



PATIENT

Bauers Alnutt

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush Vet Urgent Care

REFERRING VET

Dr. Taylor Urban

INVOICE

44244

DATE

1/15/23

PRESENTING CLINICAL SIGNS

Was at another ER last Thursday - MM pale, not E/D, owner looking for second opinion, today abdomen does not seem to be painful on palp, mass palpated on exam, free fluid seen

Abnormal PE/Chem/CBC/UA Results: BUN 48, ALT 148, ALP 110, SDMA 23

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 were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.27 cm. The right kidney measured 4.66 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was hypoechoic and irregular with scalloping, irregular contour. Nodular changes noted. The spleen measured up to 1.6 cm in width.

Liver

The **liver** revealed multiple expansive masses, deviating the gastrointestinal tract. Secondary free fluid noted owing to lymphatic obstruction and enhanced surrounding mesentery. Coalescing target nodules noted throughout the liver. The gallbladder was impinged upon and deviated caudally.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

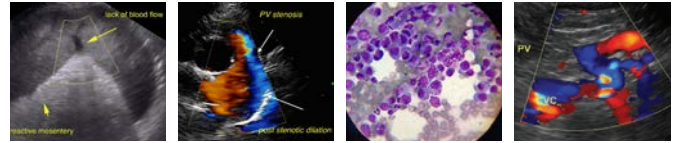
Pancreas

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

Moderate amount of free fluid noted in the abdomen.

Heterogeneous omental changes and minor regional lymphadenopathy also noted, consistent with an aggressive multicentric process.



PATIENT

Bauers Alnutt

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush Vet Urgent Care

REFERRING VET

Dr. Taylor Urban

INVOICE

44244

DATE

1/15/23

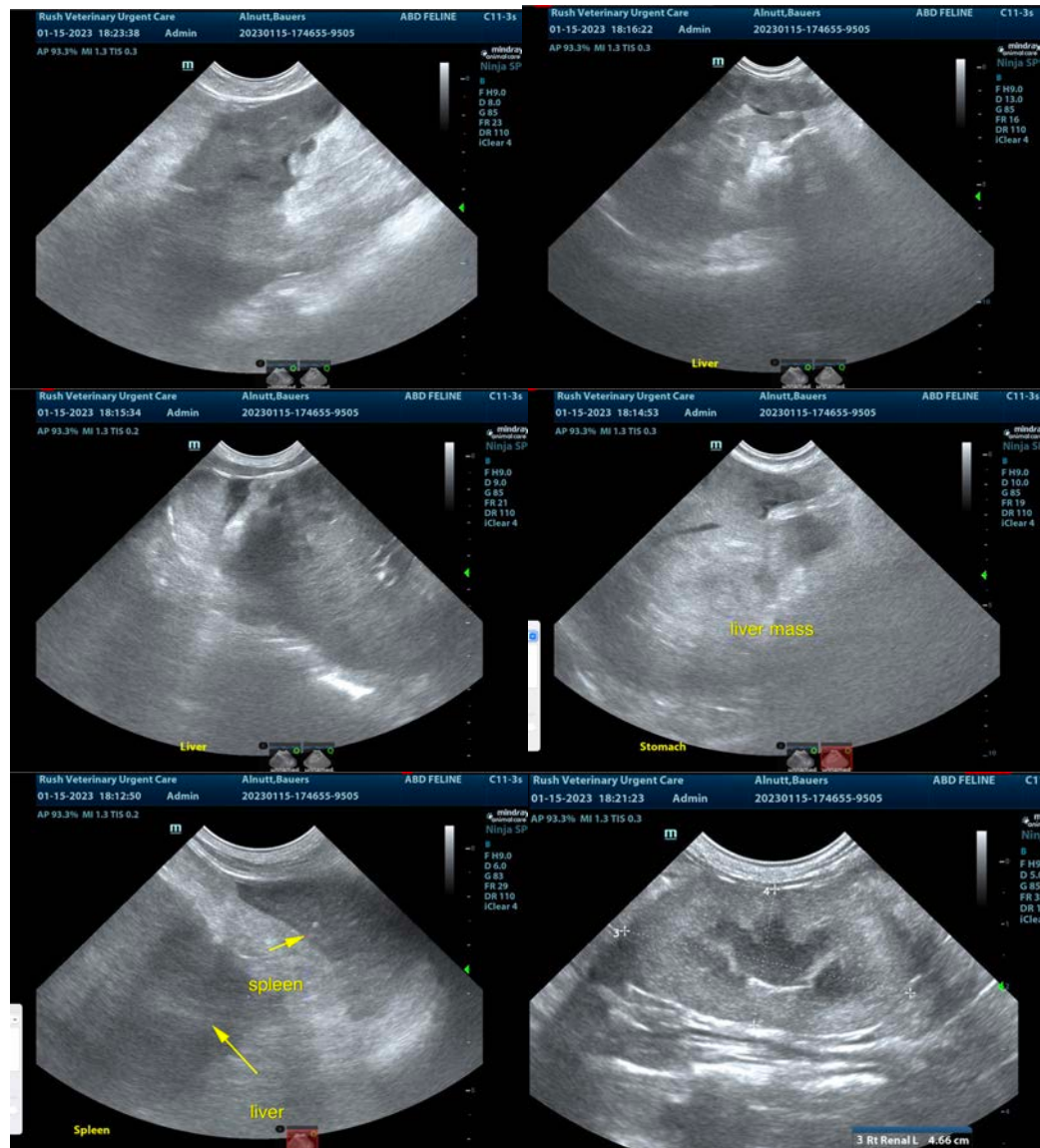
ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic neoplasia with deviation of regional organs – round cell neoplastic pattern.
- Infiltrative splenic pattern
- Secondary fluid owing to lymphomatosis or similar lymphatic obstruction
- Interstitial nephrosis renal pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. Hepatosplenic neoplasia with abdominal spread.

Radiographs: Hepatomegaly, cranial abdominal density/mass deviating the pyloric outflow.





PATIENT

Bauers Alnutt

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush Vet Urgent Care

REFERRING VET

Dr. Taylor Urban

INVOICE

44244

DATE

1/15/23



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

info@SonoPath.com