



PATIENT

Angel Vega

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

16 Years

WEIGHT

5.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small

REFERRING VET

Dr. Justin Vaughn

INVOICE

43839

DATE

12/29/22

PRESENTING CLINICAL SIGNS

hx of chronic weight loss Hx of hyperthyroidism - well regulated Hx of ventral inguinal mass - previously aspirated as fat but now slightly larger and much firmer on palpation. Acute onset lethargy, decreased appetite Hx of heart murmur Hx of stable stage 2 CKD.

Abnormal PE/Chem/CBC/UA Results: Thin BCS; abdomen distended w/ positive fluid wave. Severe generalized cachexia Ventral inguinal abdomen - firm 3cm x 2cm circular SQ mobile mass Thoracic/abdominal rads: Lungs clear; ascites confirmed. BW: SC: Creat 3.2. Phosph 6.4. PSL 81. All other UR. CBC: Hct 23%. Hgb 8.0. RBC 5.4. Neut 14208. Lymph 296. All other UR Retic 19400 T4: 0.6 USG today: 1.016.

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.37 cm. Cortical infarcts noted in the cranial pole of the right kidney. The right kidney measured 3.66 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 0.28 cm. The left adrenal gland measured 0.30 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed a hypoechoic, expansive 1.4 cm nodule in the cranial liver, adjacent to the diaphragm. Other nodular changes noted throughout the liver with disrupted architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract**, per se, was unremarkable, yet was enveloped by the pancreatic pathology. Coalesced omentum was noted around the upper gastrointestinal tract. The gastroesophageal inlet was particularly thickened and may be involved in the neoplastic process.

Pancreas

The **pancreas** revealed mixed hypoechoic nodular changes. Coalesced omentum noted at the base of the pancreas.



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Free Abdomen

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A mild to moderate amount of free fluid was noted in the abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Pancreatic carcinomatosis type pattern with hepatic involvement
- Free fluid
- Interstitial nephrosis renal pattern
- Volume contracted spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodules and pancreatic pathology should prove effective regarding definitive diagnosis.

