



**PATIENT**

Wednesday Clark

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

9.25 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

H

**HOSPITAL NAME**

West Prince AH

**REFERRING VET**

Dr. Sharon Stone

**INVOICE**

36157

**DATE**

3/14/22

**PRESENTING CLINICAL SIGNS**

PMH asthma and allergies, uses a flovent inhaler and Zyrtec. Has been on Atopica for years. Current history RDVM diagnosed renomegaly palpable and azotemia. Polyuria and polyphagia. Abnormal PE/Chem/CBC/UA Results: Big kidneys, non-painful. Dehydration. Chemistry increase in BUN and Creatnine. UA dilute urine 10.018. CBC WNL.

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** was enlarged and irregular with subcapsular halo noted, measuring 5.0 cm. Blood flow to the kidneys was mildly subnormal. The **right kidney** presented similar changes to the left with nodular irregular changes and echogenic subcapsular halo. Strong concern for underlying neoplasia. The right kidney measured 5.0 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**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. 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**

Some retention of ingesta or hair accumulation noted in the **stomach**. The upper gastrointestinal tract was otherwise unremarkable. The distal small intestine was mildly thickened.

**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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral renomegaly with subcapsular halo and tissue proliferation – strong concern for underlying renal lymphoma. Possibility of pararenal pseudocyst or a nephritis, yet less likely.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of either renal cortex recommended for further definition. Guarded prognosis.

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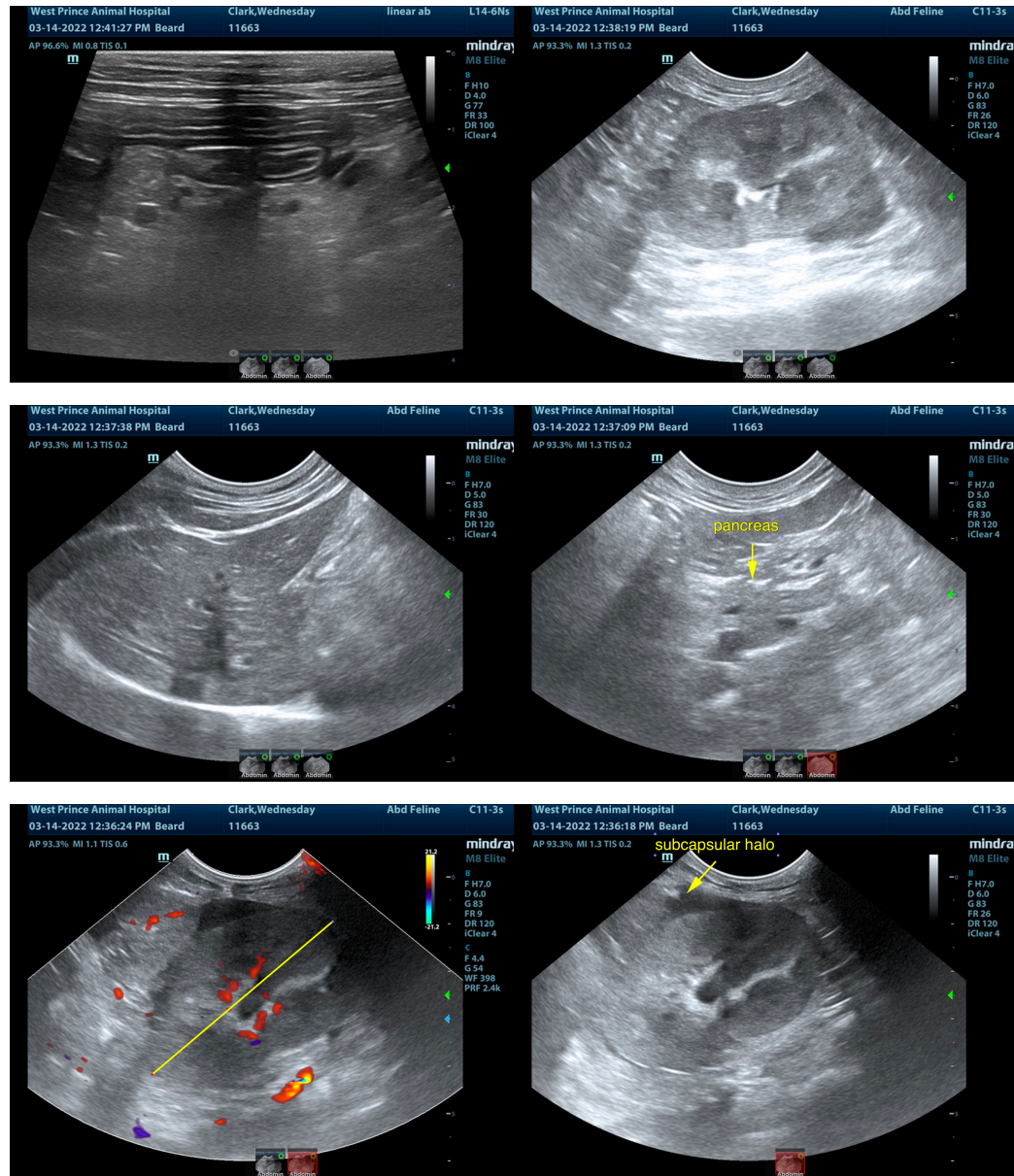
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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