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Clinical Sonography & Telecytology
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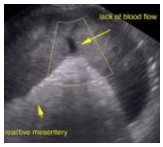
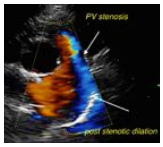
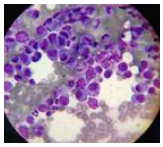
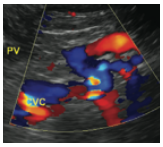

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1-800-838-4268 info@sonopath.com

PATIENT
Hobbit Bowers

SPECIES
Feline

BREED
Domesitc Shorthair

SEX
Neuered male

AGE
8 years

WEIGHT
8.68 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Carissa Rhoades

HOSPITAL NAME
Elizabeth AH

REFERRING VET
Dr. Allyn

INVOICE
43272

DATE
3/11/23

PRESENTING CLINICAL SIGNS

History: Early last week Sonja noticed he looked thin. He also has been sleeping a lot more. Eyes were squinting, half closed. Started Lysine powder last week. Still has good appetite.
Abnormal PE/Chem/CBC/UA Results: PE: MIDCAUDAL ABDOMINAL MASS 5CM X 6XM NO RECENT BLOODWORK

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.97 cm. The right kidney measured 3.5 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. The left adrenal gland measured 0.6 cm.

Spleen

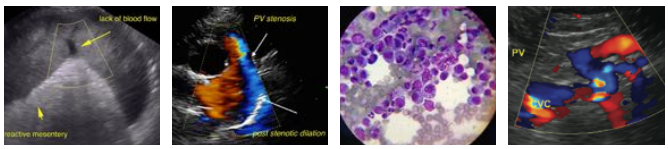
The **spleen** was enlarged and irregular.

Liver

The **liver** was riddled with multiple, coalescing, hypoechoic nodular changes. Swollen, irregular contour was noted. This is strongly suggestive for metastatic disease. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. Hepatic lymphadenopathy was also noted.

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. The stomach was filled with progressively shadowing ingesta or hairball accumulation. Small and large intestine demonstrated



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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.

Free Abdomen

Free fluid was noted in the abdomen. The caudal abdomen revealed an undifferentiated, mixed, hypoechoic lymph node mass with regional inflammation. This measured 5.6 cm. The free fluid is likely from lymphatic obstruction.

ULTRASONOGRAPHIC FINDINGS

Multi-centric infiltrative pattern with mesenteric lymph node mass.

Hepatic lymphadenopathy and hepatic infiltrative pattern.

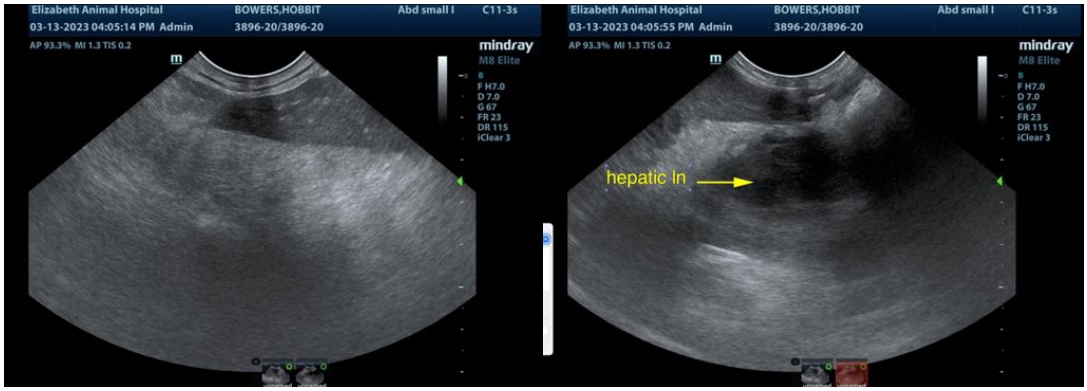
Other regional lymph nodes are mildly enlarged, rounded and hypoechoic.

Enlarged and irregular spleen.

The gastrointestinal tract per se was unremarkable, yet it was deviated owing to regional pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-centric round cell neoplasia. Ultrasound-guided FNA of the lymph node and liver should prove definitive regarding diagnosis.



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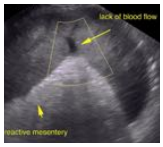
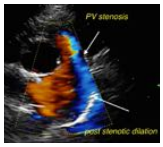
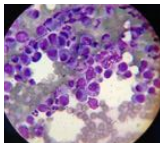
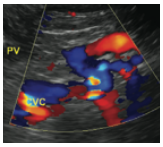

