

PATIENT

Skillet Duncan

SPECIES

Feline

BREED

Russian Blue

SEX

Neutered Male

AGE

8 Years

WEIGHT

13.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Berman

INVOICE NUMBER

20234

DATE

12/23/22

PRESENTING CLINICAL SIGNS

History: Significant weight loss 3 lbs since May 2022 increased urination decreased appetite. Abnormal PE/Chem/CBC/UA Results: Neutrophilia 15k sdma 83 ug/dl t4 0.8 ug/dl bun 102.6 mg/dl, creat 4.9 mg/dl ip 10 mg/dl urinalysis WNL dilute Current meds Buprenorphine convenia cerenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

The **kidneys** presented severe bilateral renomegaly, subcapsular halo (in both kidneys) and disrupted architecture, strongly suggestive for renal lymphoma. The left kidney measured 5.8 cm. The right kidney measured 6.94 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. The right adrenal gland measured 0.64 cm. The left adrenal gland measured 0.39 cm.

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 were noted.

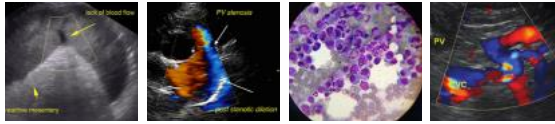
Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The upper **gastrointestinal tract** was largely unremarkable. A 6.9 cm x 4.4 cm, undifferentiated, small intestinal mass was noted in this patient.

Pancreas



PATIENT 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.

Skillet Duncan

SPECIES *Free Abdomen*
Undifferentiated hypoechoic nodular changes were noted in the **omentum**, consistent with undifferentiated lymph node enlargement.

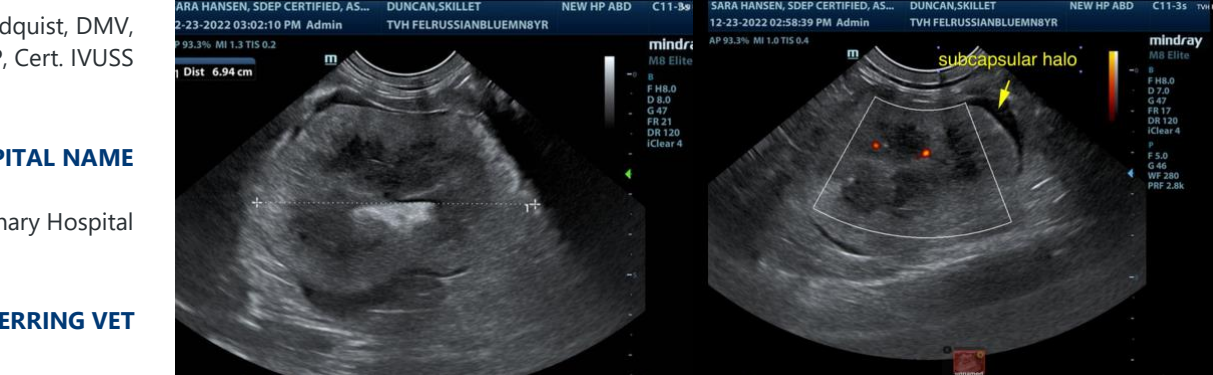
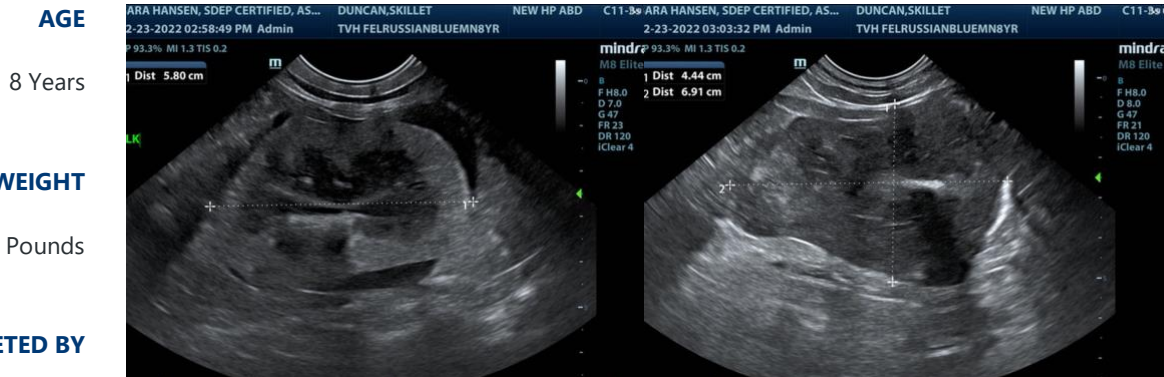
Feline

