



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Earl Gray Finch	large sol in mid/cranial abd. no obvious obstructive pattern. both kidney silhouettes present. a - mass/lesion unknown attachment/source at this time. suspect not f.body/obstruction but still cant rule out 100%
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: BW-NAF
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Domestic Shorthair	<b>Urinary System</b>
<b>SEX</b>	The <b>urinary bladder</b> , 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.
Neutered male	
<b>AGE</b>	The <b>kidneys</b> in this patient revealed a hyperechoic medullary rim sign with hypoechoic swollen cortices. The kidneys were in the upper limits of normal in size. The right kidney measured 4.2 cm. The left kidney measured 4.04 cm.
8 months	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
3.9 kg	Both <b>adrenal glands</b> 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.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>spleen</b> was enlarged with scalloping contour measuring up to 1.5 cm in width.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Kelly Reshny, RVT	The <b>liver</b> was swollen and mildly irregular. The gallbladder and common bile duct were unremarkable.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Chedoke AH	Examination of the <b>gastrointestinal tract</b> revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A 7.8 x 3.15 cm intestinal mass was noted and appeared to be jejunal. The mesenteric lymph node was enlarged, hypoechoic and irregular measured 2.7 x 1.86 cm.
<b>REFERRING VET</b>	<b>Pancreas</b>
Dr. Heinen	The base and limbs of the <b>pancreas</b> 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.
<b>INVOICE</b>	
95771	
<b>DATE</b>	
1/31/22	



**PATIENT                      ULTRASONOGRAPHIC FINDINGS**

Earl Gray Finch

Intestinal mass.

**SPECIES**

Feline

Regional lymphadenopathy with distorted architecture.

Medullary rim kidney.

**BREED**

Domestic Shorthair

Splenic infiltrative pattern.

Swollen mildly irregular liver.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered male

Multi-centric round cell neoplasia or FIP are the primary differentials given the patient's presentation. FNA of the spleen, intestine and lymph node are all indicated. This is an aggressive presentation. The prognosis is poor depending on cytology results and potential responsiveness to therapy.

**AGE**

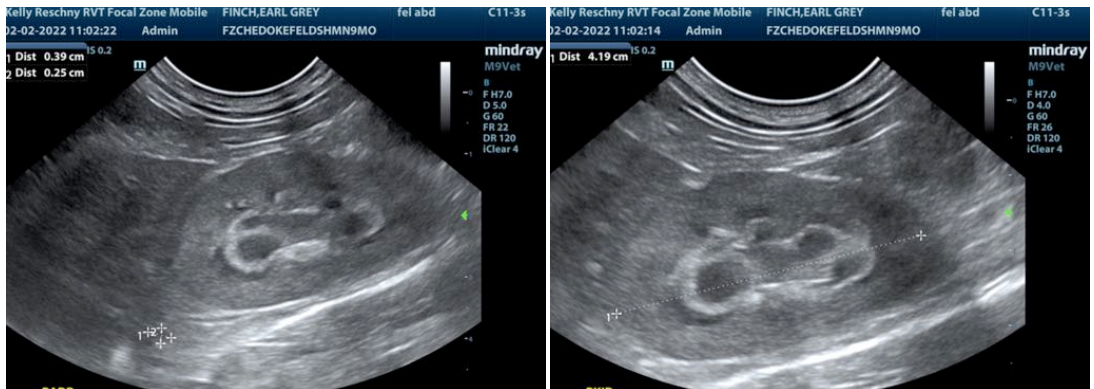
8 months

**WEIGHT**

3.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

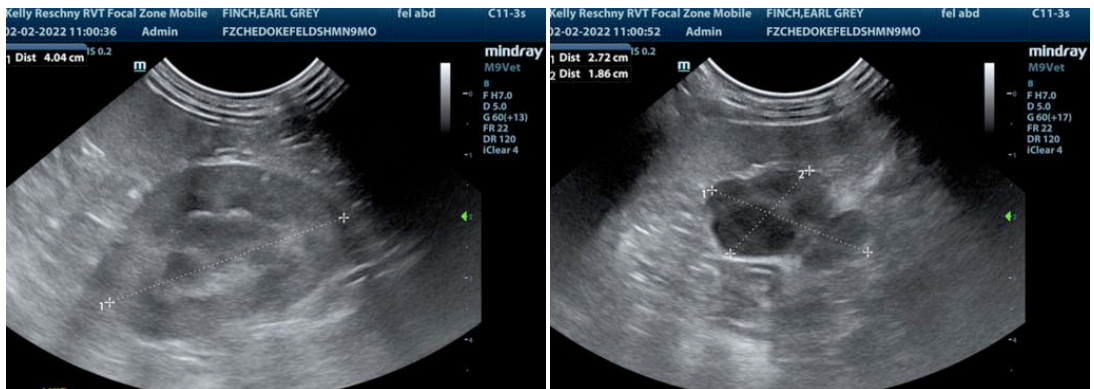
Kelly Reshny, RVT

**HOSPITAL NAME**

Chedoke AH

**REFERRING VET**

Dr. Heinen



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**PATIENT**

Earl Gray Finch

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

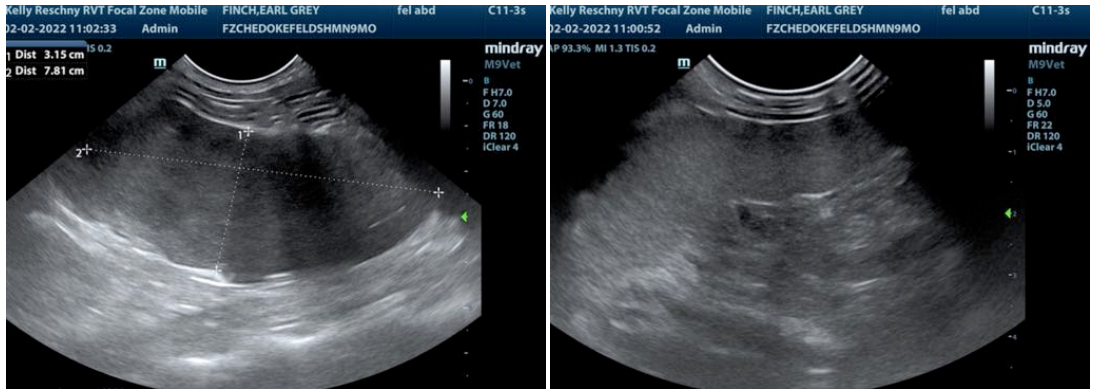
Neutered male

**AGE**

8 months

**WEIGHT**

3.9 kg



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Chedoke AH

**REFERRING VET**

Dr. Heinen

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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  
Eric.Lindquist@SonoPath.com