



PATIENT

Leo Bohl

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

7.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Chester AH

REFERRING VET

Dr. Migliaccio

INVOICE

42086

DATE

10/24/22

PRESENTING CLINICAL SIGNS

History: Unintentional wt loss ~6# in 11 months. R/o anterior abd mass w/ miliary lesions of omentum. Current meds: Mirtazapine 1/4 pill SID, Famotidine 10mg SID

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.72 cm. The right kidney measured 4.16 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 0.42 cm. The left adrenal gland measured 0.53 cm.

Spleen

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

Liver

The **liver** revealed multi-focal, isoechoic nodular changes with irregular contour. Multiple, expansive, parenchymal masses were noted throughout the liver. I suspect round cell neoplasia with the possibility of carcinoma. The gallbladder and common bile duct were unremarkable. Free fluid was noted between the liver lobes.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Regional intestinal mass was noted in this patient in the mid jejunum. The mass measured 2.9 x 1.1 cm. A separate intestinal mass was noted and measured 1.5 cm.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. An anechoic cyst was noted and measured 0.8 x 0.32 cm. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Sublumbar lymph node was enlarged, rounded and measured 0.76 cm. Free fluid was noted throughout the abdomen.

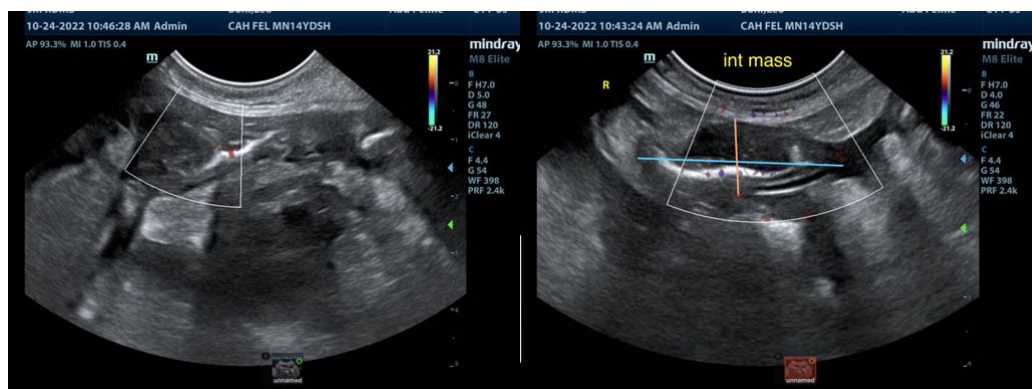
ULTRASONOGRAPHIC FINDINGS

Multi-focal, intestinal and hepatic neoplasia with sublumbar lymphadenopathy.

Free fluid consistent with lymphomatosis or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

.Hospice type therapy is recommended in this patient. The prognosis is poor. FNA of the intestine, liver and abdominocentesis and cytospin may all be fruitful regarding a definitive diagnosis.





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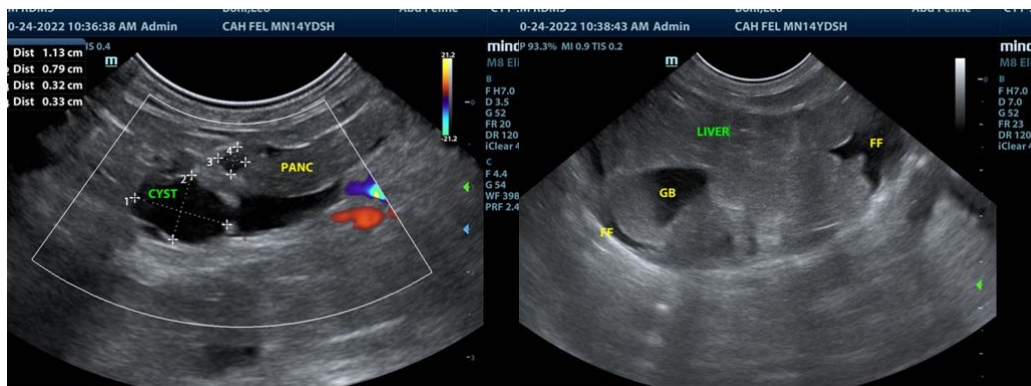
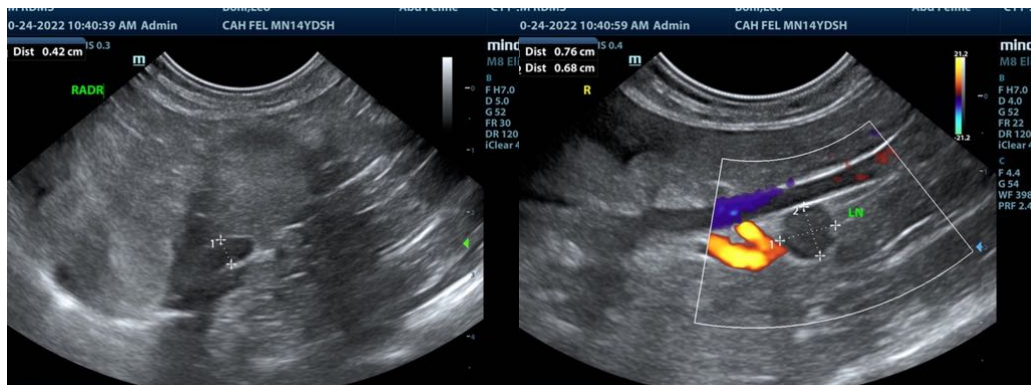
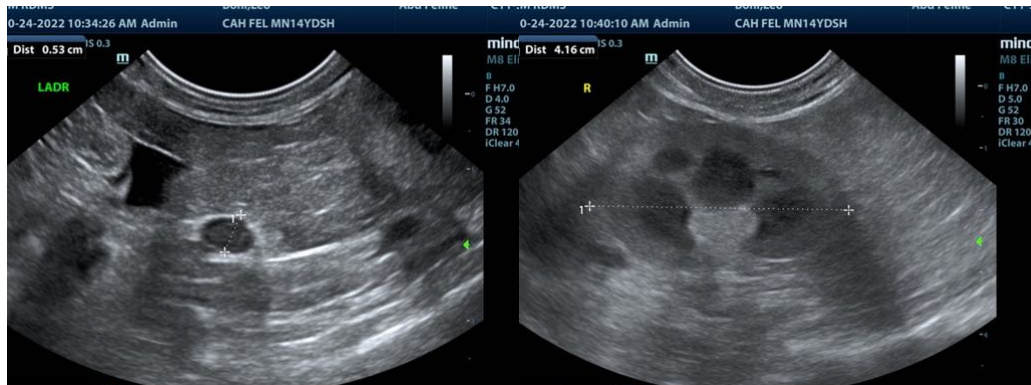
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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