ULTRASONOGRAPHIC FINDINGS

- BREED**
- Multicentric lymphoma pattern in the kidneys and intestine
 - Urinary bladder debris
 - Hypoechoic nodular changes in the omentum
- Russian Blue

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX
Neutered Male
FNA of the kidneys and intestine is recommended with immediate chemotherapeutic intervention. Prognosis is poor long term, however, some equality of life with chemotherapy may occur.

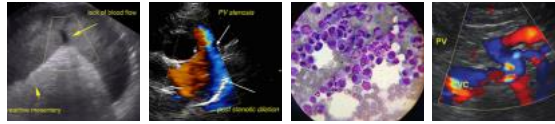


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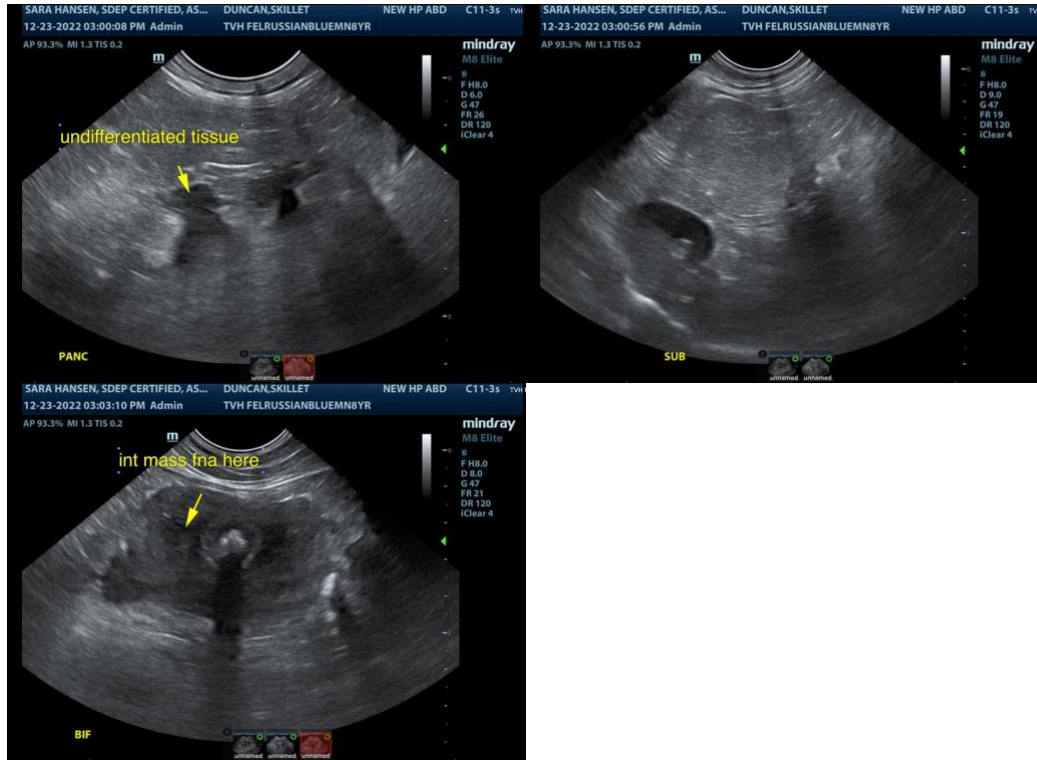
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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