**DATE**

10/24/22

PRESENTING CLINICAL SIGNS

On Tuesday- got advantage II placed and some of it drip down the limb- he did lick it. On Wednesday- lethargy/sleeping a lot- but this can be normal. On Thursday- lethargy, decreased appetite, still drinking. Friday- not eating/ still lethargic - saw RDVM yesterday- bloodwork- elevated WBC, elevated SMDA; abnormal proBNP normal T4 normal renal values given SQ fluids, convenia, elura, cerenia did not eat at all yesterday; this morning- not really moving diagnosis with heart murmur yesterday- new hx of suspected herpes- is known to have eye changes- but this is worse indoor only no change in diet not aware of getting into anything

Current Medications: Maropitant, Protonix.

Lab Results: See attached.

Radiographs: soft tissue opacity along the ventral/right side of the chest possible soft tissue opacity associated with liver spondylosis with severe collapse of the disc space in the lumbar region decreased detail in the mid to caudal abdomen

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

PATIENT

Hagrid Marron

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10/23/12

WEIGHT

16.5 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.64 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 0.55 cm. The left adrenal gland measured 0.51 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Willer

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.2 cm.

INVOICE

42099

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. 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.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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.

Thorax

The right thorax revealed an undifferentiated 4.4 x 4.0 cm mass with concurrent pleural effusion. Comet tail lung pattern was also noted. This is suggestive for a multi-focal to diffuse process.

Rapid view of the heart revealed no evidence of volume overload; however, there was a trace amount of pericardial effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Thoracic neoplasia with lung consolidation and minor pleural effusion. No cardiac cause.

Comet tail lung pattern.

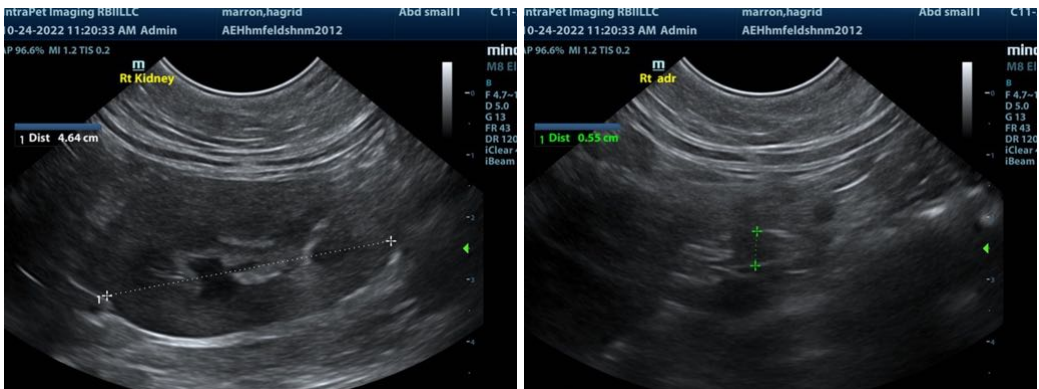
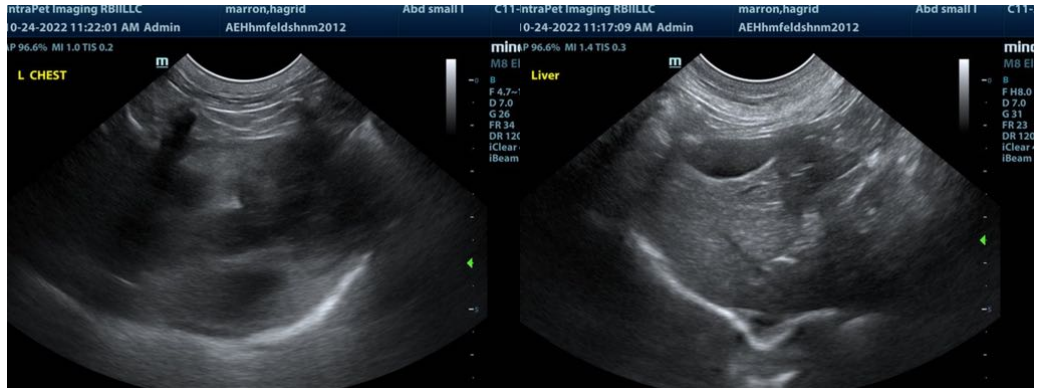
Mild splenic enlargement.

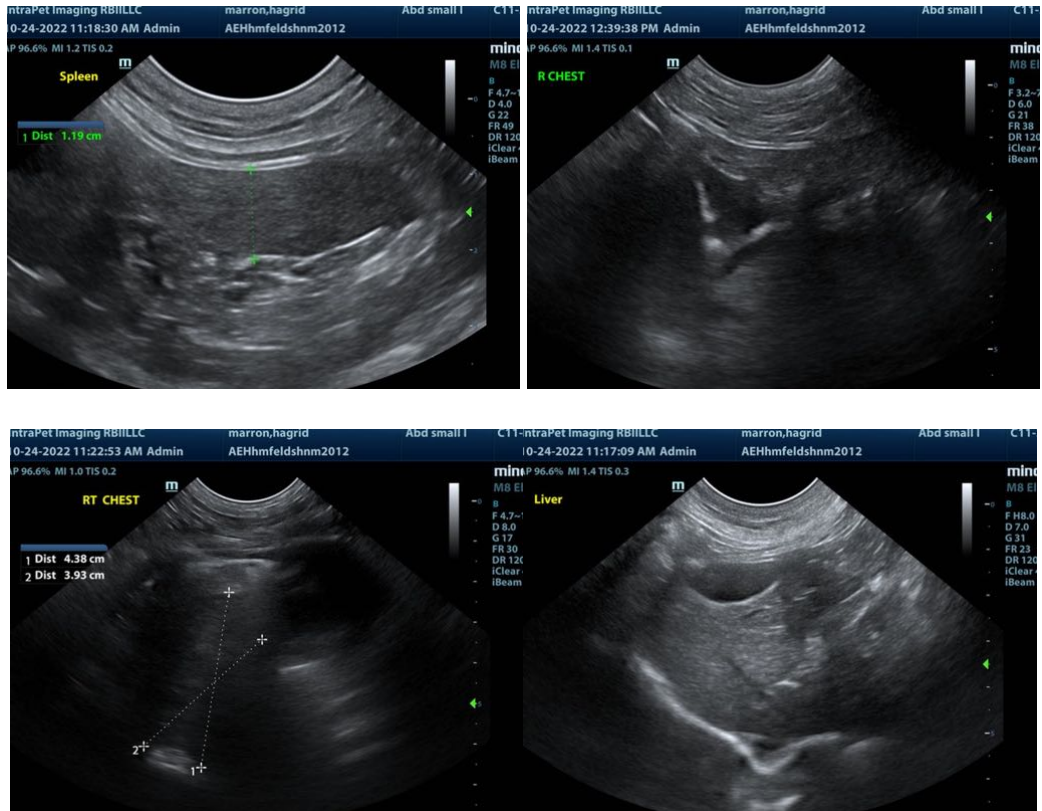
Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic FNA, thoracic mass FNA and pleurocentesis with cytospin is recommended for further definition. Chest CT would be ideal. I suspect thoracic neoplasia with potential splenic involvement.







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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