



PATIENT

Sweetie Jacobson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

17 years

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Kalsbeek

INVOICE

43203

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: Pt was started on Felimazole 3 weeks ago for elev T4, has been acting more lethargic, reclusive at home. Also increased respiratory noise on inspiration, elev resp rates at home. Increased water consumption. History of heart murmur, abnormal proBNP, Stage 2 CKD Meds: gabapentin, Felimazole 2.5 mg p.o. q12h (decreased to q24h starting this weekend)
Abnormal PE/Chem/CBC/UA Results: -3/6 systolic murmur left base -slight increase in resp inspiratory effort CBC: -HCT 27.8% -Chem 17: chol sl elev, mild hypokalemia -SDMA mild elev -T4 0.9 -USG 1.024, blood 250 /uL, no bacteria (has had cultures in past for hematuria and have been neg) -there is a right cranial thoracic mass noted on radiographs (can't tell if associated with heart or just in close apposition?) -echo/radiographs/ekg interp pending w IDEXX

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 multiple infarcts. Moderate dystrophic changes were noted in both kidneys. There were slight areas of mineralization. The right kidney measured 2.68 cm. The left kidney measured 3.03 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.

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 was noted.

Liver

The left **liver** revealed a 4.6 cm microcystic, mildly complex mass. This is consistent with cystadenoma. The rest of the liver was unremarkable. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The **stomach** revealed a progressively shadowing hairball type density. The small intestines and colon were unremarkable.

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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.

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Heart

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The cranial mediastinum revealed a solitary mass that measured 3.0 cm and impinged upon the right auricle. The heart itself revealed normal contractility and volumes. There was no peripheral air entrapment noted associated with the cranial mediastinal mass. The mass is likely lymph node in origin. Lymphoma and thymoma are the primary concerns.

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ULTRASONOGRAPHIC FINDINGS

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Renal dystrophy, moderate with multiple infarcts, appears stable.

Hepatic cystadenoma, appears resectable.

Cranial mediastinal mass, likely lymph node origin, impinging upon the right auricle.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

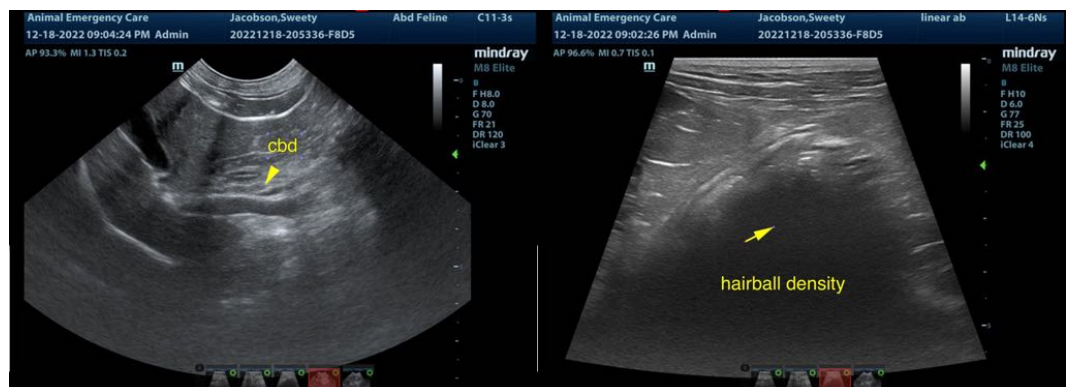
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FNA of the cranial mediastinal mass is indicated. Chest CT would be ideal for potential surgical planning. I am most concerned about the long term viability of the kidneys and the cranial mediastinal mass in this patient. The liver mass is likely benign cystadenoma. The lethargy is likely deriving from the cranial mediastinal mass.

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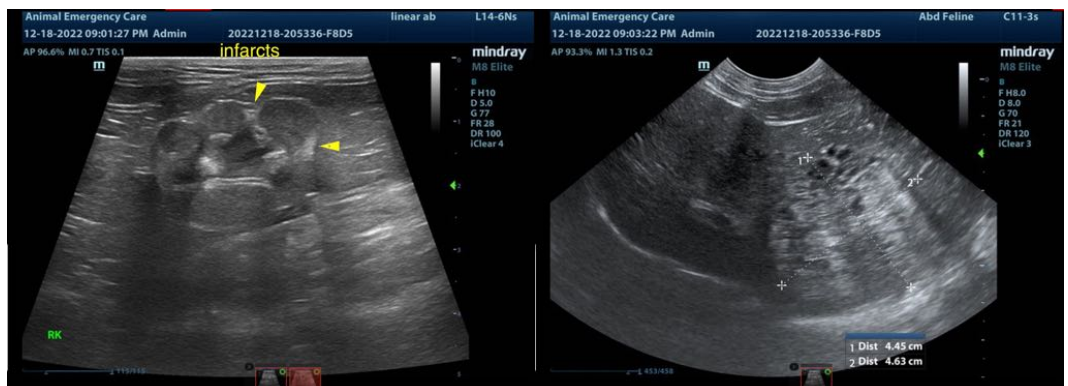
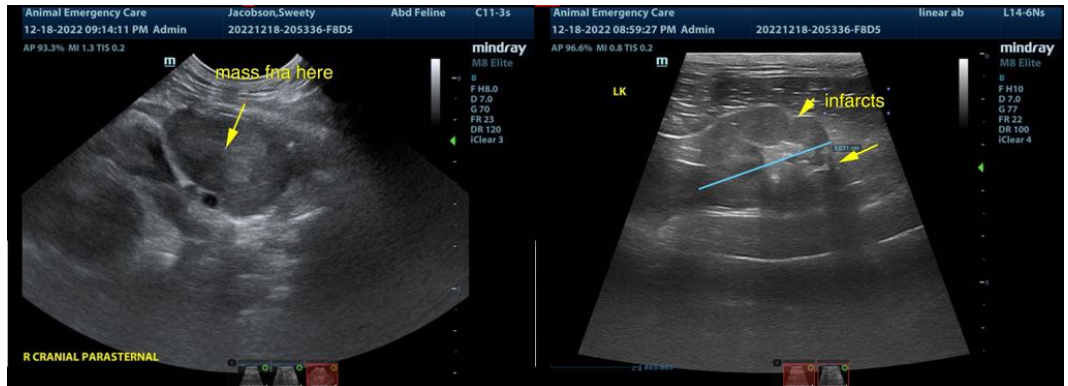
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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