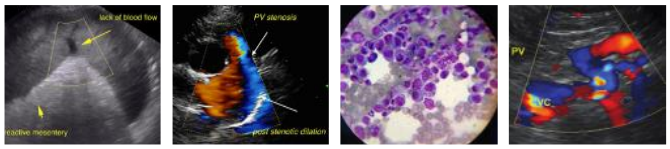

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1-800-838-4268 info@sonopath.com

PATIENT

Kuka Dodds

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18.7

WEIGHT

7.56

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Oms

INVOICE

21555

DATE

3/10/23

PRESENTING CLINICAL SIGNS

History: P presented in 2/21/23 for progressive decreased appetite, weight loss and lethargy in last several weeks. P has hx of CRD. BW showed marked worsening of azotemia, UCS was negative and bp was between 160-196mmHg. P was treated for 7-10 days with amlodipine 2.5mg 1/4-tab po qd but condition continued to deteriorate inspite of medical management of CRD and hypertension. Repeat bw showed stable azotemia. On recheck exam a small posterior ventral abd mass was noted.

Abnormal PE/Chem/CBC/UA Results: Lab results: 3/3/23: CBC: neut: 10508H, monos: 852H; mini Chem: , BUN: 48H, creat: 3.4HH 2/22/23: UCS: NEG 2/21/23: CBC: Hct: 33, lymphs: 1040L, eos: 1280H; Chem: creat: 3.6H, Phos: 4.8, K: 3.6, T4: 3.1 UA: SG: 1.016, 1+ prot, quiet sediment; renal tech index: POS 2/27/2022: CBC: eos: 1365H; Chem: creat: 2.5H, T4: 0.7L; UA: SG: 1.018, trace quiet sediment

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This is a moderate change. The left kidney measured 3.01 cm. The right kidney measured 3.62 cm. Slight pyelectasia was noted in the right kidney.

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 0.42 cm.

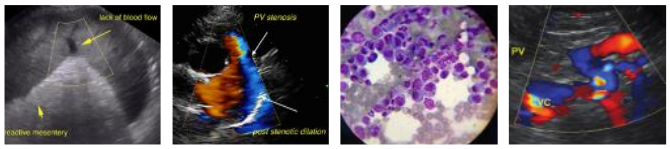
The region of the **right adrenal gland** revealed no evident pathology.

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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no



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evidence of congestion was noted. 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.

Gastrointestinal

The **stomach** itself was unremarkable. An undifferentiated small intestinal mass was noted with proliferative tissue, measuring 4.5 cm x 1.6 cm. Variable intestinal thickening was noted elsewhere. Regional inflammation was noted around the mass.

Pancreas

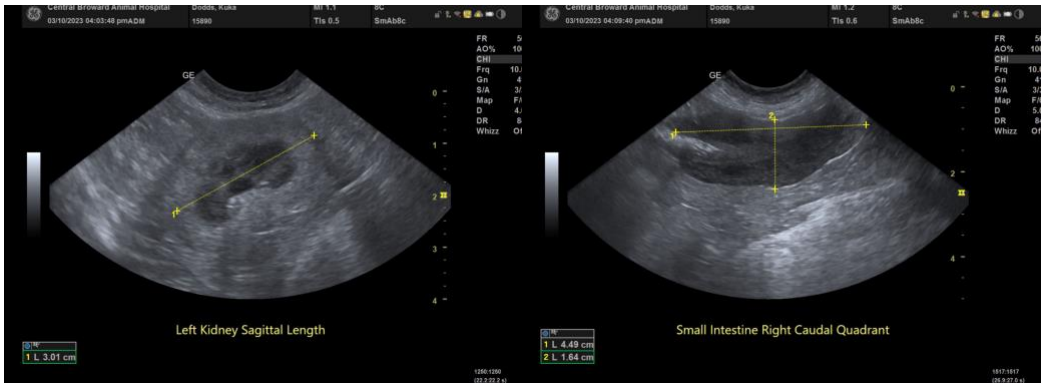
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Variable intestinal thickening with an overt intestinal mass
- Interstitial nephritis pattern with slight pyelectasia in the right kidney
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for emerging neoplasia throughout the GI tract. Surgical intervention with resection and anastomosis could be considered, however, given the age of the patient, FNA of the intestinal mass and screening FNA of the liver could be considered for further definition. The kidneys appear subjectively near end-stage. Prognosis is guarded. Chest radiographs are recommended to assess for potential comorbidities.



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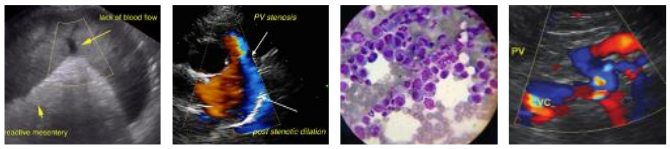

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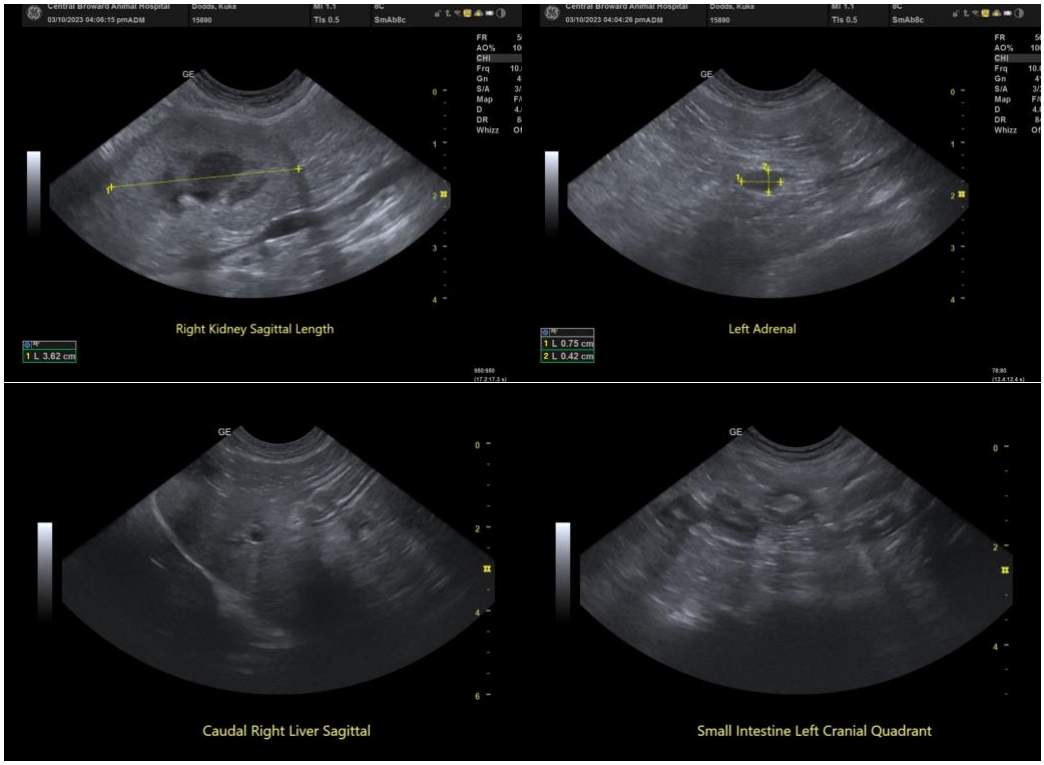

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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