



PATIENT

Ash Hall

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 years

WEIGHT

10 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

96786

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: possible osteosarcoma RF Weight loss 1 lb in last 4 months Hyperthyroid Renoliths Evaluate for metastasis vs other

Abnormal PE/Chem/CBC/UA Results: previous AUS attached 2019

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.21 cm. The left kidney measured 3.99 cm.

Adrenal Glands

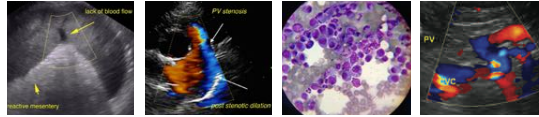
Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 0.52 cm. The left adrenal gland measured 0.5 cm.

Spleen

The **spleen** revealed multi-focal, micronodular changes with scalloping contour. Generalized enlargement was noted and measured up to 1.3 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. There was no evidence of passive congestion. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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. Multi-focal mesenteric lymph nodes were mildly enlarged, heterogenous and irregular.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

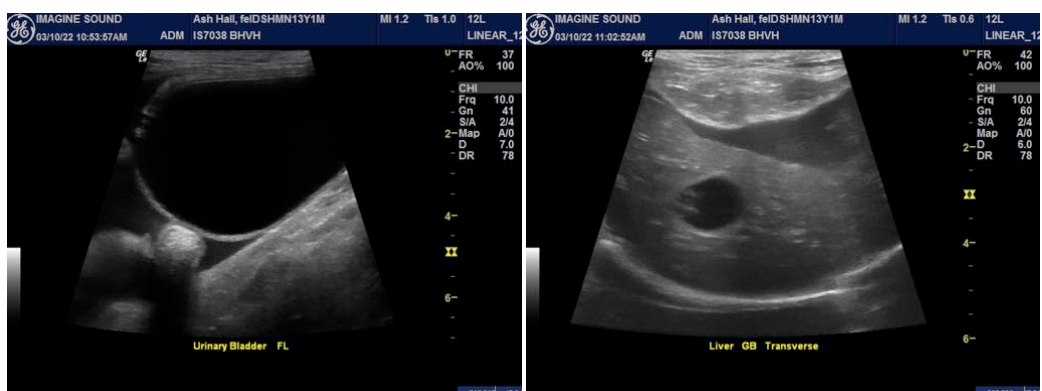
A large amount of ascites was noted in this patient.

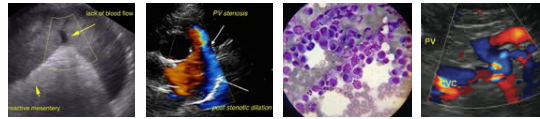
ULTRASONOGRAPHIC FINDINGS

Lymphomatosis type presentation or mastocytosis. Minor potential for carcinomatosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, abdominocentesis and cytospin is all warranted to assess for neoplastic cells. The prognosis is poor depending on the cytology results.





