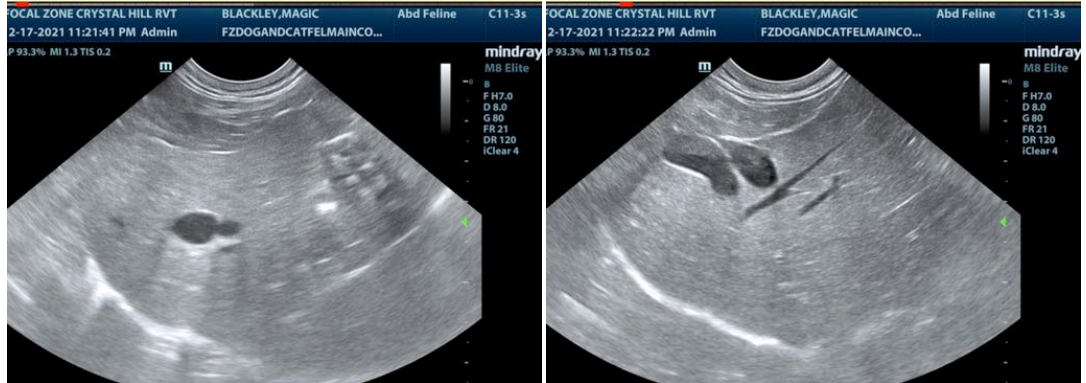
Dr. Habib

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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.

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