



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Hunter Cote

Owner reports lethargy, PU/PD, acting "odd". FIV +. Did FNA of L kidney w/25G needle, firm pressure after for 5 minutes.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: PE: palpably enlarged and irregularly shaped kidneys, L eye hypHEMA/uveitis possible. FIV + BUN 64, Creat 3.6. Clotting profile WNL RADS: bilateral renomegaly, severe.

Feline

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic Shorthair

**Urinary System**

**SEX**

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.

Neutered male

**AGE**

The left kidney measured 7.7 cm with significantly distorted architecture, thickened irregular cortices and loss of corticomedullary definition and cortical nodules with subcapsular halo. Dystrophic mineralization was also noted in the left kidney. The right kidney revealed similar changes to the left and was enlarged measuring 6.61 cm.

9 years

**WEIGHT**

**Adrenal Glands**

12.8 lbs

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.

**INTERPRETED BY**

**Spleen**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**Liver**

**REFERRING VET**

The **liver** revealed an expansive 4.9 cm parenchymal mass that occupied the left liver with enhanced surrounding mesentery. Micronodular hepatic changes were noted. This is consistent with target lesions. The gallbladder and common bile duct were unremarkable.

Dr. Lane/Sanders

**INVOICE**

**Gastrointestinal**

94897

**DATE**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Unilateral mural intestinal mass was noted and measured 2.0 x 1.0 cm. Variable intestinal thickening was noted elsewhere. The mesenteric lymph node measured 2.09 x 1.32 cm. Other variable minor lymphadenopathy changes noted.

12/23/21



**PATIENT**

**Pancreas**

Hunter Cote

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Some extending inflammation was noted from the hepatic and hepatic renal presentation.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**Free Abdomen**

Regional inflammation was noted associated with the kidneys and liver.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Renal lymphoma pattern with separate parenchymal hepatic mass, likely round cell neoplasia related.

**AGE**

9 years

Mesenteric lymphadenopathy.

Intestinal mass.

**WEIGHT**

12.8 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sampling of the hepatic and intestinal mass is recommended in this patient.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

