



**PATIENT**

Bear Diguglielmo

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

10.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

The Gentle Vet

**REFERRING VET**

Dr. Dulude

**INVOICE**

43026

**DATE**

2/28/23

**PRESENTING CLINICAL SIGNS**

History: 4# weight loss in 2 months, vomiting, mid-abdominal mass palpated  
Abnormal PE/Chem/CBC/UA Results: WBC 39K, Neut 36,429

**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 4.5 cm and the right kidney measured 4.09 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 0.46 cm. The right adrenal gland measured 0.6 cm.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured up to 1.2 cm.

**Liver**

The **liver** in this patient was mildly enlarged with irregular contour. Excessive hypoechoic echogenicity was noted compared to the falciform fat. The gallbladder appeared somewhat deviated owing to internal parenchymal swelling.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted



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throughout the midabdomen with regional distorted lymph nodes that measured up to 2.5 cm. Reactive mesentery was noted. An overt intestinal mass was present and measured 6.0 x 2.8 cm. A regional lymph node was noted and measured up to 2.0 cm. This is not resectable and appears to extend into the regional omentum. Variable other intestinal thickening 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.

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**Free Abdomen**

A significant amount of inflammation was noted.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

Intestinal mass and multi-centric lymphoma pattern.

**WEIGHT**

10.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the intestinal mass, spleen and liver are recommended. Definitive cytological diagnosis and immediate chemotherapeutic intervention is recommended.

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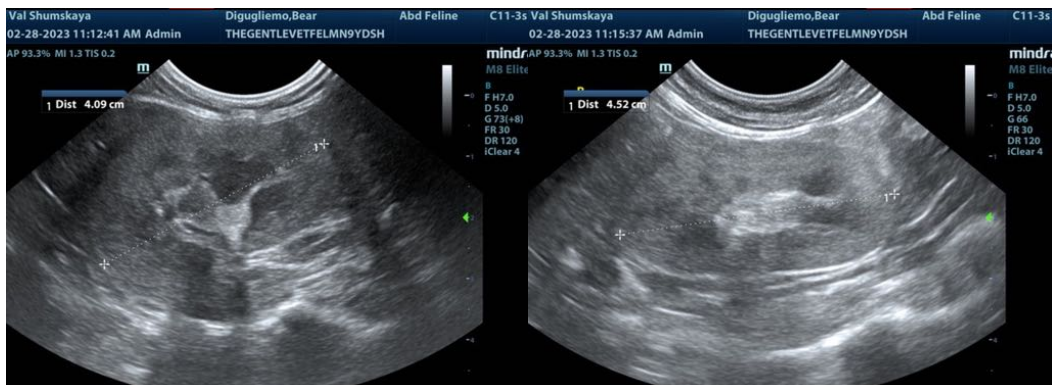
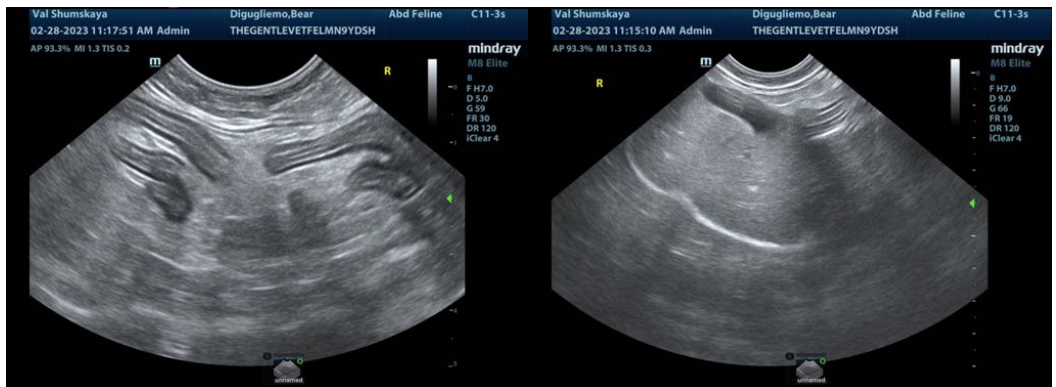
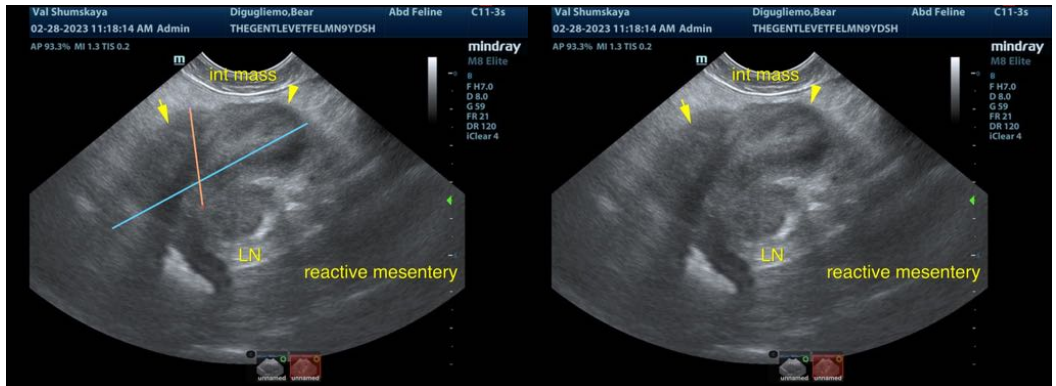
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com