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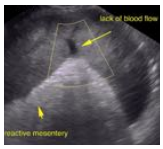
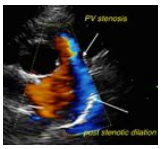
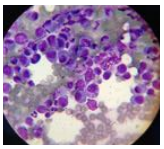
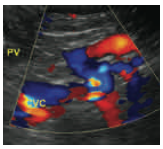

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1-800-838-4268 info@sonopath.com

**PATIENT**
Molly Ricci

**SPECIES**
Feline

**BREED**
Domestic Shorthair

**SEX**
Spayed Female

**AGE**
13 years

**WEIGHT**
15.1 lbs

**INTERPRETED BY**
Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Kelly Vazquez , CVT

**HOSPITAL NAME**
Animal General on Hudson

**REFERRING VET**
Dr. Freedman

**INVOICE**
94641

**DATE**
12/15/21

## PRESENTING CLINICAL SIGNS

History: Decreased appetite, previous history of elevated liver enzymes. Prior ultrasound performed 2/14/21 by SonoPath Mobile. Liver enzymes are normal now. Current med: mirtazapine. Lymphs 1190, neuts. 10195, USG: 1.035.

## 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 size and structure, corticomedullary definition and ratio for this age. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.93 cm with pyelectasia that measured 0.77 x 1.5 cm. The left kidney revealed thickened, irregular cortices. Hypoechoic nodular changes were noted in the left renal cortex with expansive pattern. The left kidney measured 4.21 cm. Regional inflammation was noted around the right kidney.

### *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** 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 1.08 cm.

### *Liver*

The **liver** was coarse in architecture with mildly heterogenous parenchyma with increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph nodes were rounded, hypoechoic and irregular.

### *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed a stomach and intestine 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. Epigastric lymph nodes are slightly enlarged.

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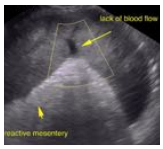
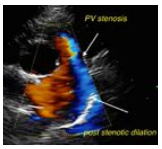
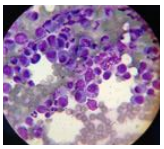
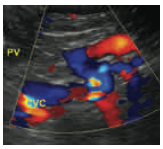

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### *Pancreas*

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 around the left kidney.

## ULTRASONOGRAPHIC FINDINGS

Disrupted right renal structure with regional free fluid and inflammation.

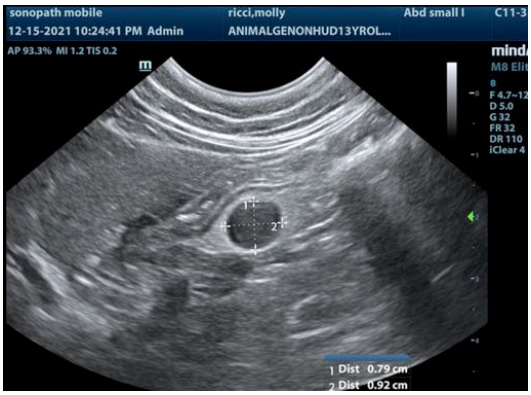
Mild to moderate irregular left kidney with regional free fluid and inflammation.

Cranial abdominal lymphadenopathy.

Mildly enlarged spleen and mildly irregular liver.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am strongly concerned for renal lymphoma in this patient possibly involving other organs in an early phase. Coagulation panel and 25-gauge FNA of the right kidney is recommended. Aggressive nephritis with regional inflammation is possible with reactive lymph nodes. Guarded prognosis depending upon cytology results. Three view chest radiographs are warranted to assess for any concurrent thoracic pathology. Assessment for inflammatory sediment in the urine is warranted. The renal function appears currently conserved, evidenced by the concentrated urine.

