



PATIENT

Puffy Ciesla

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.2 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Travis Cerf

HOSPITAL NAME

VC of Hardyston

REFERRING VET

Travis Cerf

INVOICE

12830

DATE

12/3/21

PRESENTING CLINICAL SIGNS

History: Possible left-sided intra-abdominal mass at the level of L2-3. BW WNL

Abnormal PE/Chem/CBC/UA Results:

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 **left kidney** revealed a 2.23 cm x 1.34 cm nodule at the medial cortex adjacent to caudal infarct. The nodule may be regenerative from the infarct activity and may not necessarily be neoplastic. Cortical infarcts were noted in the left kidney with multifocal cortical collapse and irregular renal cortex.

The **right kidney** revealed similar changes as the left with cortical infarcts and multifocal collapse, less dramatic than the right.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.4 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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- Renal infarcts and regenerative nodules on the left kidney with mild potential for renal cortical neoplasia
- Mild dystrophic right kidney with infarcts
- Stressed adrenal glands
- Urinary bladder sediment
- Geriatric abdomen otherwise

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WEIGHT

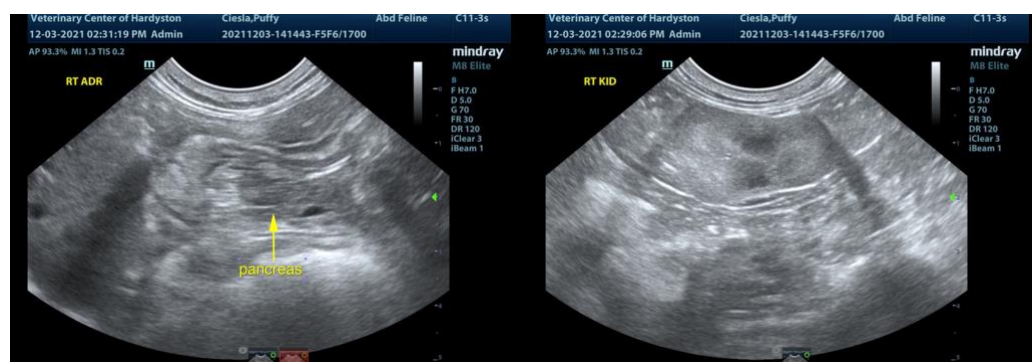
11.2 Lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the left renal cortex could be considered for further definition. However, unlikely to be neoplastic unless the patient has clinical signs related to weight loss or anorexia.

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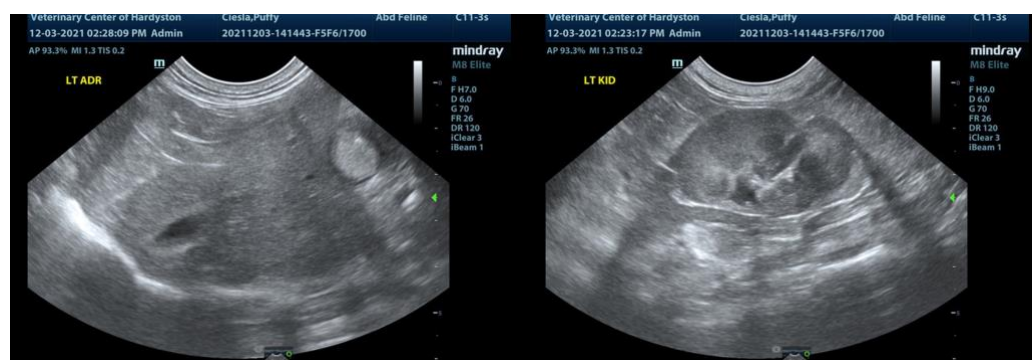


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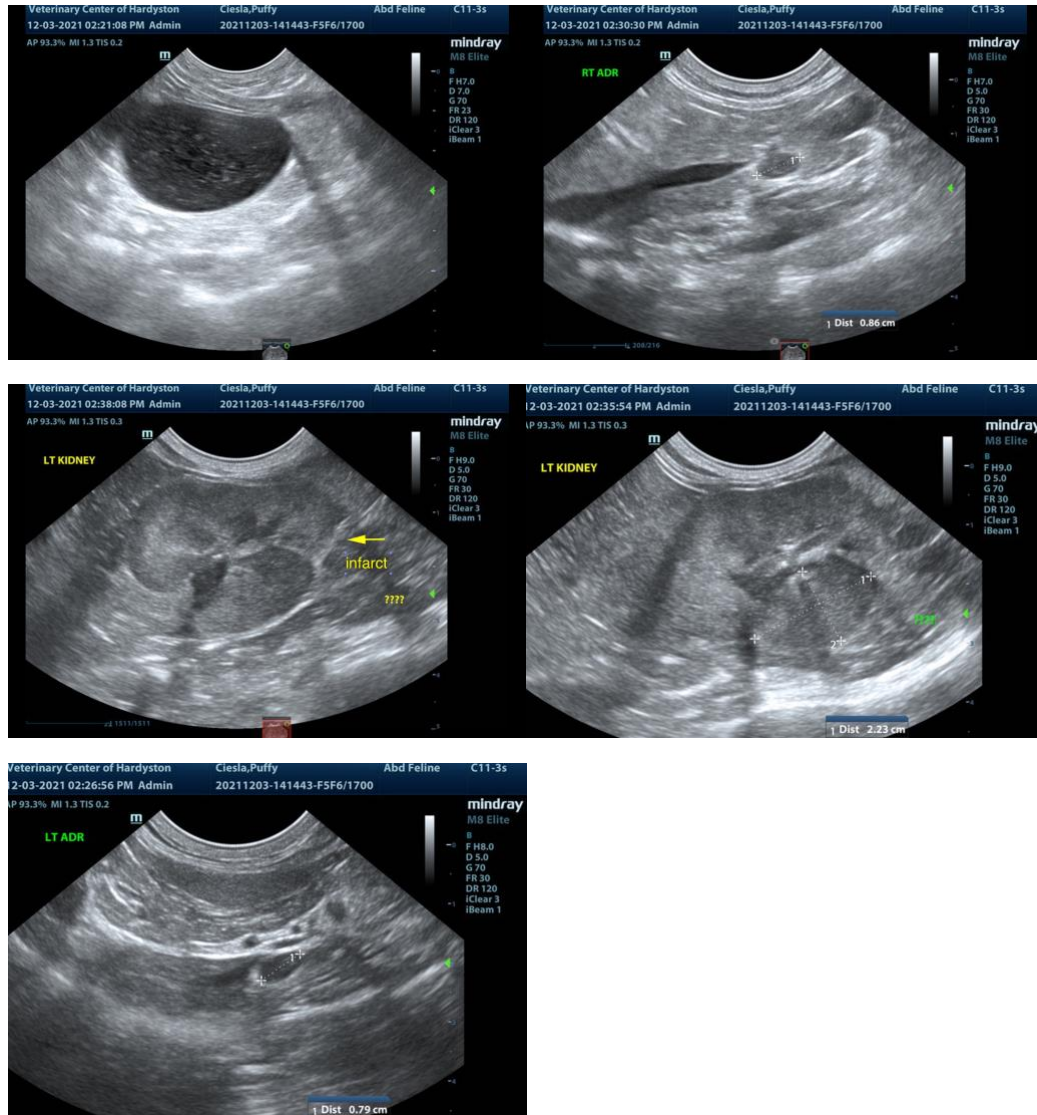
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com