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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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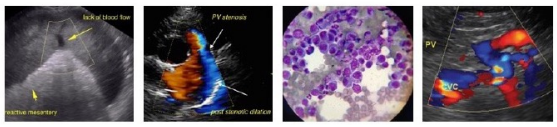

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Mowgli Jenkins

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
13 Years

WEIGHT
5.6 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Nelson Animal Hospital

REFERRING VET
Dr. Anderson

INVOICE
35475

DATE
2/4/22

PRESENTING CLINICAL SIGNS

chronic vomiting, previously had diarrhea, has since resolved, weight loss, inappetence

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 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 left kidney measured 3.94 cm. The right kidney measured 4.16 cm. Blood flow to the kidneys is mildly subnormal on power doppler assessment.

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 0.25 cm. The left adrenal gland measured 0.26 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** revealed multifocal hypoechoic nodular changes in the midst of hyperechoic parenchyma, measuring up to 8.0 mm. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. However, the colon revealed an annular mass with obstructed material. The mass measured 2.0 cm x 3.0 cm. It appears to be in the descending colon at the level of the urinary bladder. Hard stool impaction noted prior to the mass.

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.

ULTRASONOGRAPHIC FINDINGS

- Hepatic lipidosis pattern with nodular changes – concern for emerging round cell neoplasia versus nodular hyperplasia.
- Colonic mass

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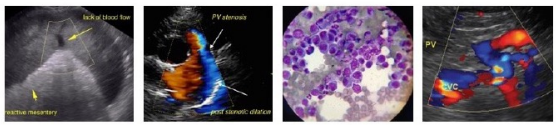

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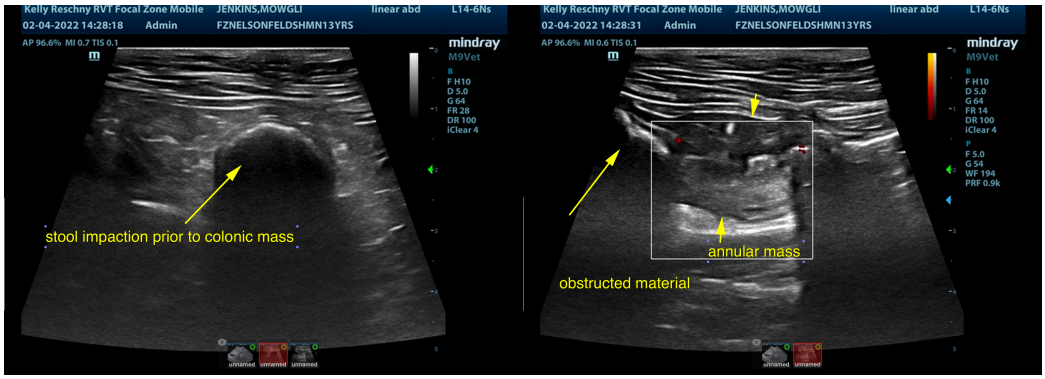
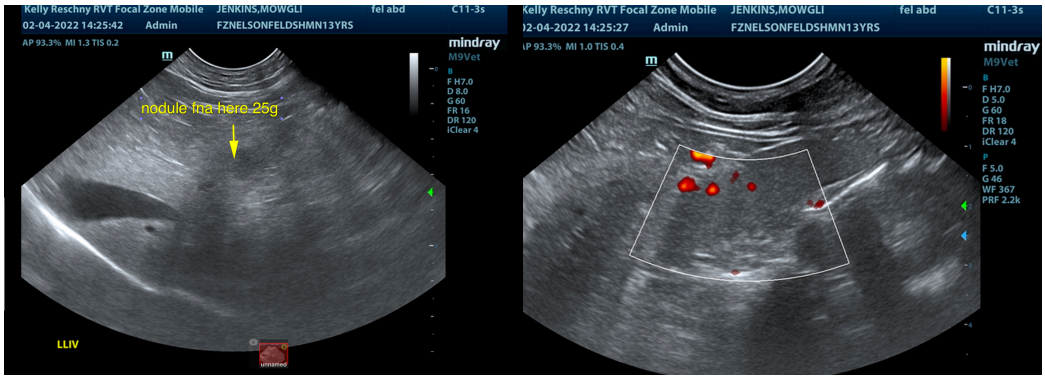
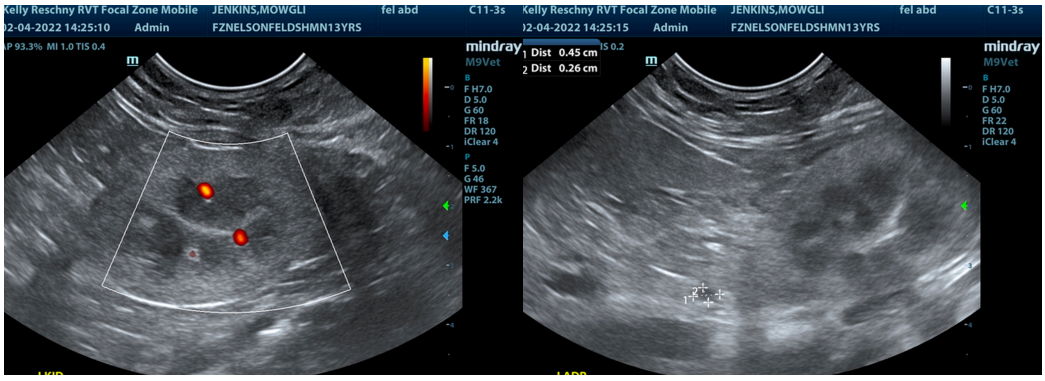
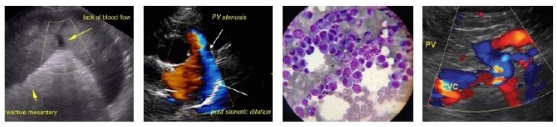
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the liver nodules recommended to assess for metastatic or other neoplasia. If the liver nodules are benign, then subtotal colectomy would be indicated. Otherwise, direct exploratory surgery with expectations towards subtotal colectomy and colonic anastomosis at the level of the mid to caudal urinary bladder and liver inspection and biopsy would be indicated. Chest radiographs warranted to assess for metastatic disease. Suspect colonic lymphoma, minor possible for a granulomatous non-neoplastic lesion.









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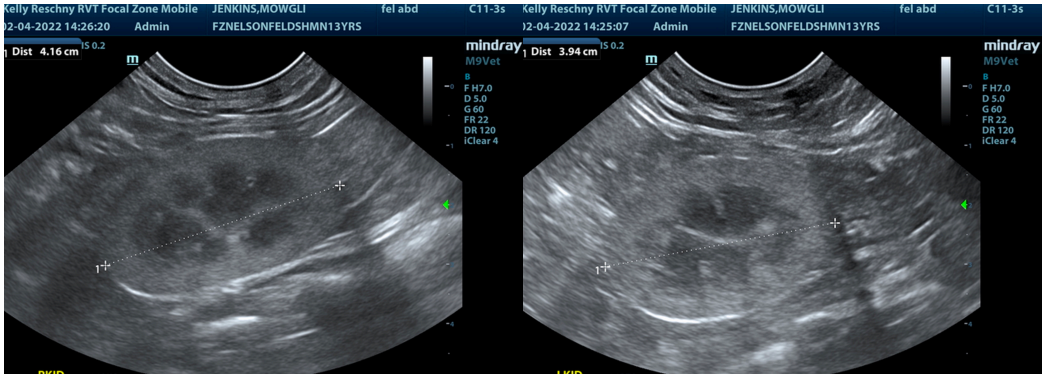

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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