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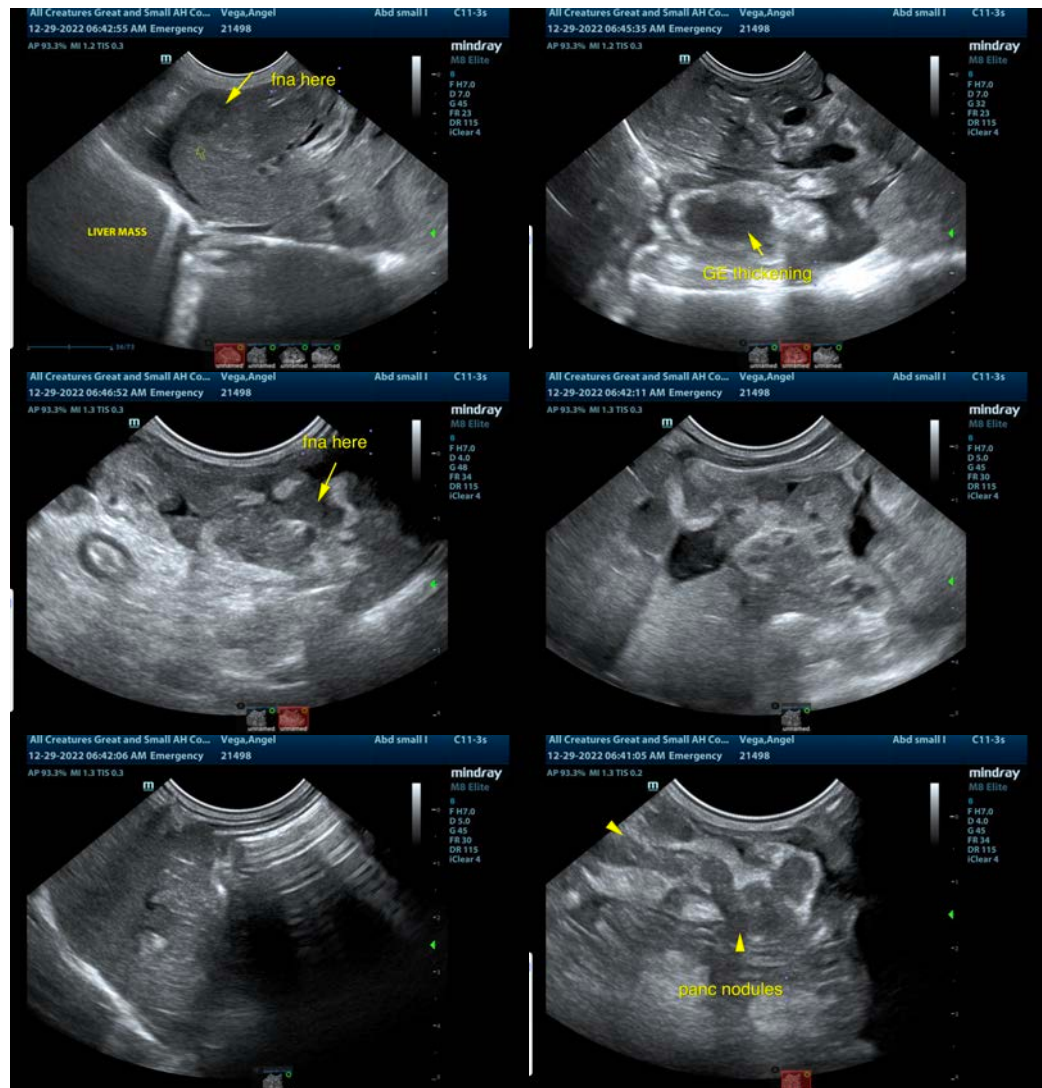
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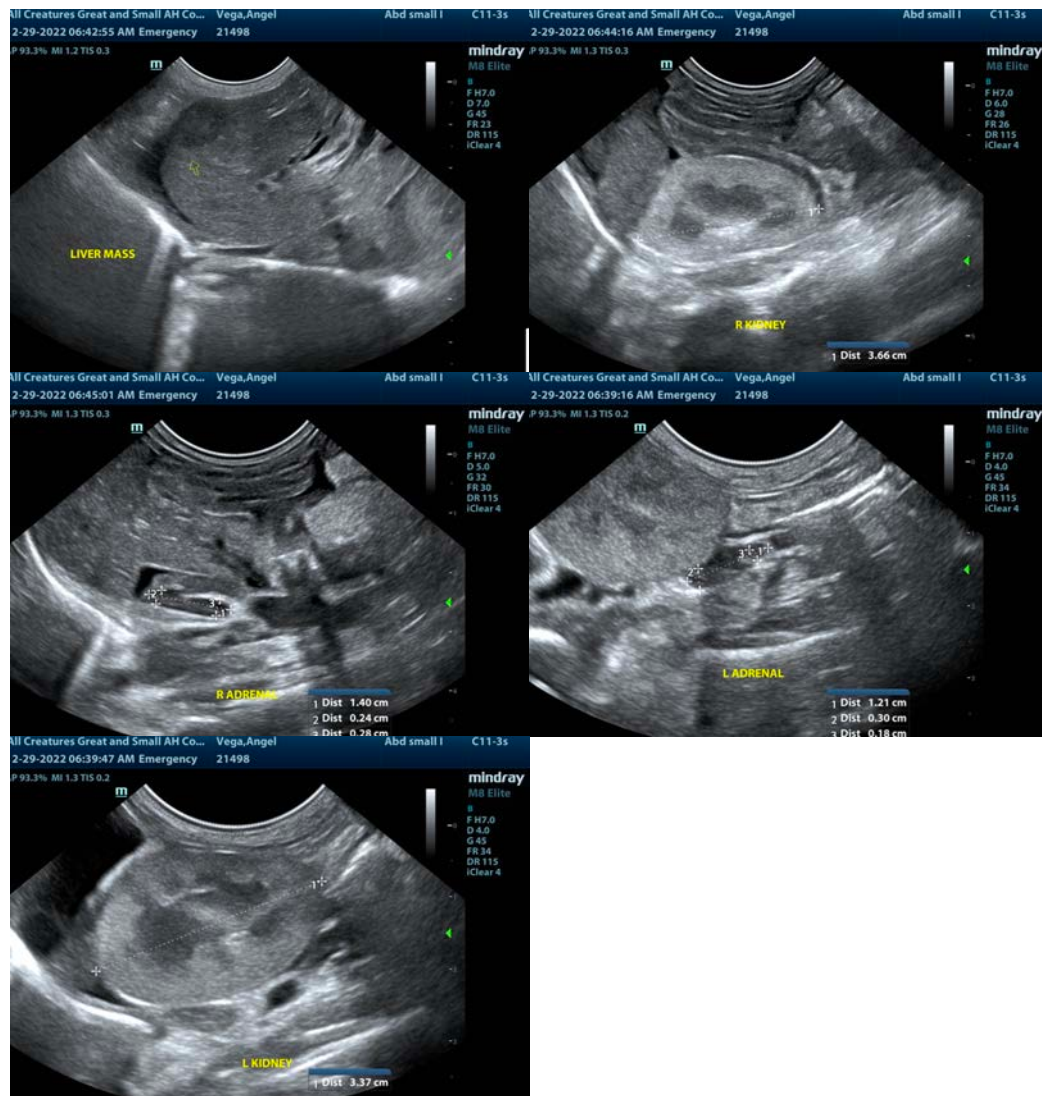
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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