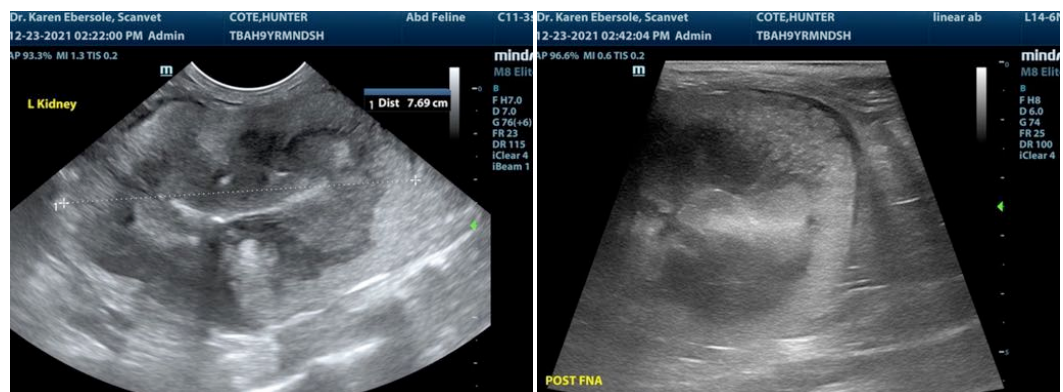
Dr. Lane/Sanders

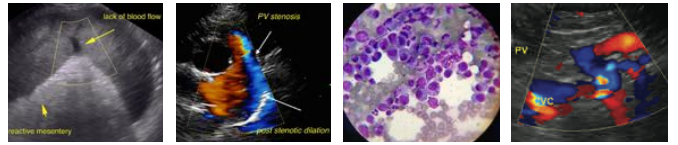
**INVOICE**

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**PATIENT**

Hunter Cote

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

12.8 lbs

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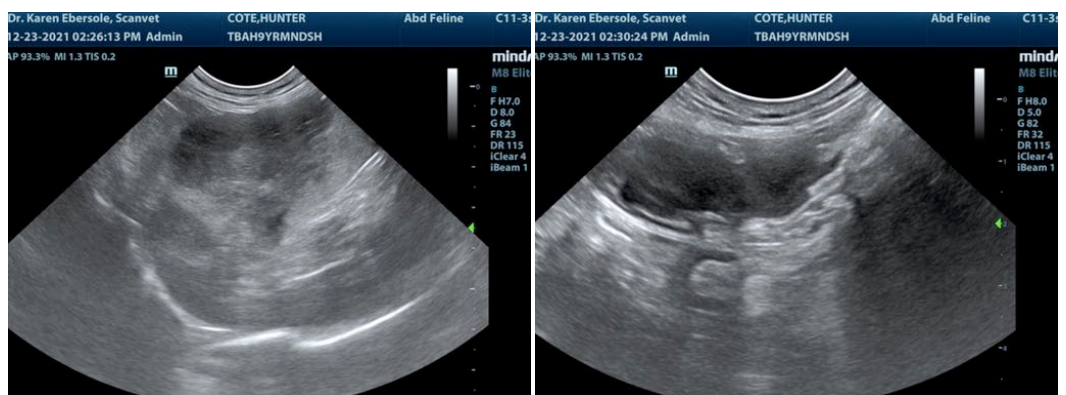
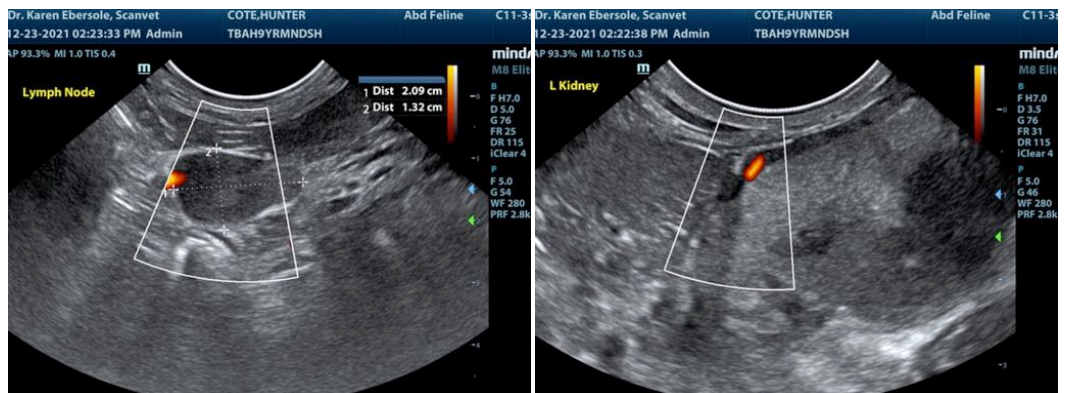
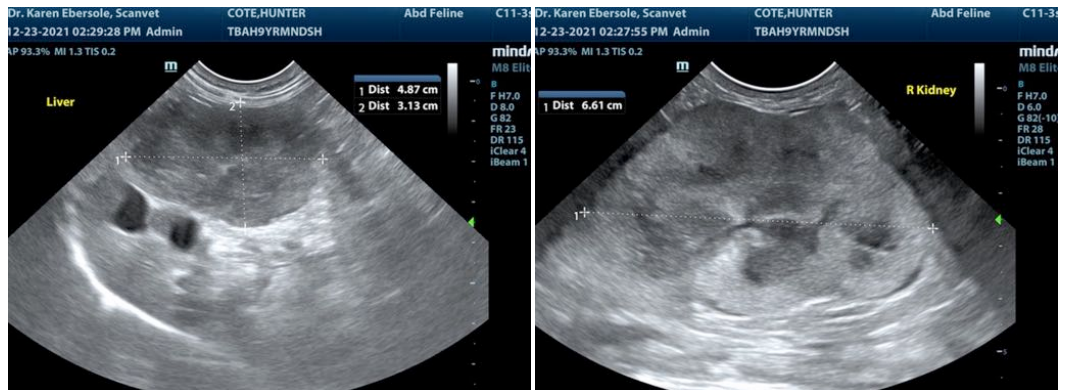
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

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

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**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

12.8 lbs

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