

**DATE PRESENTING CLINICAL SIGNS**

12/19/22

PATIENT

Molly Barton

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

1/12/11

WEIGHT

6.8 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Goessling

INVOICE

20208

History: Has always been smaller, follows owner around usually. This acutely just stopped, and she stopped eating, has lost weight- maybe 2 lbs. Owner tried offering temptations treats and she was eating those. A day or 2 later, she was more social again for a day but then hiding again and less social, hiding in new spots. Owner has been taking food in to where she was hiding and she will lick/eat a small amount of tuna, losing more weight. Still active, no mobility issues, still going in the litter box, no known urinary or BM issues. Vomiting small amount of brown liquid. Has always had 2 different sized pupils, unsure how well she can see.

Current Medications: Vitamin B12, Cerenia, Mirtazapine, Metronidazole.

Lab Results: non-regenerative anemia, marked increased lymphocytes and monocytes, mild increased neutrophils, increased SDMA, borderline BUN/Creat

Radiographs: poor serosal detail in abdomen, concern for free fluid

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.

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 **kidneys** revealed mild age-related changes. Cortical infarcts were noted in both kidneys. A corticomedullary calculus was noted, measuring 0.54 cm in the right kidney. Other smaller calculi were noted. Pyelectasia was noted in the left kidney, measuring 0.44 cm. A calculus in the left kidney measured 0.28 cm. The left kidney was subnormal in size measuring 2.38 cm. The right kidney measured 3.72 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.43 cm. The left adrenal gland measured 0.6 cm.

Spleen

The **spleen** was enlarged and irregular with scalloping contour, measuring up to 1.4 cm.

Liver

The **liver** was uniformly hypoechoic with minimal falciform fat owing to wasting. The liver was swollen consistent with infiltrative disease.

Gastrointestinal

The **gastrointestinal tract** revealed variable mural thickening with hypertrophied muscularis consistent with emerging round cell neoplasia given the global presentation.

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

The mesenteric **lymph node** (up to 1.6 cm) presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted. Reactive mesentery was noted throughout the abdomen. Slight free fluid was noted in the abdomen. The hepatic lymph nodes were also enlarged and irregular.

Other

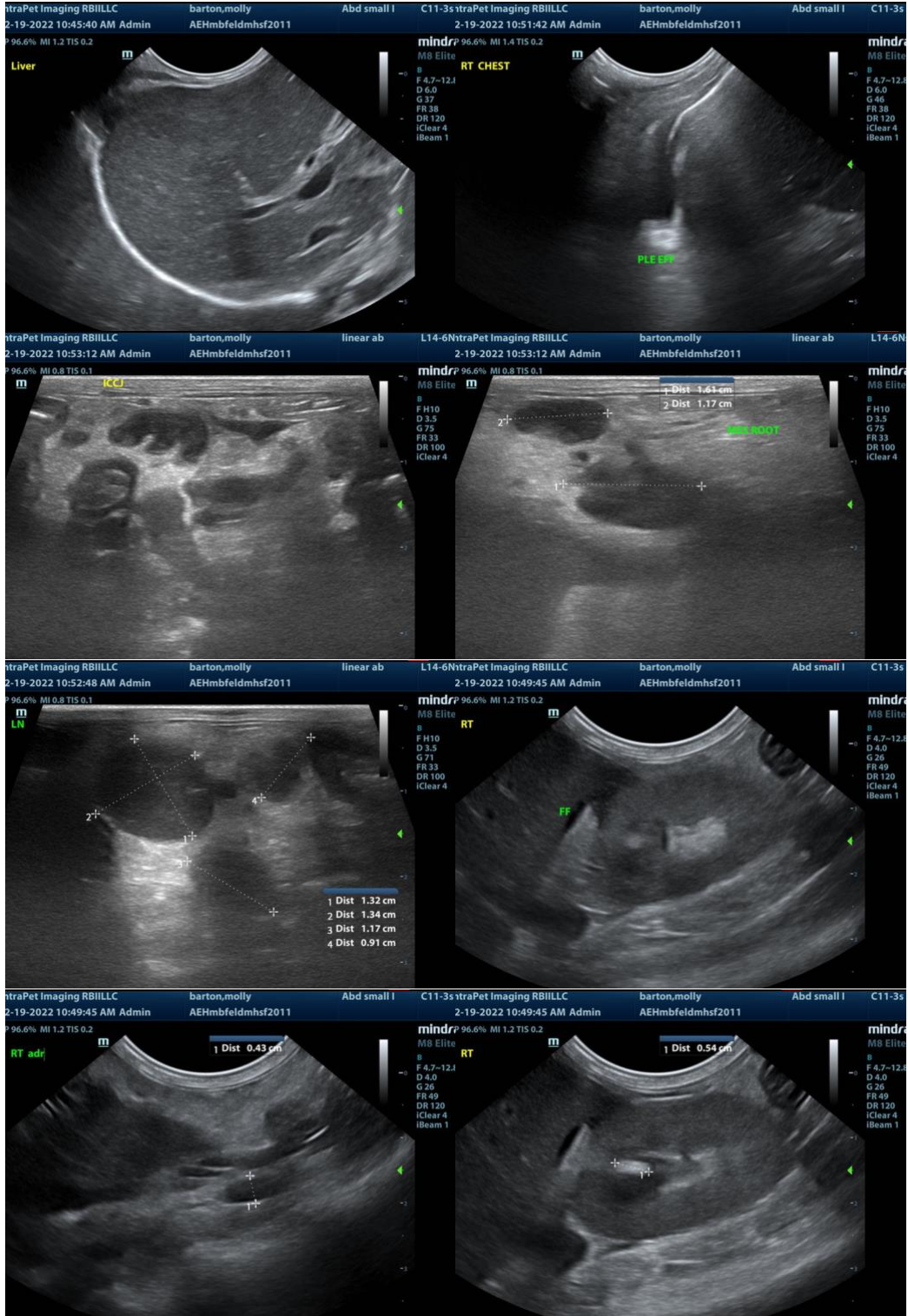
Pleural effusion was noted through the diaphragm.

