

**DATE PRESENTING CLINICAL SIGNS**

3/31/23

History: An abdominal mass was felt yesterday during the exam. Also has some weight loss. Previous ultrasound results from last year from other clinic attached.

PATIENT

Sugar Browne

Current Medications: Was given a B vitamin injection yesterday.

Lab Results: Elevated--Glob 5.3, normal otherwise

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

AGE

8/24/10

The **left kidney** revealed an expansive 9+ cm proliferative mass deriving from the renal cortex. Pyelectasia was noted in the left kidney. Heterogenous irregular parenchymal changes and areas of mineralization were noted.

WEIGHT

5.5 Pounds

The **right kidney** revealed an interstitial nephrosis pattern with corticomedullary mineralization and lack of structural detail.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

HOSPITAL NAME

Animal Care Center

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.

REFERRING VET

Dr. Beavers

Liver

The **liver** revealed heterogenous parenchymal changes with increased portal markings. The gallbladder itself was unremarkable. The cystic and common ducts were dilated and irregular. The caudal aspect of the left liver appeared to give rise to a separate mixed hypoechoic mass. This mass coalesced with that of the left kidney.

INVOICE

21879

Gastrointestinal

The **upper gastrointestinal tract** was deviated yet unremarkable. The colonic wall was thickened and irregular, creating an infiltrative mass, measuring approximately 2.0 cm x 3.0 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate 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.

Free Abdomen

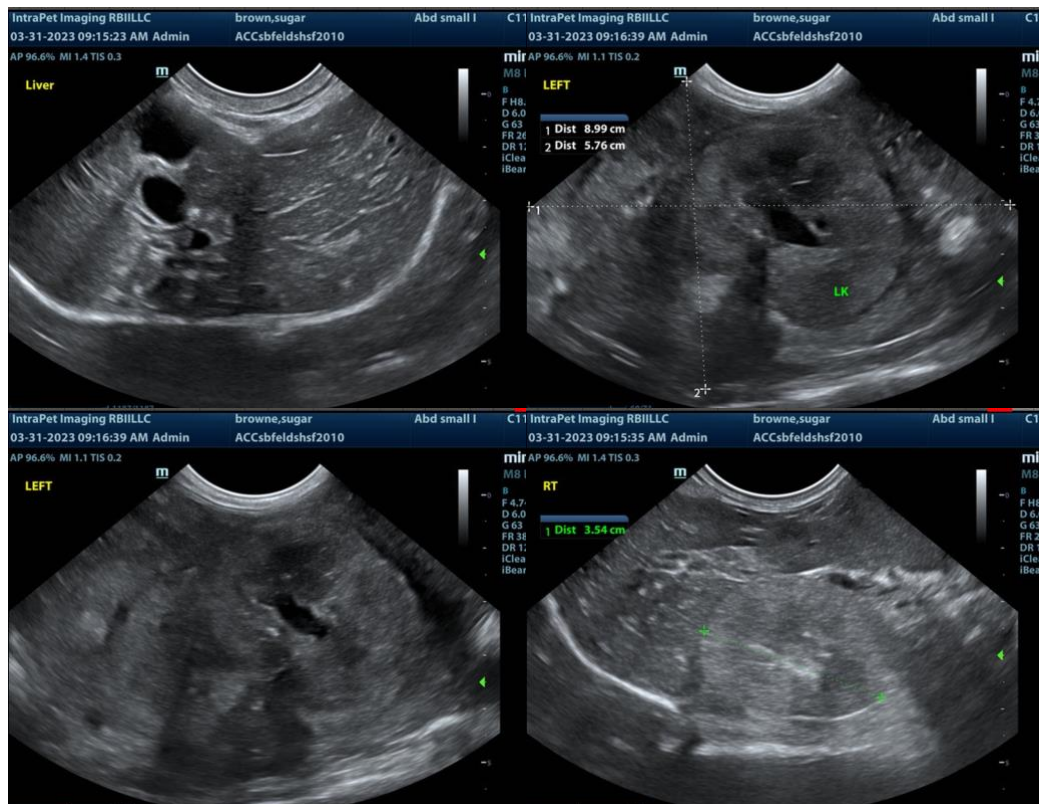
Regional **lymph nodes** were enlarged and encompassed within the neoplastic process.

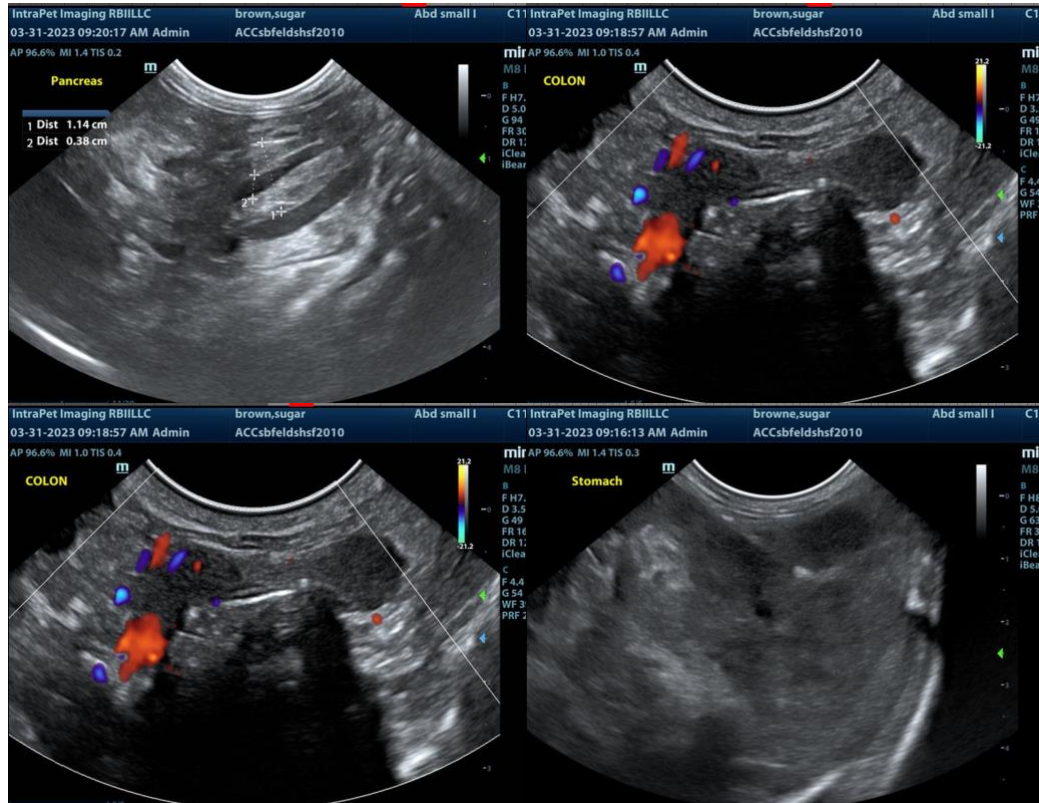
ULTRASONOGRAPHIC FINDINGS

- Multicentric neoplasia, involving the left kidney, liver, colon and regional lymph nodes
- Age-related urinary bladder and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a nonresectable presentation. FNA could be considered to assess for chemo reduction. Prognosis is poor.





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.

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