



PATIENT

Rose Novak

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.6 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

42519

DATE

11/3/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for down appetite, lethargy and inappropriate urinating For the past 3 days FEL has had waning appetite with increased sleeping. O states Wed FEL urinated outside box and yesterday/today 2 times on the bed; one time she was just lying in it, so O is unsure if FEL is aware or not. Litterbox is upstairs. FEL has some nasal Dx and sneezing; was seen @ rDVM for this and started on Azithromycin. Hair loss/pruritis on head/neck getting worse; has culture and DTM pending; ABX shot and animax ointment did not help. Previous Health Concerns: Heart Dz, CKD, Small Cell Intestinal Lymphoma (was found during Sx for hairball impaction, hx of 2 enterotomies for hairball impaction) Hx of hairballs; O states FEL V+ hairball recently. Current Medication: PredL SID AM, Chlorambucil EOD last dose yesterday and Azithromycin Rx Monday but started Wednesday 1mL SID. Abnormal PE/Chem/CBC/UA Results: Abdominal: full/distended abdominal feel but with obvious fluid wave; tense overall but painful on palpation of left kidney and mild right kidney Radiographs: bronchointerstitial pattern to generalized lung fields, ingesta type material in stomach, loss of detail retroperitoneal area with renal asymmetry (R>L), no obvious foreign material or obstruction, small urinary bladder with no obvious radio-opaque bladder stones, falciform fat present Renal panel: Creat 1.6 N, BUN 21.3 N, TP 5.5 L, Phosphorus 6.2 H Urinalysis via cystocentesis: USG 1.020, 3+ leukocytes, cocci present, 0-2 WBC/hpf, 0-4 RBC/hpf

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 were noted. Ureteral papillae were normal.

The **left kidney** was irregular in contour with pericapsular fluid and enhanced mesentery, consistent with nephritis. The left kidney measured 3.5 cm.

The **right kidney** was significantly enlarged with loss of structural detail, measuring 4.8 cm. Pericapsular inflammatory pattern noted and regional free fluid.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The left lobe of the **liver** was peripherally inflamed, hypoechoic, and mildly irregular. FNA indicated. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** was filled with progressively shadowing material, likely hairball accumulation. The small intestine and colon were 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.



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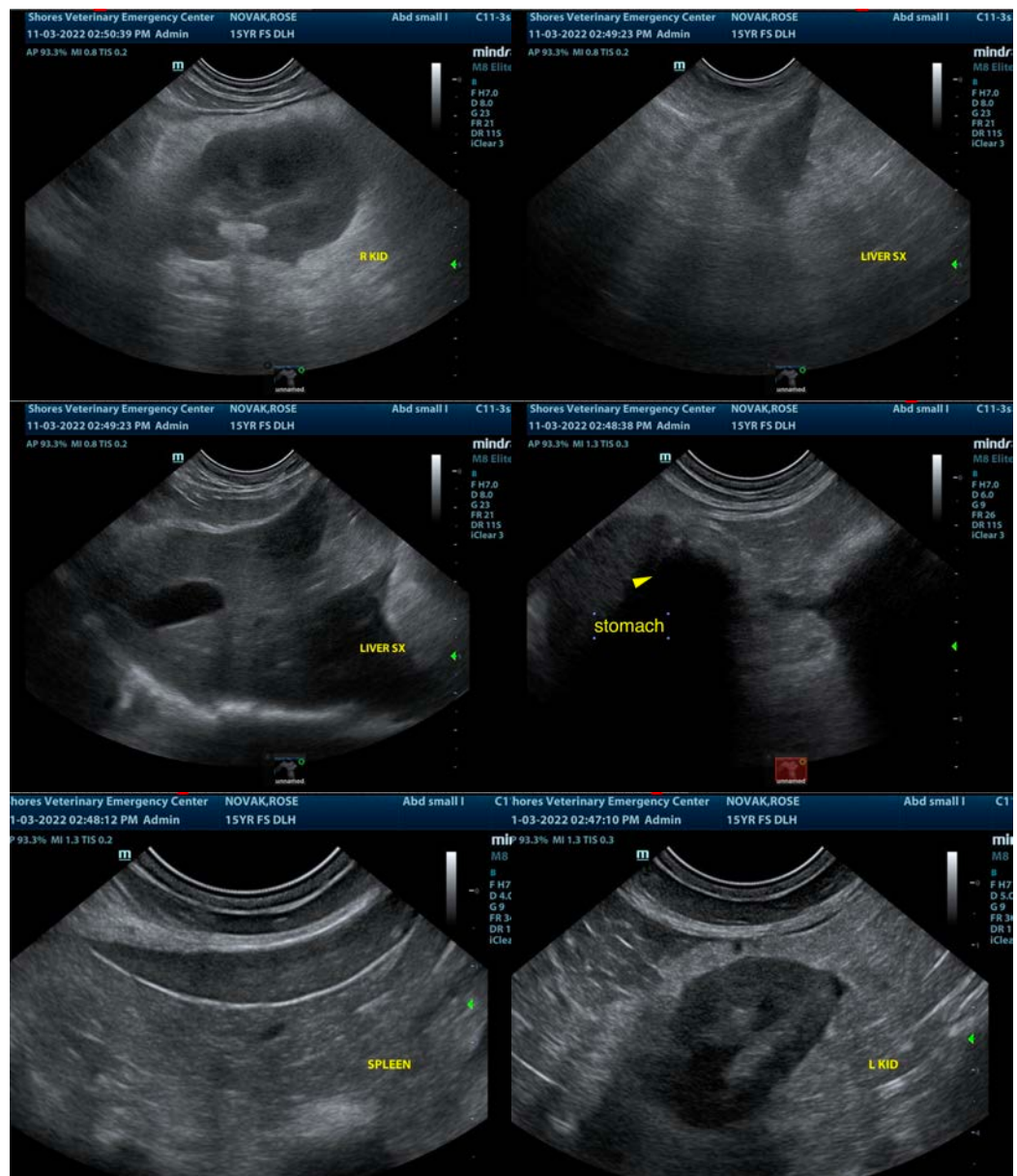
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ULTRASONOGRAPHIC FINDINGS

- Right renomegaly – strong concern for renal lymphoma.
- Regional free fluid
- Nephritis pattern left kidney
- Irregular liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver and right kidney indicated to assess for underlying lymphoma. Severe nephritis possible yet less likely.





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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

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