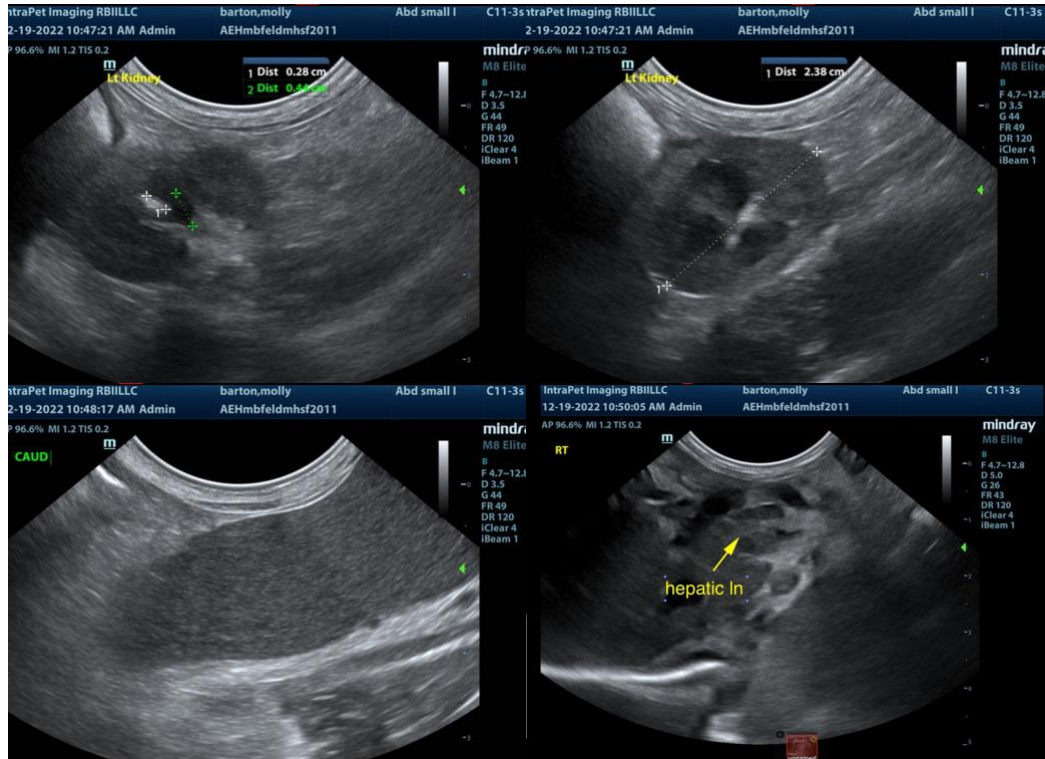
ULTRASONOGRAPHIC FINDINGS

- Splenohepatic infiltrative patterns with pleural effusion, likely dual cavity round cell neoplasia
- Variable thickening in the GI tract
- Mesenteric and abdominal lymphadenopathy
- Reactive mesentery throughout the abdomen
- Hepatic lymph nodes were also enlarged and irregular
- Slight free fluid in the abdomen
- Dystrophic kidneys with calculi, pyelectasia and infarcts
- Adrenal gland stress
- Pleural effusion noted in the diaphragm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver +/- pleural effusion tap and cytospin are all indicated.





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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