



PATIENT

Juno Koscielniak

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

16 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH-Bethel

REFERRING VET

Dr. Jamila McKenzie

INVOICE

14021

DATE

2/21/22

PRESENTING CLINICAL SIGNS

History: Patient presented to sister hospital on Friday 2/18/22 to evaluate mass on shoulder that is suspected to be benign. Bloodwork was performed prior to anesthesia to remove including cystocentesis. Owner noted blood in urine after getting home Friday and worsened overnight. Pt returned to clinic for Convenia inj and Onsior injection with oral onsior to follow. Bloodwork submitted on Friday returned normal. Blood in urine continued to worsen over the weekend. CBC in-house today was normal and clotting panel pending. Pt has been e/d normally despite hematuria.

Abnormal PE/Chem/CBC/UA Results: see attached

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.5 cm. The left kidney measured 4.38 cm.

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 0.3 cm.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** was enlarged and uniform with swollen contour. The spleen measured 1.64 cm in width. Fna strongly encouraged.

Liver

The **liver** revealed a hyperechoic, mildly complex, microcystic lesion, measuring 1.4 cm in the left medial liver, consistent with cystadenoma, a possibility of carcinoma. The remainder of the liver was unremarkable. The gallbladder and common bile duct were unremarkable.

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

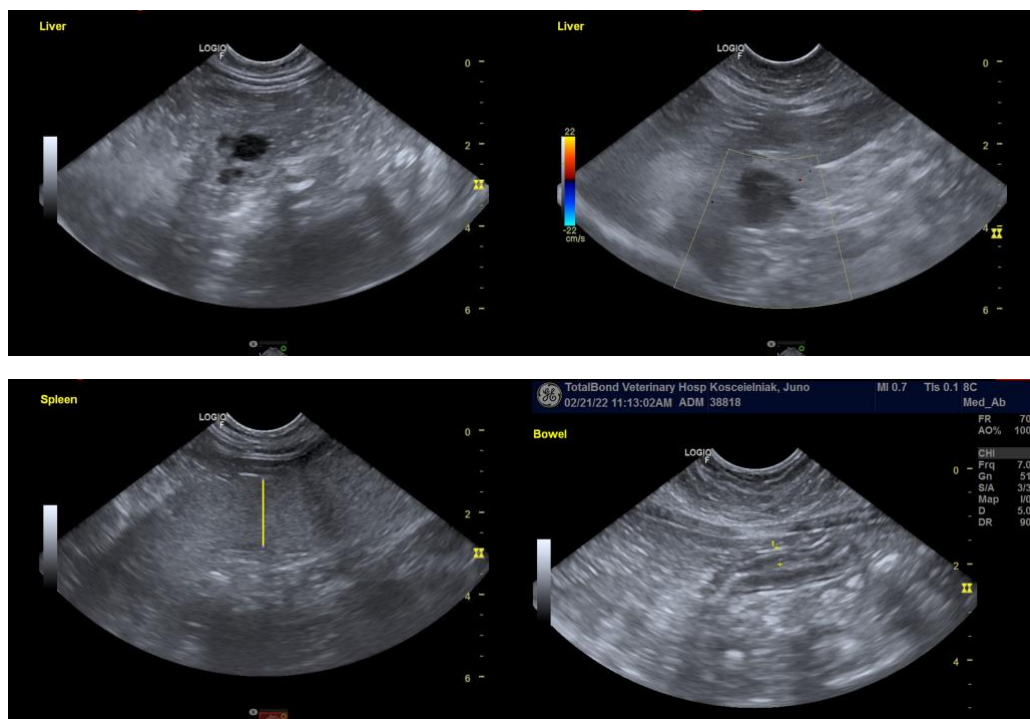
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

ULTRASONOGRAPHIC FINDINGS

- Enlarged spleen, concern for infiltrative disease
- Likely benign cystadenoma of the left liver
- Age-related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver recommended, primarily the spleen, given the patient history. The liver lesion is likely biliary cystadenoma and likely benign. The remainder of the abdomen was unremarkable, expected changes for this age patient.





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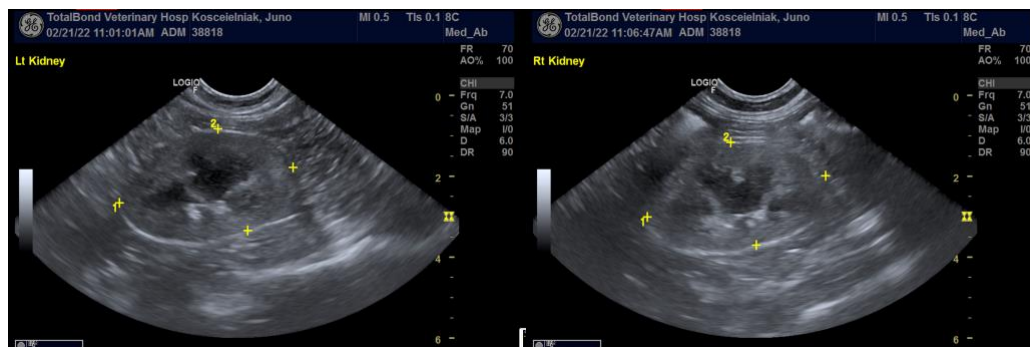
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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