



DATE PRESENTING CLINICAL SIGNS

2/3/26

Patient History: Presented 2/2 for decreased appetite since 1/28, last ate 2/1 very small amount, on initial exam BAR, BCS5/5, T=104F, CBC/Chem10 relatively unremarkable, P given injection of convenia and 100ml LRS SQ and mirtazapine PO, presented on 2/3 for not eating despite treatment, no vomiting/drooling/interest in food at all, on exam P was open mouth breathing but stabilized with flowby Oxygen, radiographs, jFeLV/FIV test and CPL test performed, P given Cerenia IV and had repeat of open mouth breathing/possible gagging.

PATIENT

Misty Harless

SPECIES

Feline

Current Medications: Convenia given SQ 2/2, Mirtazapine given PO 2/2 evening, cerenia (0.6mL) given IV on 2/3@11:30.

BREED

DSH

Labwork Results: Labwork submitted. Reported as radiodense area on X-rays in dorsal thorax at the level of the heart, possible mass in cranial abdomen, lump spleen on DV view.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic.

Stat Report: Not requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

3/30/18

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.

WEIGHT

18.8 Pounds

The **kidneys** were bilaterally swollen and mildly irregular. The left kidney measured 4.6 cm. The right kidney measured 4.83 cm.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

Adrenal Glands

The **right 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 right adrenal gland measured 0.37 cm.

HOSPITAL NAME

Warm & Fuzzy Vet

The region of the **left adrenal gland** revealed no evident pathology.

REFERRING VET

Dr. Williams

Spleen

The **spleen** was slightly irregular. The tail of the spleen appeared to be slightly irregular and folded upon itself; this is likely a primary malformation, however, an early neoplastic event cannot be ruled out.

INVOICE

35682

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.

Pancreas

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.

Other

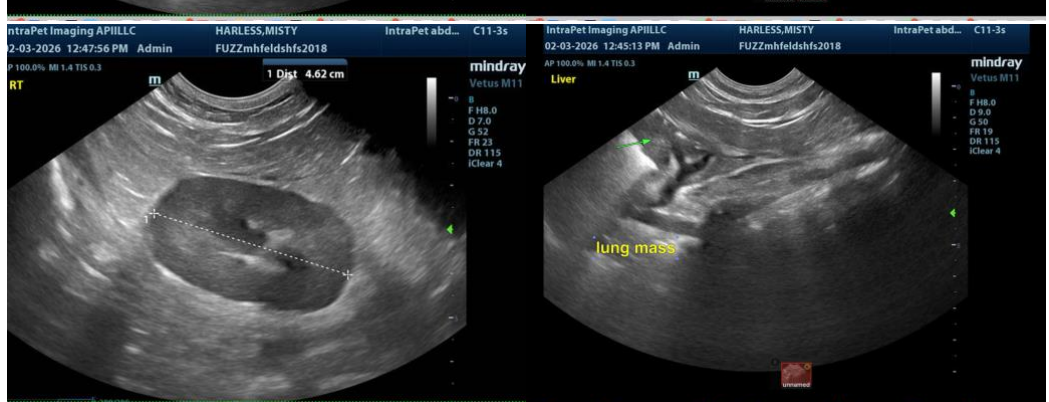
The **thorax** in this patient revealed an undifferentiated, moderately vascular, hypoechoic mass (3.8 cm). The thoracic mass appeared to envelope the aorta and vena cava. The mass appeared to be likely of lung origin, given the peripheral air accumulation. The caudal thorax also revealed various lung masses and lung hepatization. The thoracic pathology appeared to be multifocal and not resectable. A rapid view of the heart revealed normal contractility and volumes, of not volume contraction. A slight amount of pleural effusion was noted.

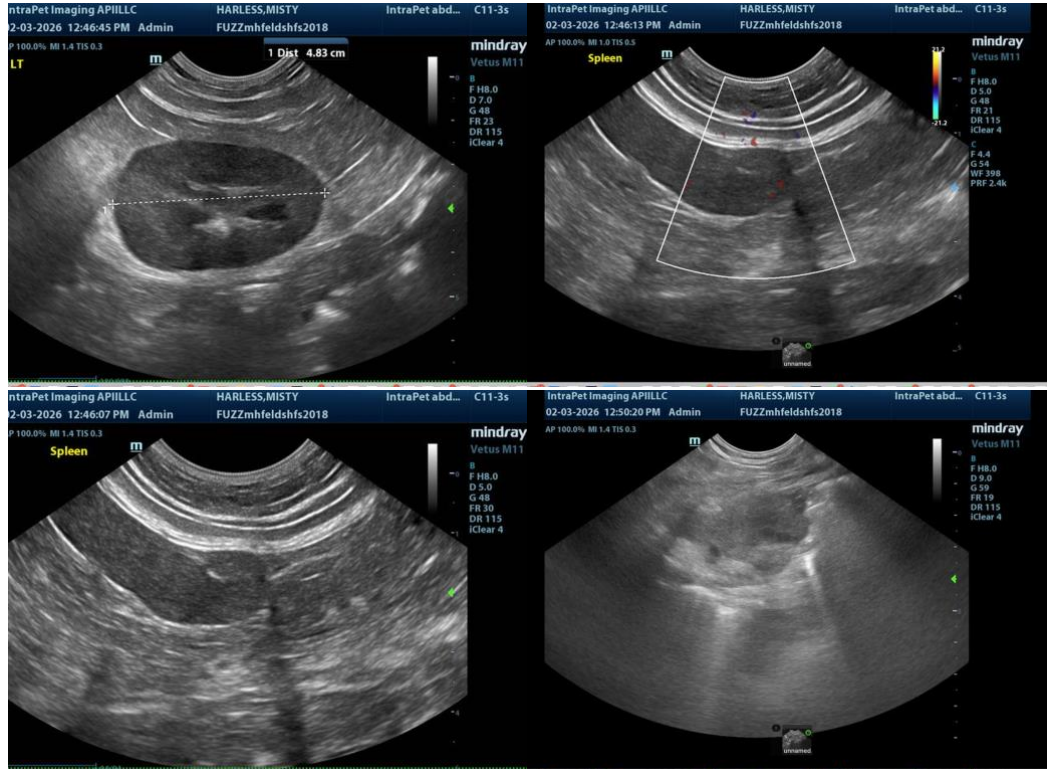
ULTRASONOGRAPHIC FINDINGS

- Multifocal to diffuse thoracic neoplasia with pleural effusion- FNA is indicated for further definition.
- Potential abdominal involvement in the neoplastic process, initiating in the kidneys +/- the spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend focusing on the thorax with FNA cytology, culture, and potential oncological intervention. Lung carcinoma or sarcoma are suspected. Pneumonitis/chronic inflammatory granulomatous disease is possible, yet less likely.





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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com