



**PATIENT PRESENTING CLINICAL SIGNS**

Kobe Salamone

History: 21 yo FS DSH 5# Not sedated Recent sudden weight loss and suspect abdominal discomfort with mass effect noted on abd palpation. Hx of CKD for many years, well managed with SQF, epakatin, kidney diet. Microscopic hematuria with several negative cultures over the last year. Recent gross hematuria noted. Has had intermittent abx therapy to r/o pyelonpehritis ( had a 1 time positive culture for Ecoli). Most recent b/w in 2021 BUN 52, creat 3.5 SDMA 23 USG 1.014. Has been managing QOL since then but recent concern over weight loss and suspect discomfort led O to pursue AUS.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed female

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.

**AGE**

21 years

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. Corticomedullary mineralization and medullary rim sign was noted with cortical remodeling and infarcts. The left kidney measured 2.79 cm. The right kidney measured 2.48 cm.

**WEIGHT**

5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Dr. Carpenter

**Spleen**

**HOSPITAL NAME**

Pennridge AH

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 was noted.

**REFERRING VET**

Dr. Mehaffey

**Liver**

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The **liver** revealed a large, expansive, mixed echogenic mass with surrounding free fluid and deviated gallbladder. Other separate nodules were noted throughout the liver and expansive masses. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**DATE**

3/28/23



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## SEX

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## AGE

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## WEIGHT

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## *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed an empty stomach. Variable upper gastrointestinal thickening was noted in this patient with separate masses presumed to be lymph nodes and measured up to 2.0 cm with surrounding free fluid.

## *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.

## ULTRASONOGRAPHIC FINDINGS

Multiple hepatic masses.

Chronic renal changes.

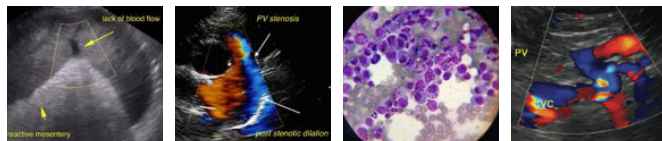
Chronic pancreatic changes.

Chronic GI changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The resolution of the adrenal area was poor and could not be ascertained. Multi-centric neoplasia is suspected. FNA of the lymph nodes and liver can be considered for further definition. The prognosis is poor.

\*\*Image quality is very poor. The findings are based on global pathology; however, contrast was poor and organs blended between themselves and could not be differentiated. Machine settings should be evaluated.



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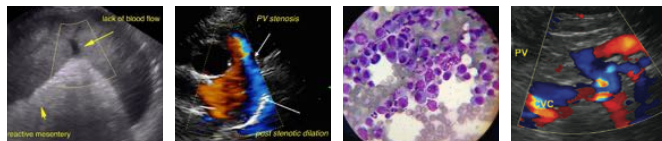
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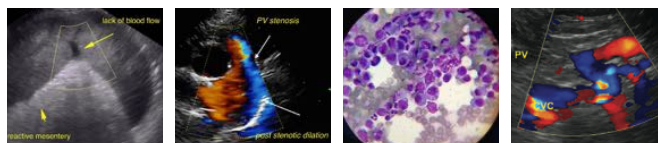
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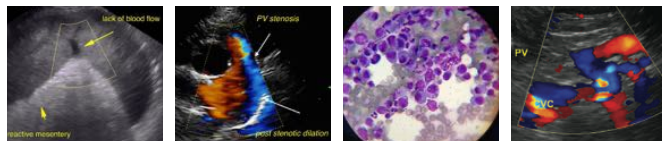
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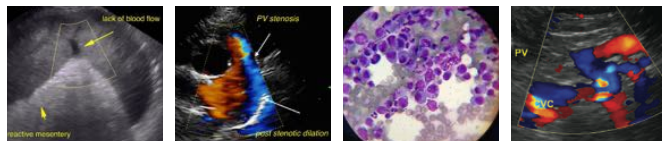
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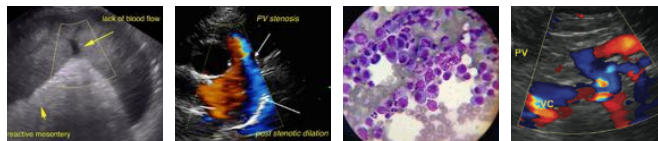
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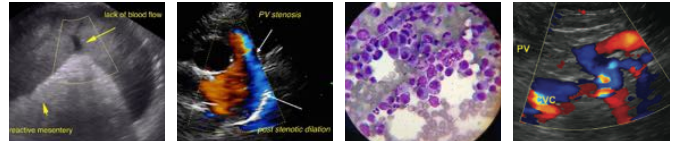
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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