



**PATIENT**

Gemma Metcalf

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. McMullin

**INVOICE**

35369

**DATE**

2/2/22

**PRESENTING CLINICAL SIGNS**

Not eating. Bloodwork unremarkable besides mild hyperglycemia. Sedated with Dexdomitor, Torbugesic and Midazolam. Chest tap of pleural fluid, spun down for cytospin cytology. Abnormal PE/Chem/CBC/UA Results: PE: sedated, fractious. BW: mild BG elevation, all else WNL

**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 **left kidney** presented normal size and contour, no evident pathology, measured 3.86 cm. Slight mineralization noted in the left kidney.

The **right kidney** revealed slight subcapsular fluid accumulation. The right kidney measured 4.2 cm. A mixed hypoechoic, undifferentiated mass was noted dorsocaudal to the right kidney measuring 1.8 cm x 1.76 cm. Regional inflammation noted and enhanced mesentery. The mass appears to be mineralizing. The caudal pole of the right kidney revealed an inflammatory pattern. Slight irregular contour noted. This may be the source of the retroperitoneal mass.

**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 0.47 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**

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**

Gemma Metcalf

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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**Other**

Transdiaphragmatic view revealed pleural effusion.

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DSH

Rapid view of the heart revealed no evident pathology. The pleural effusion is non-cardiogenic owing to normal left atrial size.

**SEX**

Spayed Female

- Undefined retroperitoneal mass – suspect deriving from the caudal pole of the right kidney
- Pleural effusion

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

13 Years

FNA of the mass indicated. Recommend treatment based on pleural effusion findings/cytology. Otherwise, ultrasound guided FNA of the undifferentiated mass in the retroperitoneal space indicated. Strong suspicion of metastatic disease to the thorax. Guarded to poor prognosis depending upon cytology results and responsiveness to chemotherapy. Round cell neoplasia or carcinoma are possible.

