



PATIENT

Tucker Beck

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years 6 Months

WEIGHT

9.2

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

21012

DATE

2/6/23

PRESENTING CLINICAL SIGNS

History: pacing, inappropriate elimination, eating/chewing cat litter, weight loss, sneezing/coughing episodes, mid-abdominal palpable mass, acting disoriented takes amlodipine for bp was given gabapentin for scan temp today 101.1

Abnormal PE/Chem/CBC/UA Results: a/g ratio - 1.7 (hi) ph- 8.5 (hi) sg- 1.049

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 **right kidney** revealed a mixed hypoechoic mass (2.0 cm) deriving from the mid caudal pole. The right kidney measured 3.89 cm. Ultrasound guided FNA is indicated or right nephrectomy. Carcinoma vs round cell neoplasia. Hemangiosarcoma is less likely.

The **left kidney** appeared to be free of evident pathology, from a macroscopic standpoint. The left kidney measured 4.34 cm.

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.

Spleen

The **spleen** revealed a large lipogranulomatous mass (3.0 cm) deriving from the mid cranial body.

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.



PATIENT *Other*

Tucker Beck A rapid view of the **heart** revealed no evident pathology.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Right renal mass
- Splenic mass

BREED **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

DSH The renal mass and splenic mass are likely unrelated. The splenic mass is most consistent with lipogranuloma or stromal tumor. The right kidney mass is more aggressive, concern for carcinoma, hemangiosarcoma or round cell neoplasia. Direct right nephrectomy/splenectomy could be considered in this patient after chest radiographs.

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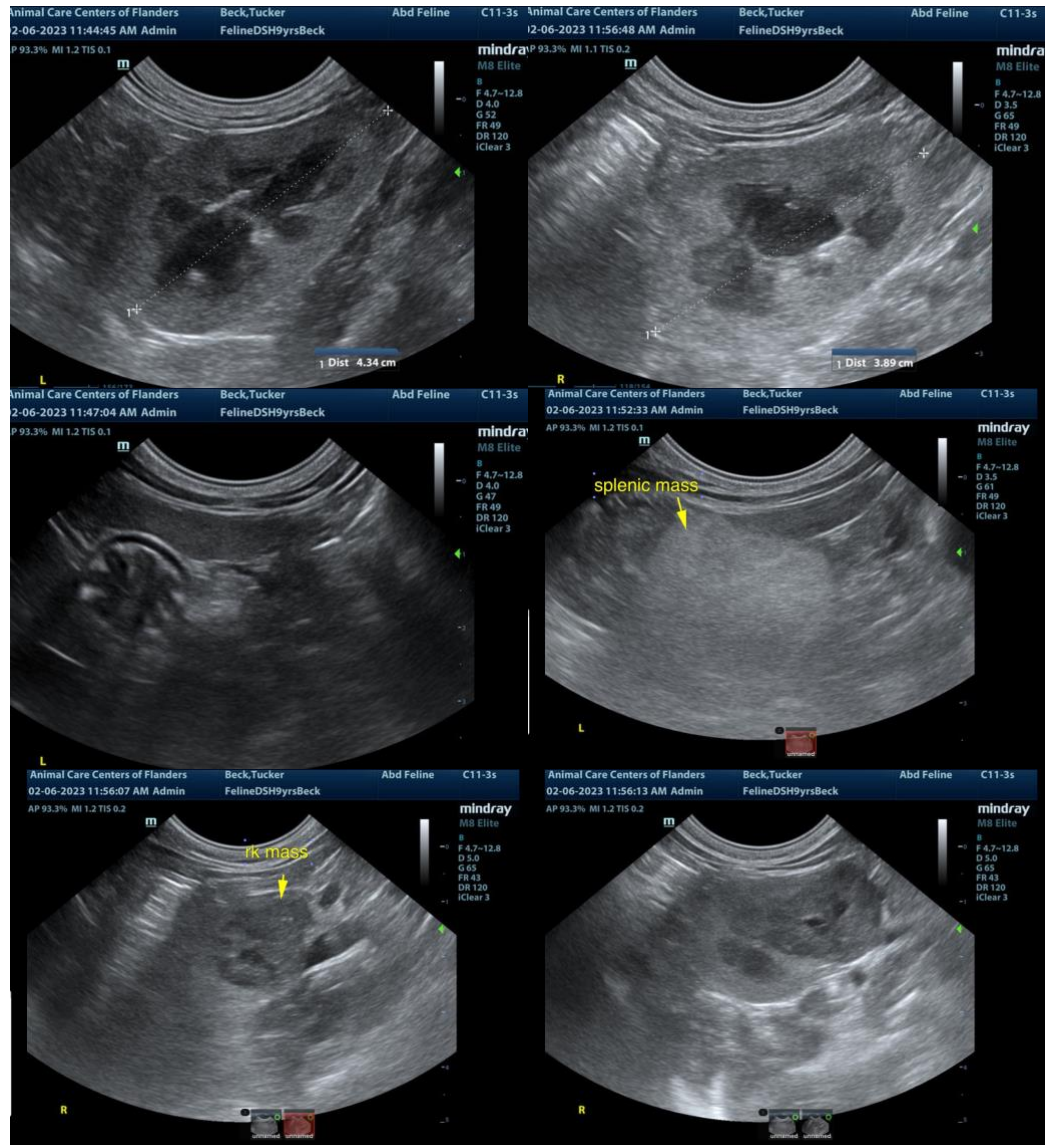
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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