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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

10/20/22

PATIENT

Honey Dew King

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4/4/11

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Greenwood

INVOICE

40205

PRESENTING CLINICAL SIGNS

Anorexia for 7 days, diarrhea, lethargic.

Current Medications: None listed.

Lab Results: BUN, Creatinine elevated on BW, bilateral enlarged kidneys on x-ray. Right kidney appears irregular in shape.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By:

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** were significantly enlarged bilaterally with loss of corticomedullary definition, pyelectasia and slight subcapsular halo. The left kidney measured 6.68 cm. The right kidney measured 6.16 cm with pyelectasia that measured 0.33 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.

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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. The gastroesophageal inlet appeared to have hypoechoic, infiltrative pattern as well.

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.

Heart

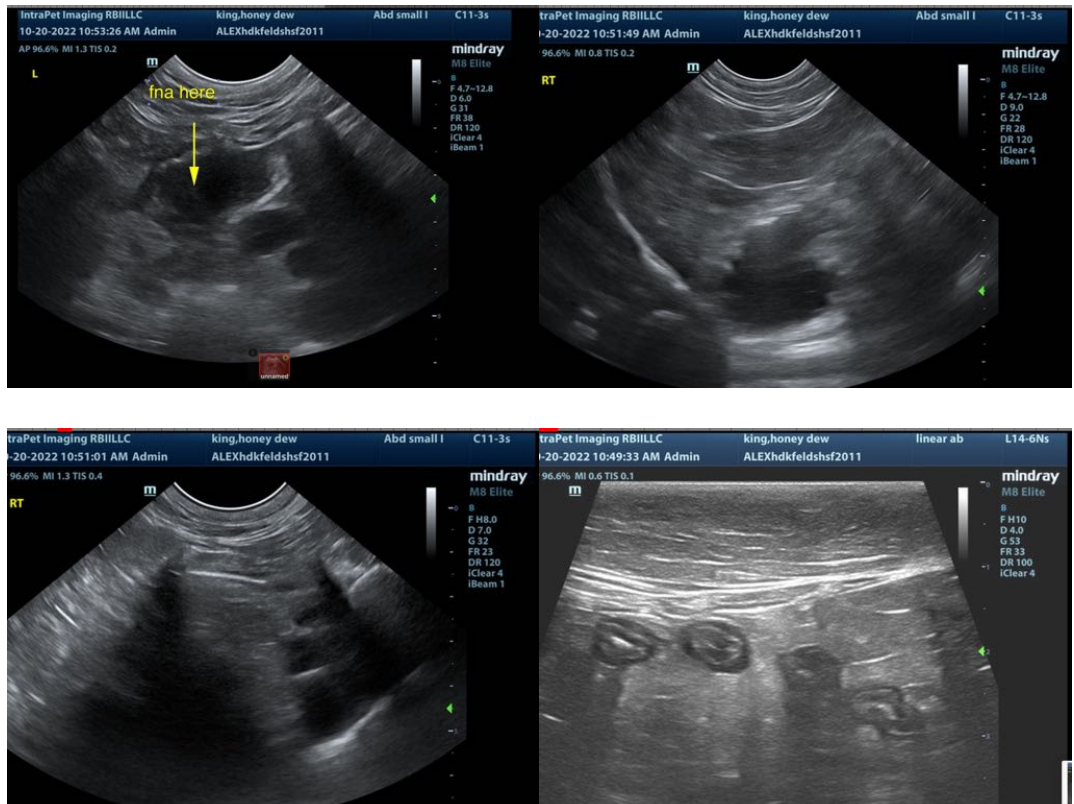
The contractility and volume appeared normal. The cranial mediastinum revealed a hypoechoic, distorted lymph node mass that measured 2.5 x 1.6 cm. Concurrent pleural effusion was noted. This is likely metastatic from abdominal presentation.

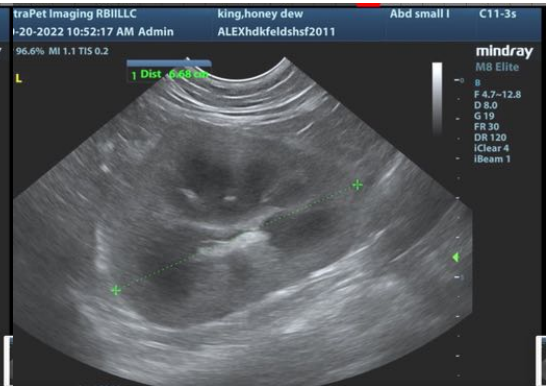
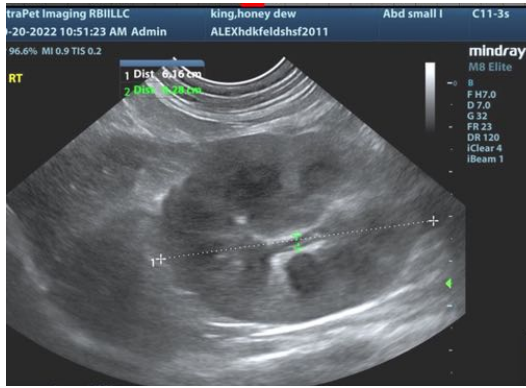
ULTRASONOGRAPHIC FINDINGS

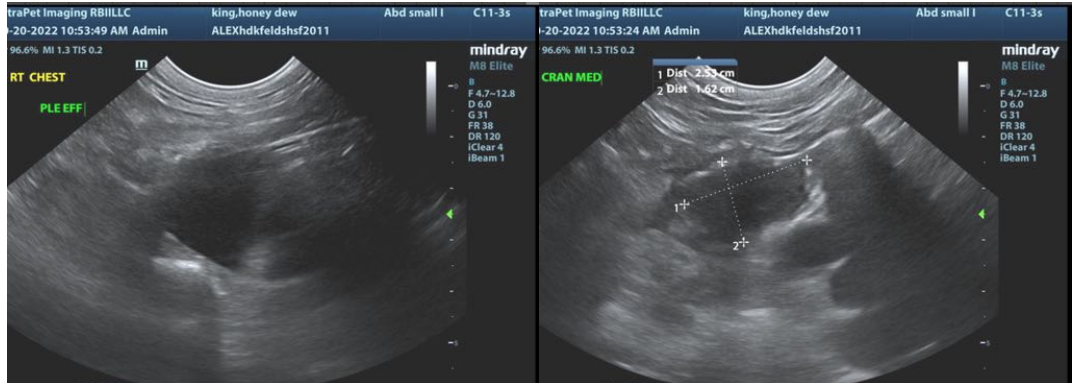
Bilateral renomegaly with subcapsular halo. Suggestive for renal lymphoma.
Diffuse intestinal thickening without neoplastic criteria.
Pleural effusion, non-cardiogenic.
Cranial mediastinal mass, likely lymph node in origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the kidneys and cranial mediastinum is recommended followed by immediate chemotherapeutic intervention.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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