



PATIENT

Louie Barbaris

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

Not provided

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Barbaris

INVOICE

75588

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: Recheck Small Cell Lymphoma. Mass-like thickening proximal colon noted in March. Enlarged associated lymph nodes not responsive to treatment. Current medication - Prednisolone, Cerenia, B12, Mirataz.
Mildly low Albumin 2.2, elevated neutrophils, mildly low HCT 27%.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.8 cm.

Adrenal Glands

The right **adrenal gland** was mildly enlarged and measured 0.86 cm. The left adrenal gland was uniform and measured 0.45 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** was swollen, irregular and hypoechoic. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

The **gastrointestinal tract** revealed a distal small intestine to ileocecal mass in the cranial abdomen measuring 4.6 cm. The remainder of the gastrointestinal tract revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. The mesenteric lymph nodes were enlarged.

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 caudal abdomen with an undifferentiated lymph node enlargement measuring 2.9 x 2.6 cm.

ULTRASONOGRAPHIC FINDINGS

Intestinal mass, likely ileocecal. Difficult to assess the exact position.

Enlarged lymph nodes.

Free fluid owing to lymphatic congestion.

Swollen, irregular liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-focal, lymphadenopathy is suspected with potential hepatic involvement. This is an escape from remission presentation. Aggressive rescue protocol is recommended in this patient. This is most consistent with multi-centric lymphoma.



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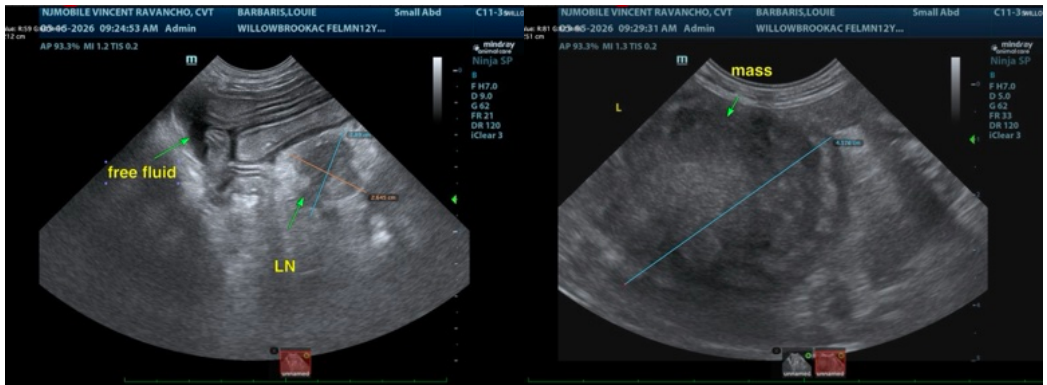
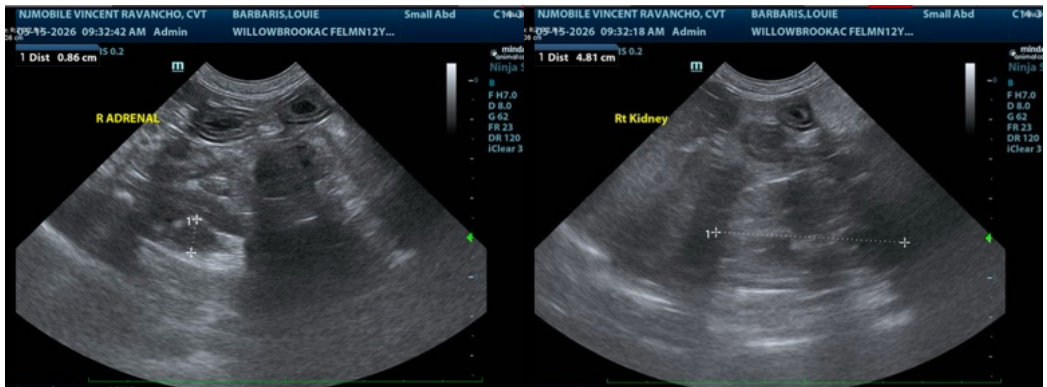
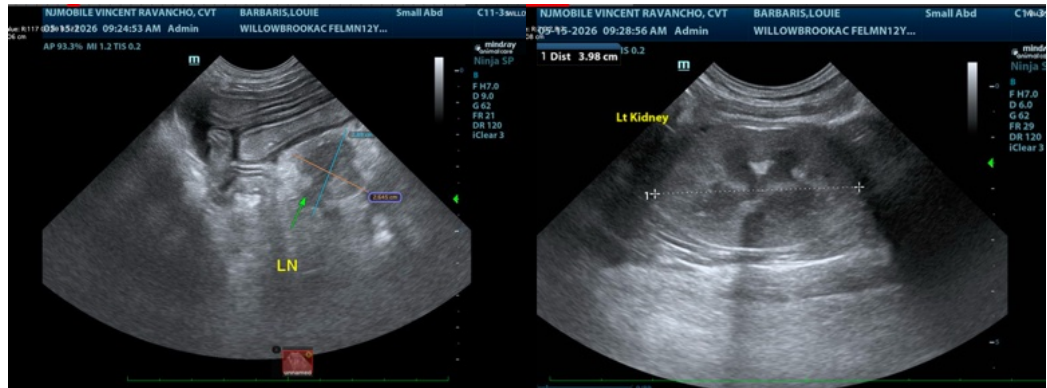
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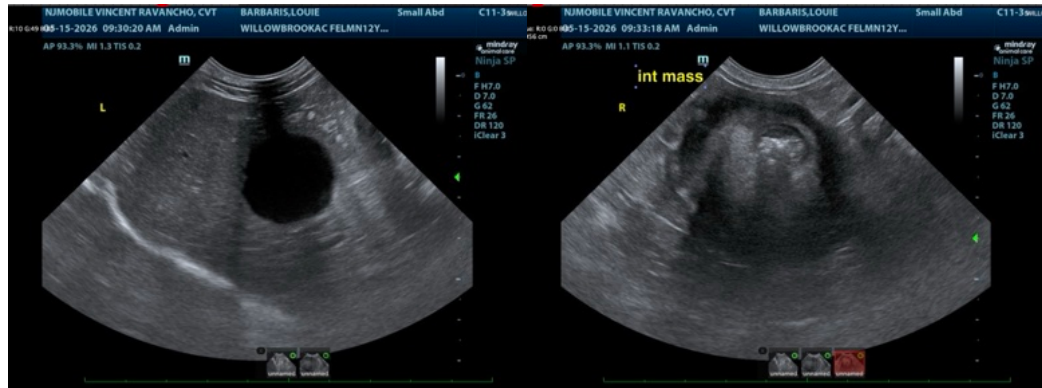
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com