



**PATIENT**

Holstein Hernandez  
Rosich

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Fonseca

**INVOICE**

42528

**DATE**

1/5/23

**PRESENTING CLINICAL SIGNS**

History: Presented as a referral from the Animal Emergency Clinic for an abdominal ultrasound. Pt has been very sick and doing poorly. Pt has been inappetence, and lethargic with normal urination and no defecation. Currently on Unasyn 2.3 cc BID Protonix 1cc IV SID, Baytril LA 0.23cc IV SID, Furosemide 0.2cc IV SID, and IV fluids 5mls.hr. Problem list: 1 Ascites abd disease dz, right cardiac dz vs infectious vs hypoproteinemia 2 Possible abdominal mass (neoplasias other inflammatory dz IBD) vs infectious 3. Thoracic mass neoplasia, vs atelectasis vs hiatal hernia 4. Hypothermia 5. Lethargy 6: Anorexia

Abnormal PE/Chem/CBC/UA Results: PE: CV: NO murmur or arrhythmia, Rest Normal BV throughout the thoracic cavity, but on the left caudal side might have heard borborygmi sounds, LN: WNL, MM/CRT PK 3 secs, tacky. Abdominal palpation: hard /mass-like structure on the mid-abdomen and doughy texture of the abdomen. Temp: 99.2F BW : 1-4-23 CBC: ESo 0.13 ( 0.17-1.57) CHEM: Gluc 171 (n 71-159) BUN 44 ( 16-36) Phos: 7.7 (3.1-7.5) Glob: 5.2 ( 2.8-5.1) FIV/FELK: NEG/ NEG

**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 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 was enlarged and swollen with slight, hypoechoic subcapsular halo and enhanced pericapsular fat. The right kidney measured 4.56 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 0.6 cm in width. The left adrenal gland measured 0.45 cm.

**Spleen**

The **spleen** was mildly enlarged with scalloping contour. The spleen measured up to 1.2 cm in width.

**Liver**

The **liver** presented an overt 2.5 cm mass with multiple, other isoechoic to hypoechoic nodular changes. Generalized hepatic enlargement was noted. The gallbladder revealed a minor amount of debris. The common bile duct was unremarkable.



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**Gastrointestinal**

The upper **gastrointestinal tract** revealed a mildly thickened stomach and spastic bowel, yet neoplastic criteria was not evident. The intestines were 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.

**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**

Free fluid was noted in the abdomen.

**ULTRASONOGRAPHIC FINDINGS**

Diffuse hepatic neoplasia with likely early renal involvement.

Subcapsular halo around the right kidney.

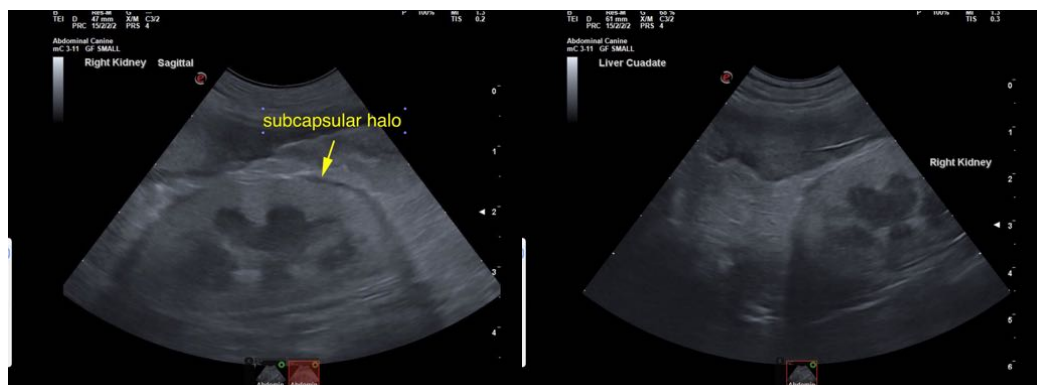
Probable splenic involvement.

Free fluid.

Thickened stomach and spastic bowel.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Lymphomatosis type presentation. FNA of the hepatic masses or nodules, abdominocentesis and cytospin, FNA of the right kidney should all provide a definitive diagnosis. The pathology is extensive in this patient.





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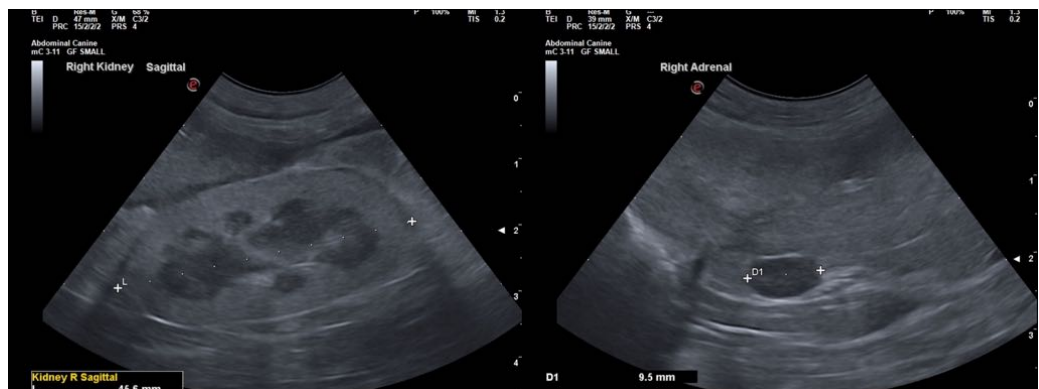
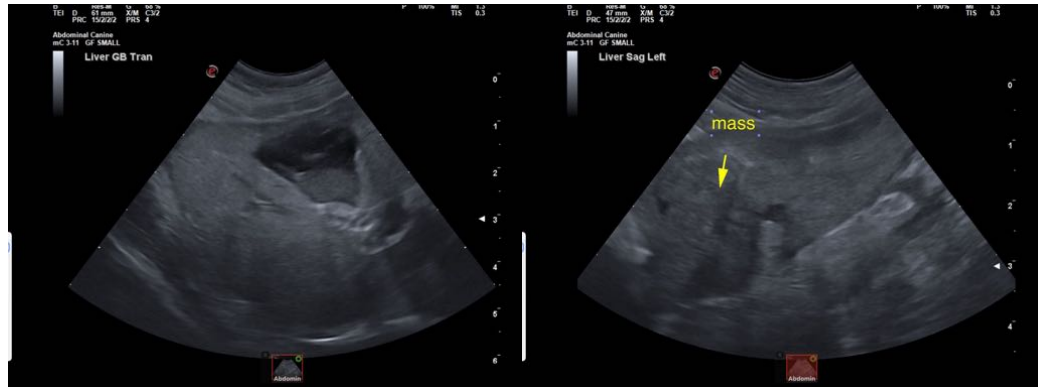
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com