



PATIENT

Peter Perrone

PRESENTING CLINICAL SIGNS

Was doing well on RX diet (RC GI LF) , now only E very small bites. Lethargic, vomiting starting 10-19-22. Before then, p vomiting x 1-2 months 2-3x/week.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: See attached rads: The chest does show some possible pulmonary fluid Liver looks and enlarged and rounded stomach not clearly visualized spleen not seen some loss of detail in the cranial abdomen See attached labs: slightly high blood sugar trace of sugar in urine Thyroid is okay Rest of the urinalysis is okay Chemistry panel shows low ALT but high blood sugar and high SDMA CBC shows the patient to be significantly anemic with a regenerative response and high normal white blood cells Fecal pending

BREED

Maine Coon X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

AGE

14 Years

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. Slight cortical infarct noted in the dorsal cortex of the right kidney. The right kidney measured 4.0 cm.

WEIGHT

7.89 Pounds

INTERPRETED BY

Eric Lindquist, DMV

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 0.31 cm.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jasmine Palacios

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 were noted.

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Bridget Hayes

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Lobar biliary mineralization noted in the hepatic parenchyma. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

42287

DATE

10/22/22



PATIENT

Peter Perrone

SPECIES

Feline

BREED

Maine Coon X

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.89 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Bridget Hayes

INVOICE

42287

DATE

10/22/22

Gastrointestinal Tract & Pancreas

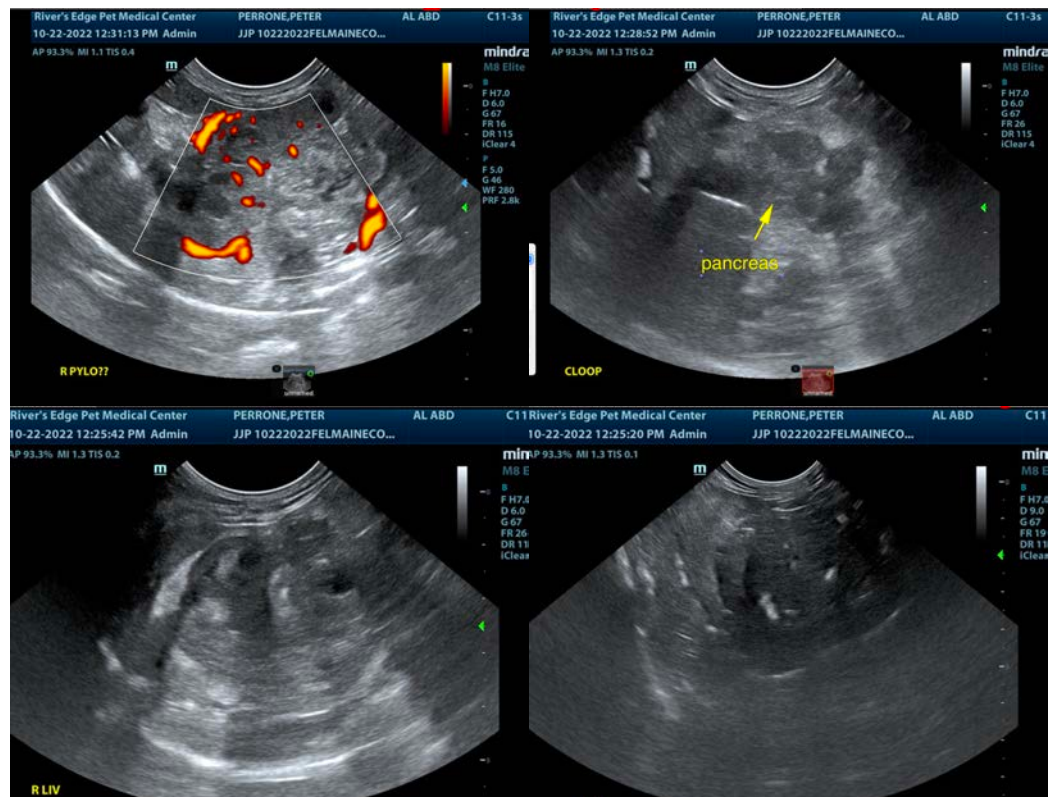
The **duodenum** revealed a mixed echogenic complex 4+ cm mass with cauliflower expansion into **pancreatic** and gastric tissue. Slight free fluid noted adjacent to the mass. Some retained ingesta or foreign matter noted in the stomach measuring 1.87 cm, foreign material cannot be ruled out. Concentric gastric wall thickening noted with loss of mural detail. The colon was unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Undifferentiated duodenal mass with cauliflower expansion into the pancreas and pyloric outflow with concurrent gastric ingesta or foreign material.
- Regional free fluid and inflammation – likely owing to possible perforation or paraneoplastic effusion
- Interstitial nephrosis renal pattern
- Urinary bladder debris
- Age related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears to be significantly vascular and undifferentiated. Therefore, its exact origin could not be completely ascertained, yet suspected to be duodenal. FNA or exploratory surgery indicated, yet the mass does not appear overtly resectable. Carcinoma, lymphoma possible, granulomatous disease possible yet less likely. Sampling is strongly encouraged.





PATIENT

Peter Perrone

SPECIES

Feline

BREED

Maine Coon X

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.89 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

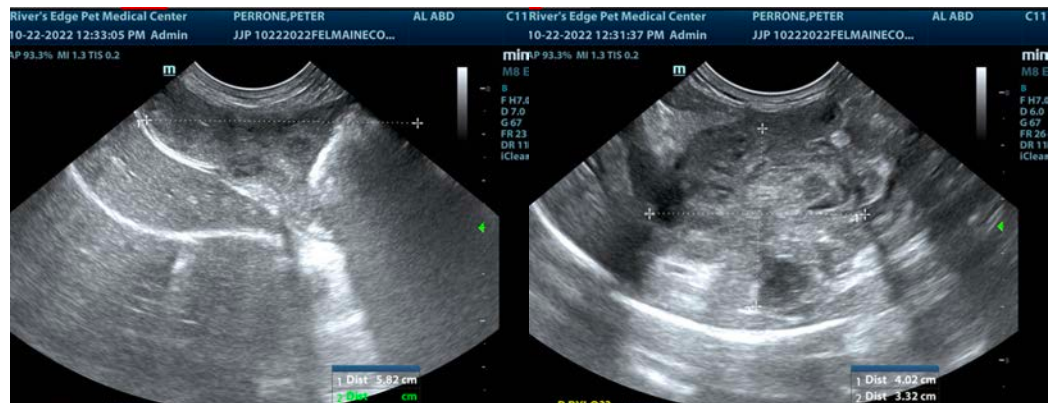
Dr. Bridget Hayes

INVOICE

42287

DATE

10/22/22



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