



**PATIENT**

Chibi Love

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

7 years

**WEIGHT**

12.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. Ng

**INVOICE**

43187

**DATE**

3/8/23

**PRESENTING CLINICAL SIGNS**

History: Patient with previous history of mammary mass removal in 2022, presents for double cavity (echo/abdomen) due to the discovery of a left caudo dorsal lobe lung nodule and a mid-abdominal thickened region of ileocecal/bowel suspicious for a mass. Both lung lobe and possible ileocecal junction mass samples results were both inconclusive.

Abnormal PE/Chem/CBC/UA Results: Blood work: WNL.

**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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.35 cm. The left kidney measured 3.6 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 0.29 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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***Gastrointestinal***

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The **gastrointestinal tract** revealed a normal stomach. There is a mixed, hypoechoic mass measuring 2.0 x 1.5 cm. The mass appears to be jejunal. There is loss of mural detail noted with reactive surrounding mesentery. The regional lymph nodes are enlarged. Reactive mesentery was noted around the mass and lymph node.

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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***

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A slight amount of free fluid was noted between the liver and falciform. Heterogenous omentum was also noted. Local spread of a neoplastic process is suspected given the reactive mesentery, free fluid and nodular omentum.

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***Free Abdomen***

A subtle 0.5 cm lung nodule was noted. This may be a reduced version of the prior nodule noted; however, this lesion is too small to sample and no other lesions were present in the acoustic window.

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**ULTRASONOGRAPHIC FINDINGS**

Intestinal mass with regional omental spread. Carcinomatosis, lymphomatosis type presentation.

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Regional lymphadenopathy.

Otherwise, unremarkable abdomen.

**HOSPITAL NAME**

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Lung nodule.

**REFERRING VET**

Dr. Ng

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment is recommended based on FNA results. I suspect round cell neoplasia or carcinoma. I recommend treatment based on FNA results from the intestinal lesion.

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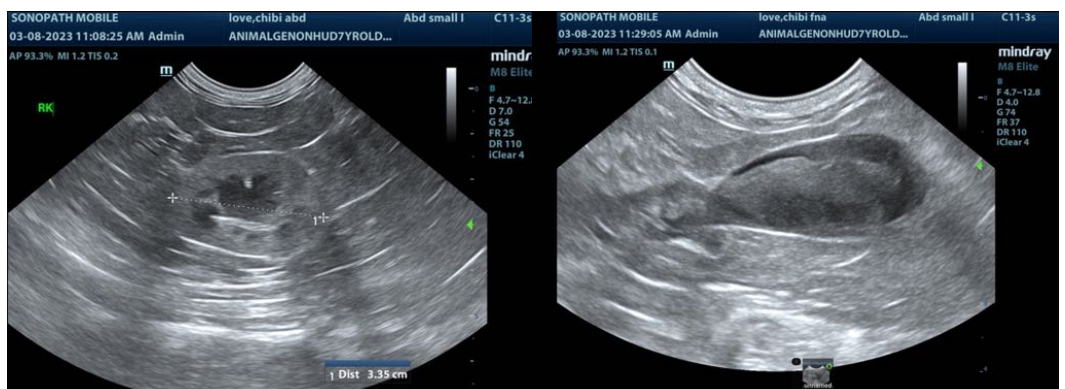
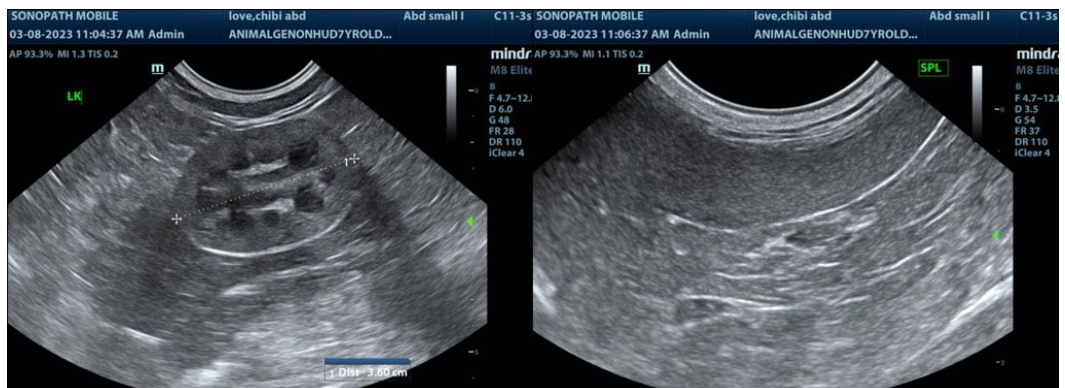
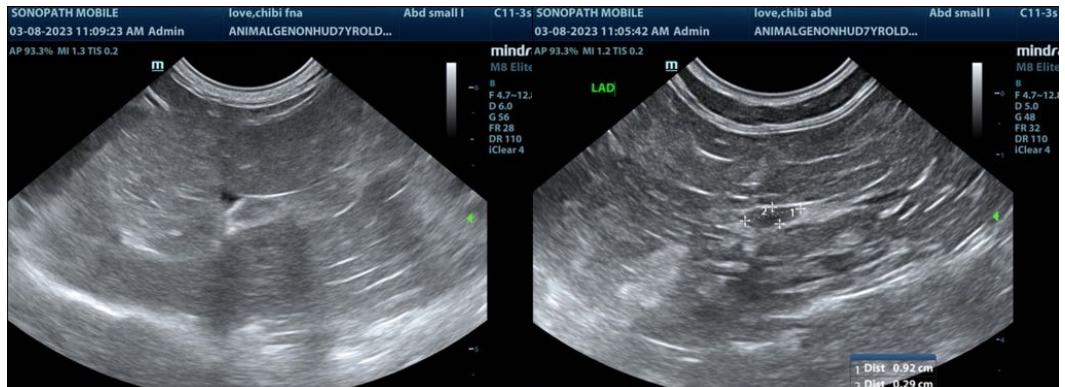
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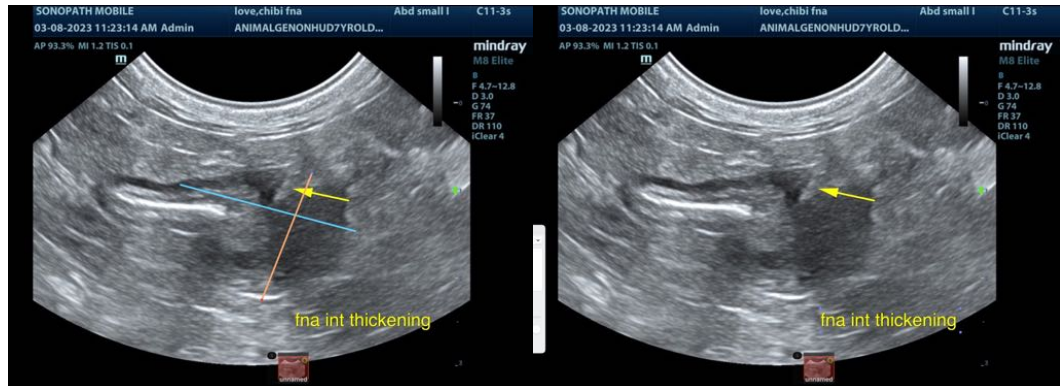
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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