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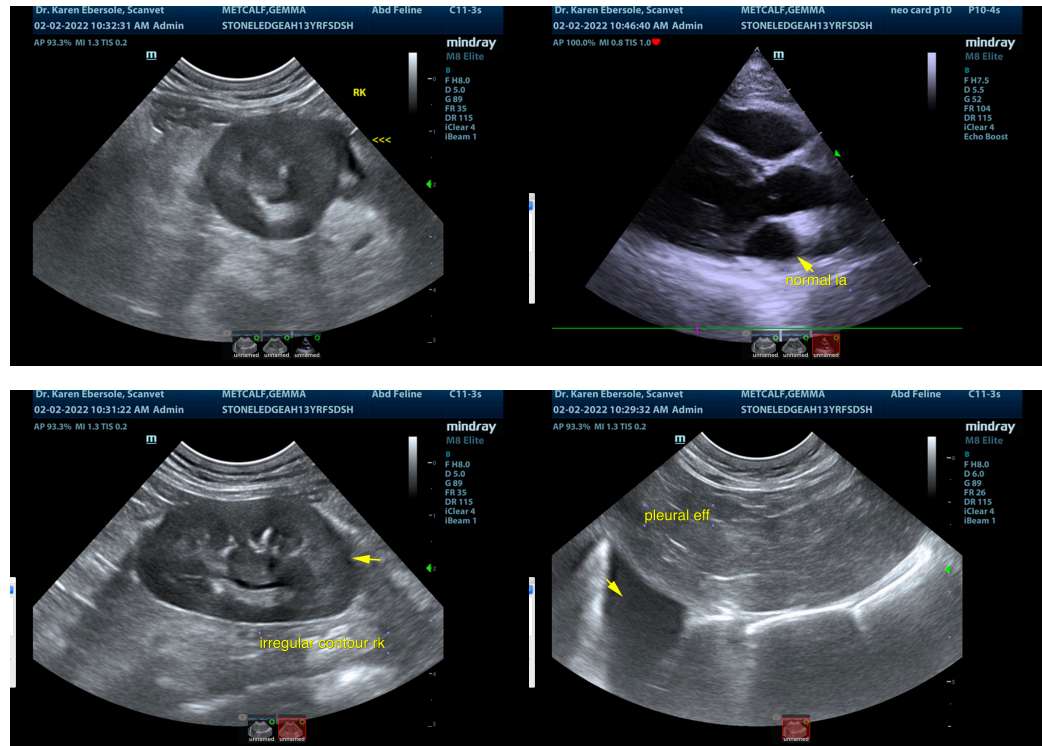
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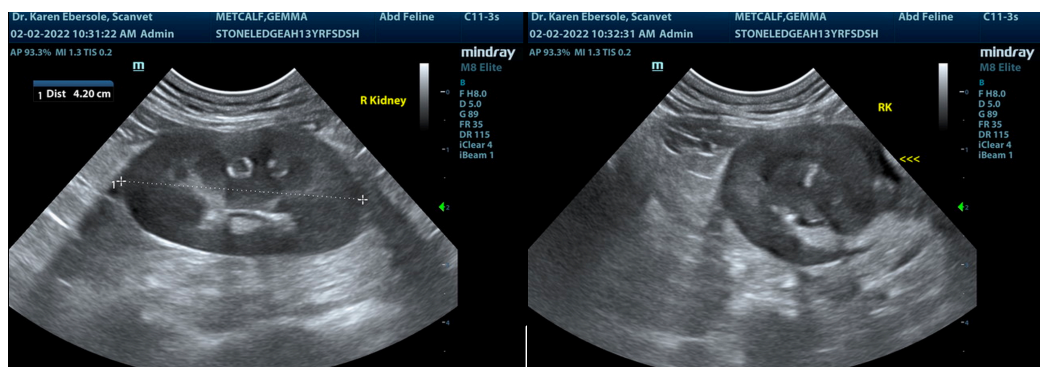
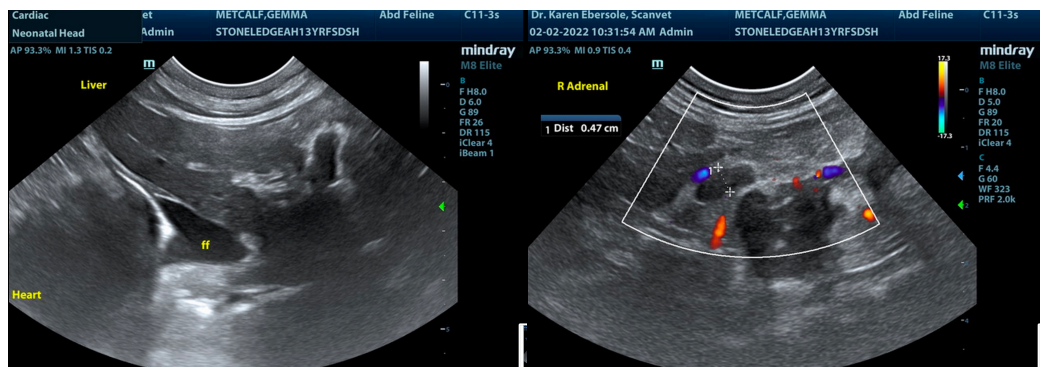
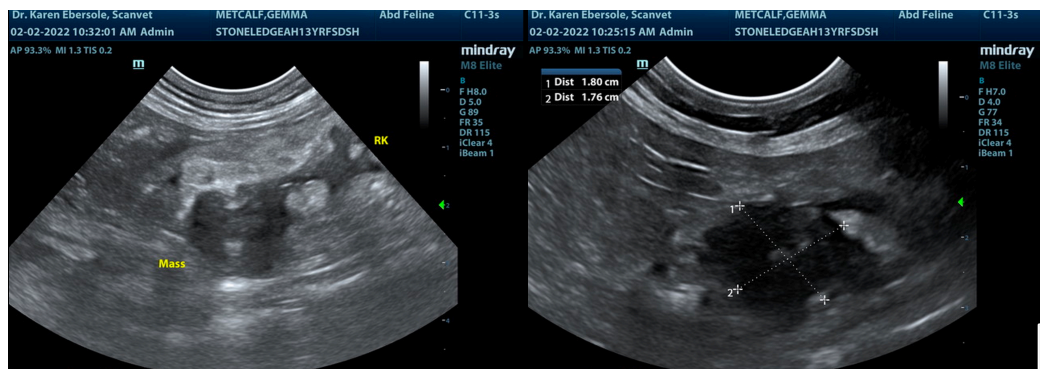
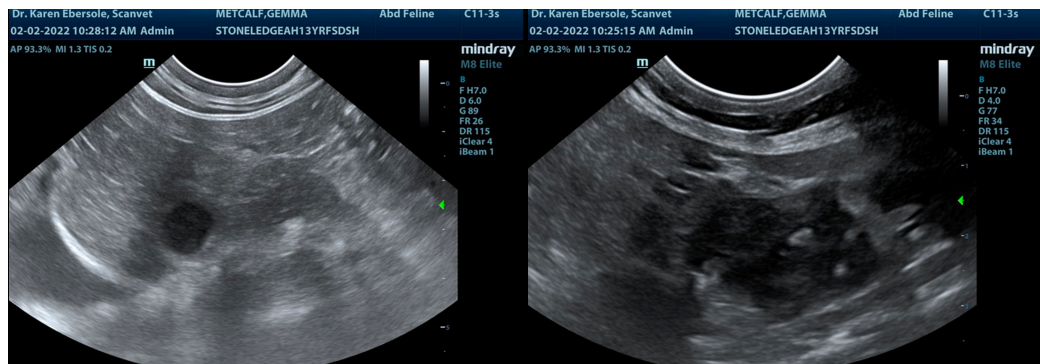
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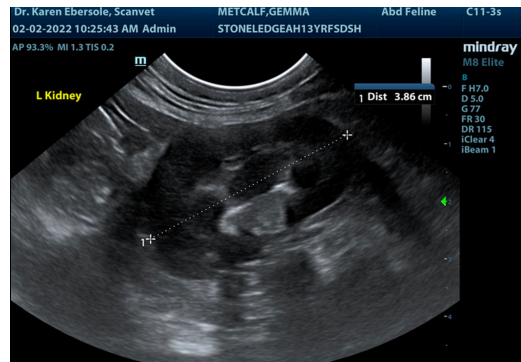
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

[info@SonoPath.com](mailto:info@SonoPath.com)