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Clinical Sonography & Telecytology
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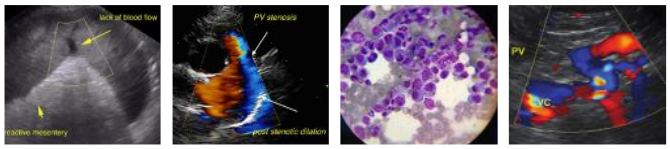

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lilah Brockmeier

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

12.2

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jenny Parrish

HOSPITAL NAME

Local Mobile Vet

REFERRING VET

Dr. Jenny Parrish

INVOICE

21432

DATE

3/3/23

PRESENTING CLINICAL SIGNS

History: hyporexia with vomiting once, hx of chronic diarrhea

Abnormal PE/Chem/CBC/UA Results: BUN 24, Cr 2.3, SDMA 24.3 NRBC 2 rest is 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 **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.75 cm.

The **left kidney** presented expansive irregular cortical changes at the cranial and caudal pole with slight subcapsular halo and pericapsular inflammatory pattern. Minor pinpoint mineralizations were noted, nonobstructive. The left kidney measured 4.05 cm. Pyelectasia was noted in the left kidney.

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 0.4 cm.

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 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

The **stomach** itself was unremarkable. *See Free Abdomen section.

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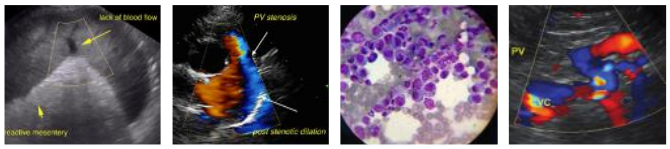

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Pancreas

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

The mid abdomen revealed an undifferentiated hypoechoic **mass**, likely of lymph node origin, measuring 2.0 cm x 1.0 cm. Ultrasound guided FNA is recommended. *The adjacent intestine appeared to be infiltrated, creating a separate mass. Extension into the regional omentum was noted.

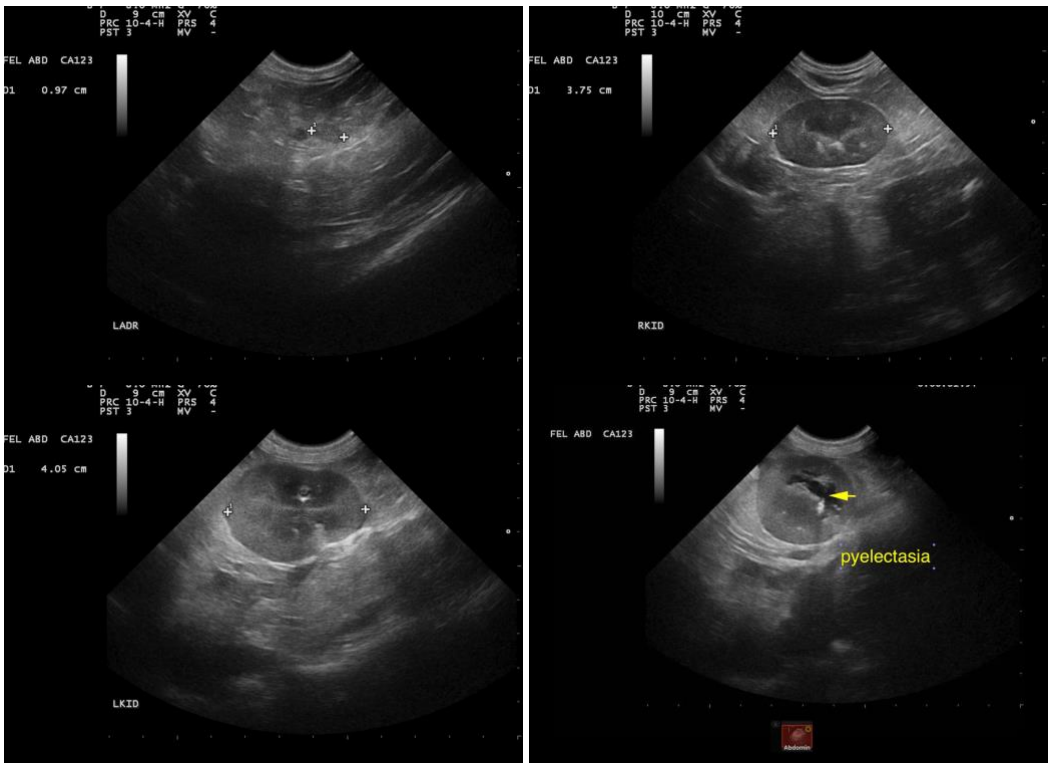
Free fluid was noted throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with regional omental involvement and lymphadenopathy- probable round cell neoplasia or carcinoma with potential left renal involvement. This is a carcinomatosis/lymphomatosis type presentation.
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytospin, as well as FNA of the intestinal mass and lymph nodes is recommended. Prognosis is poor.



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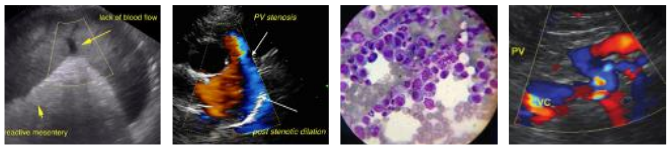

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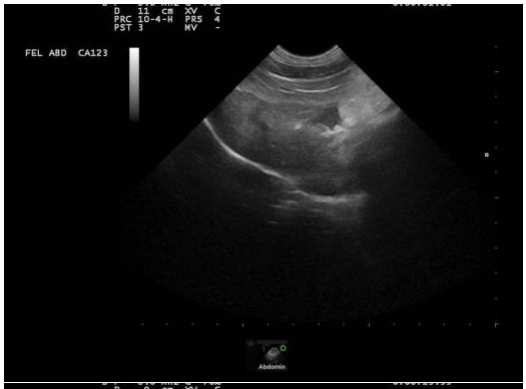

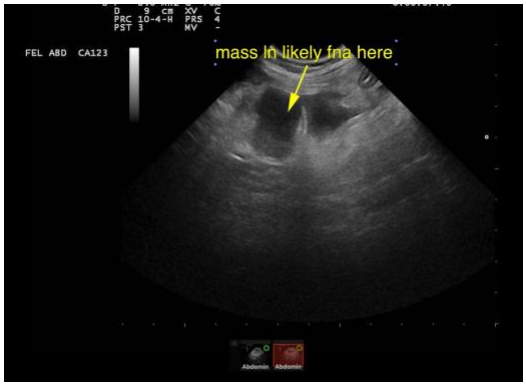

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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