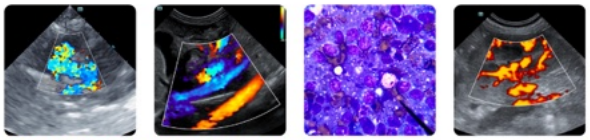


PATIENT

Princess Cooper

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

11.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Seth Edgar

HOSPITAL NAME

Overpeck Creek AH

REFERRING VET

Dr. Edgar

INVOICE

70995

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- Princess is an 18 year old SF DSH presented on 1/13/26 for progressive weight loss, mild lethargy, mild decrease in app. Did screening rads and lab work. Radiographs showed severe pleural effusion and possible abdominal effusion/peritonitis. Thoracocentesis was performed for sampling, could not achieve full removal. Cytology showed Modified transudate; diapedesis versus evidence of previous/chronic hemorrhage. 1/27/26, second attempt was made to remove the fluid. Was able to remove 135ml of serosanguinous fluid. Breathing improved greatly. For speed, Dr. Barnea did the echo portion of the study, while I did the abdominal portion. An odd, cavitated structure was seen mid abdomen, but unable to pinpoint what organ it was originating from. Sampling not performed.
- Lab work revealed: Neutrophils (19.314); Monocytes (5.423); SDMA (48); BUN (40); Creatinine (2.3); Cystatin B (451); Lipase (49); BNP (150); 2+ urine protein; 2+ blood in urine.

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.

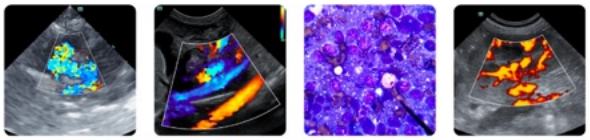
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was noted in both kidneys. Slight cortical infarct was noted at the cranial pole of the left kidney. The left kidney measured 4.2 cm. The right kidney measured 4.0 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.

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.



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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.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable, yet the distal small intestine revealed an underlying mural mass that measured approximately 2.0 x 3.0 cm. The mesenteric lymph node was mildly enlarged and measured 0.6 cm. Mesenteric lymph node cluster/mass was noted and encompassed the mesenteric artery. The lymph nodes measured 2.0 x 2.0 cm. Ultrasound-guided FNA is indicated given the hypoechogenicty and loss of structural detail. Reactive mesentery was also noted.

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. 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.

ULTRASONOGRAPHIC FINDINGS

Age related abdominal changes non-obstructive nephrolithiasis.

Distal small intestinal mass.

Mesenteric lymphadenopathy and reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the small intestinal mass and mesenteric lymph node grouping is recommended avoiding the mesenteric artery. There is a strong suspicion for round cell neoplasia/lymphoma of the lymph nodes and intestine. Granulomatous disease is possible, yet less likely.

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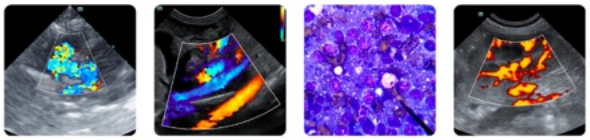

Clinical Sonography & Telecytology
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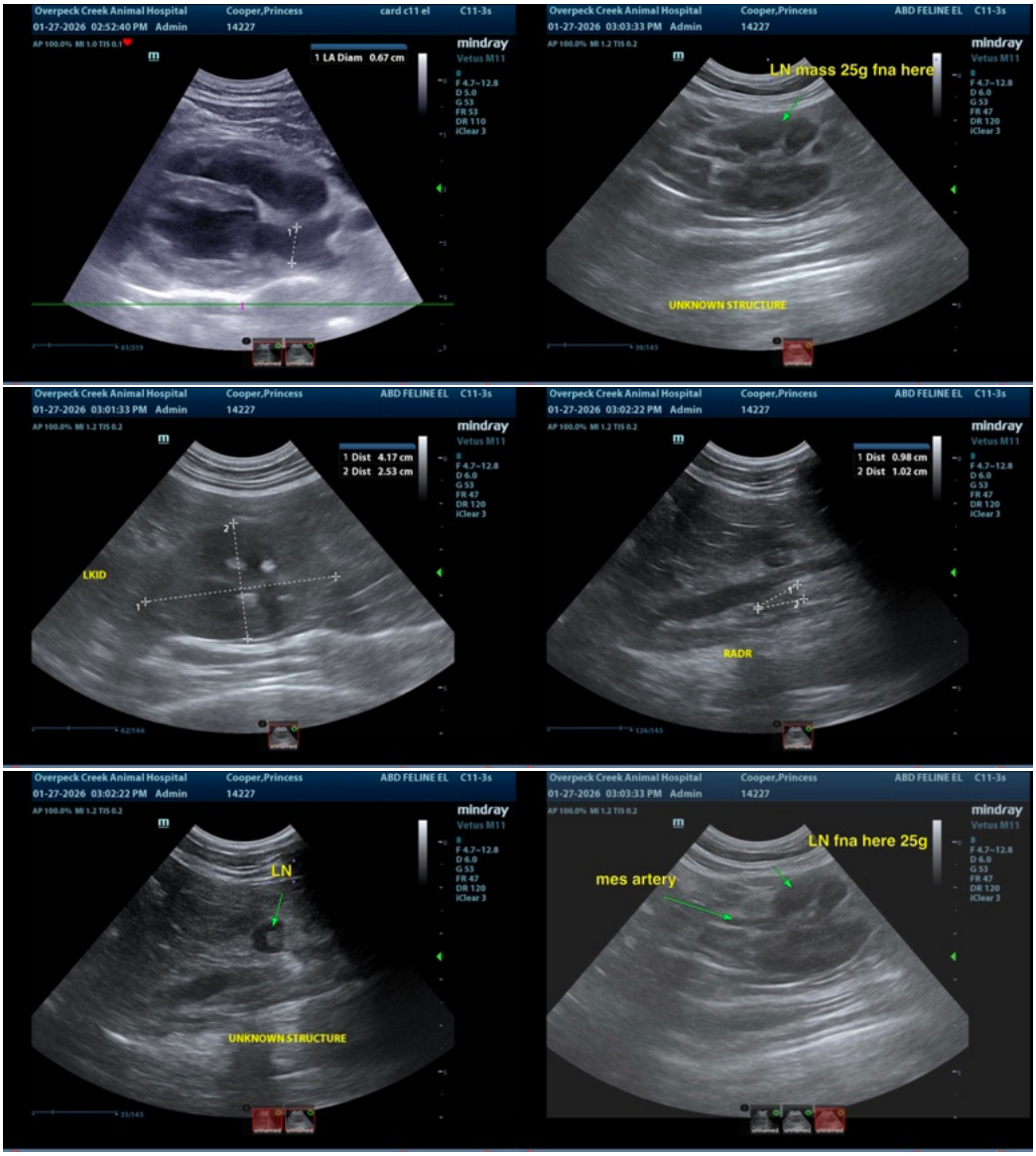

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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