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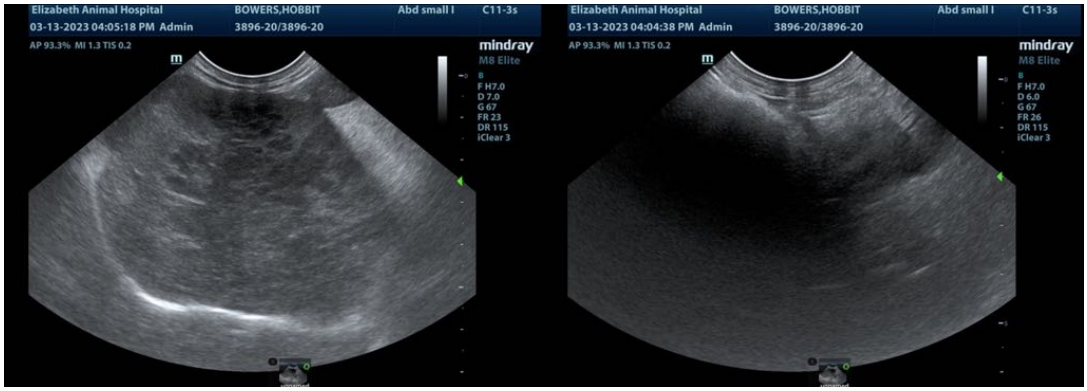

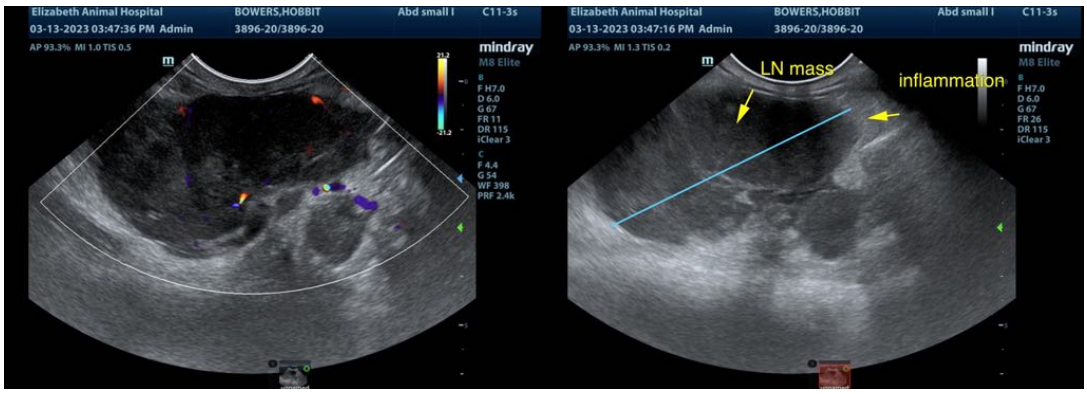

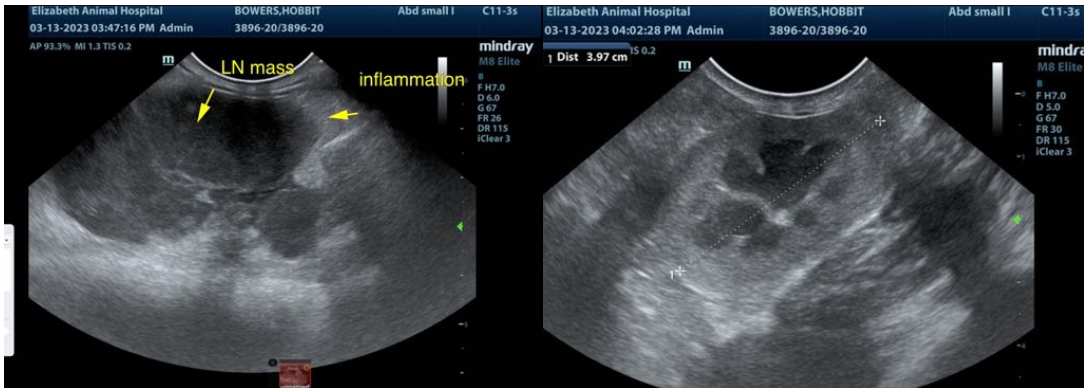

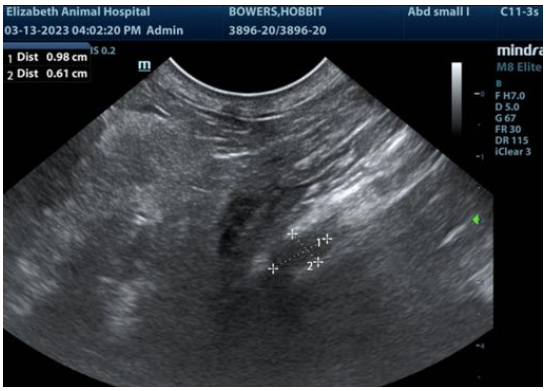

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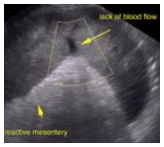

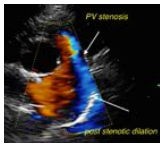

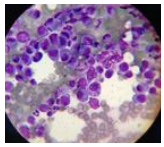
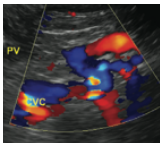

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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