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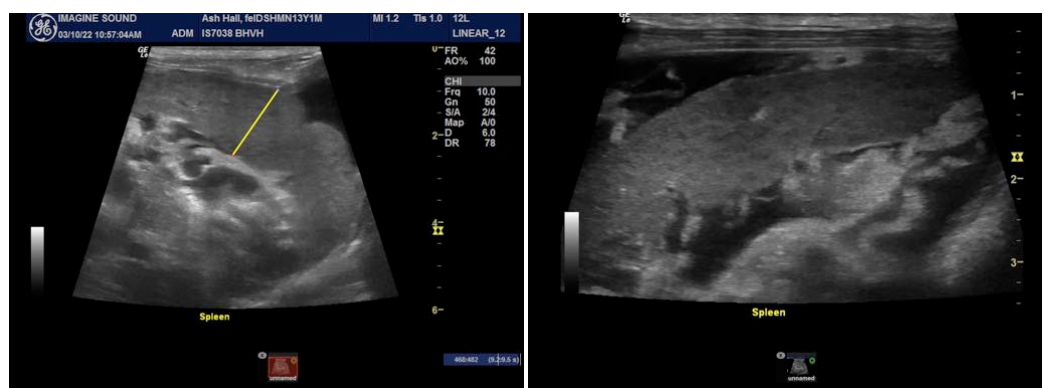
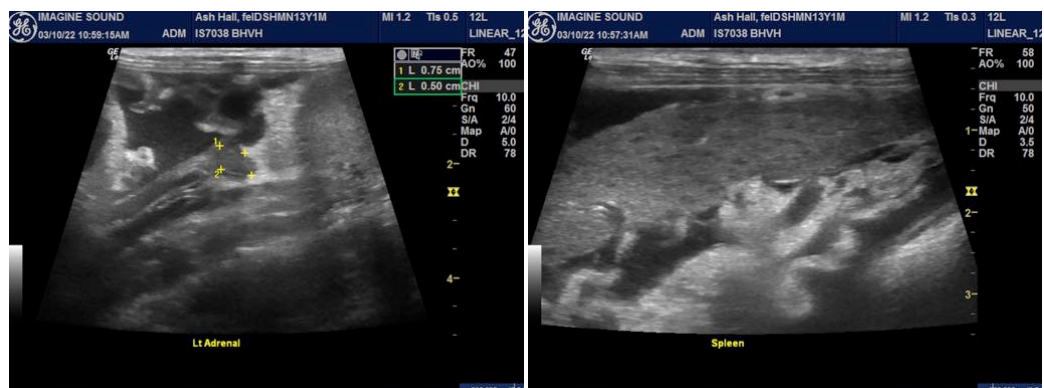
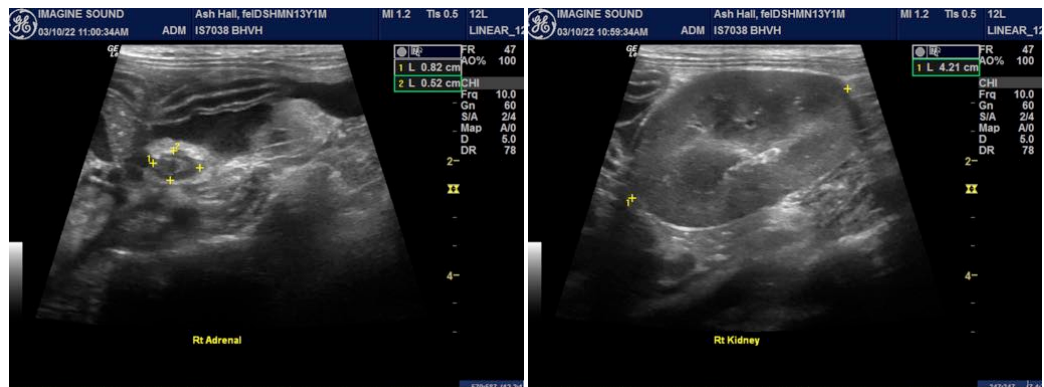
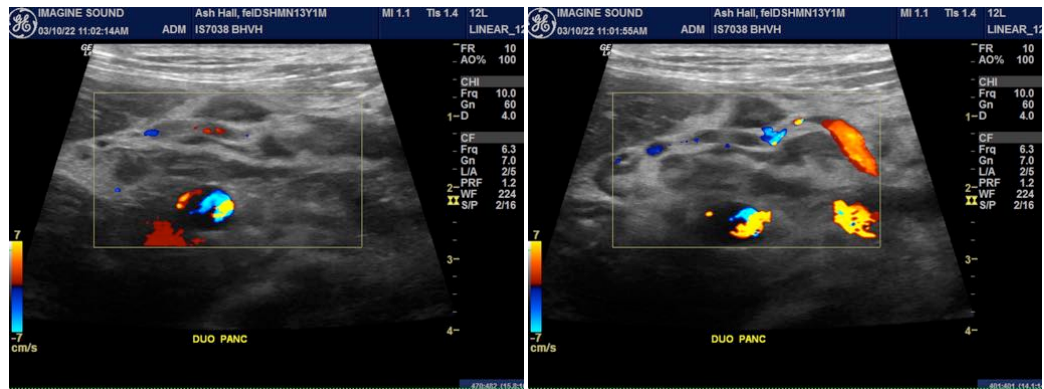
Dr. Thomson

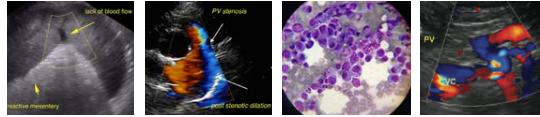
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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
Eric.Lindquist@SonoPath.com

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