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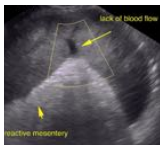
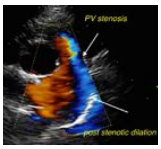
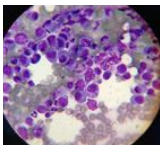
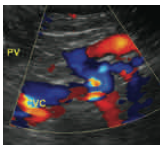

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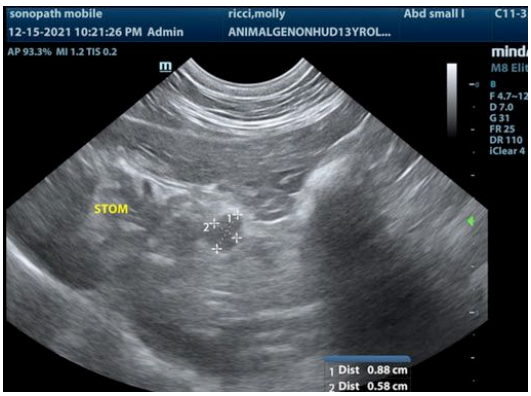


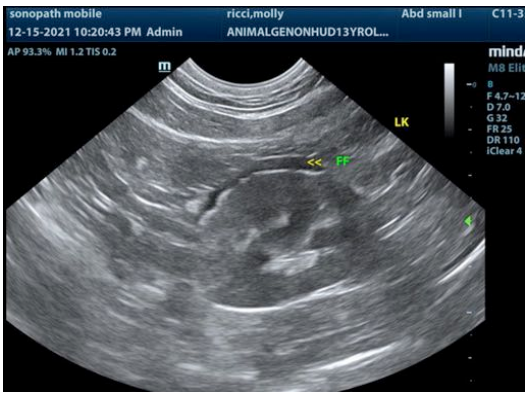


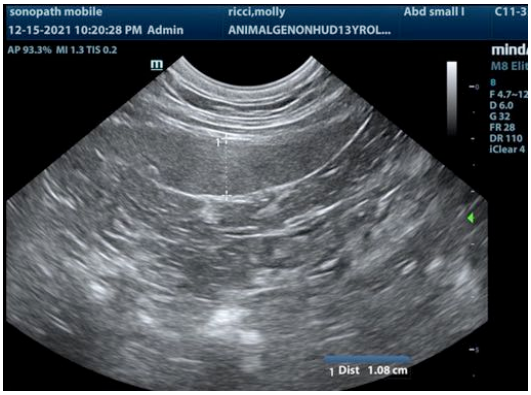



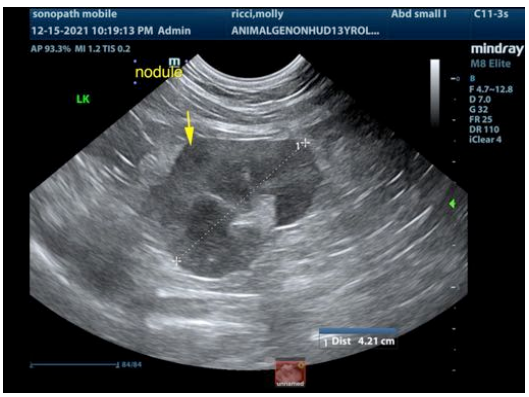


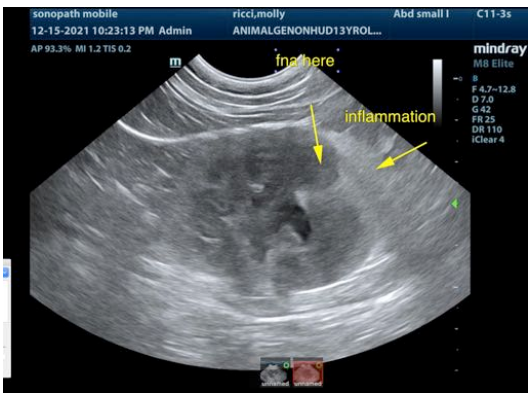


**The information and recommendations provided are based on the images presented by the referring**

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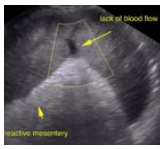

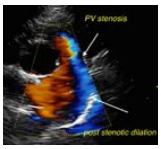

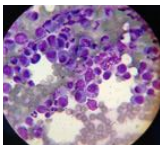
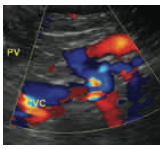


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**veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com