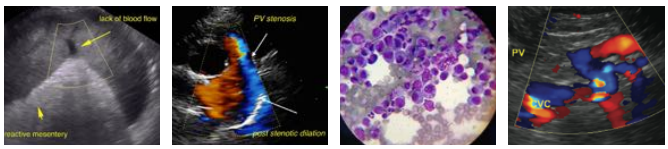
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Jack Knight

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
6 years

WEIGHT
4.65 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Harmon

HOSPITAL NAME
Wilvet South

REFERRING VET
Dr. Harmon

INVOICE
43126

DATE
3/6/23

PRESENTING CLINICAL SIGNS

History: HX for ultrasound- Starting in January p seen with rDVM for trouble defecating, caudal abdominal mass was palpated and p given a DepoMedrol injection, mass reduced in size considerably and p was started on chlorambucil for suspect lymphoma (no FNA performed) per o p experienced side effects from medication and discontinued the chlorambucil Seen a few times on ER since Feb 17th for lethargy, fever and poor appetite, SQ fluids, convenia and entyce administered at that visit. O elected to have abdominal u/s performed today after recommendation at each visit. owner declined u/s guided FNA from abdominal mass at this time. Depomedrol repeated at rDVM 2/27 Labs 2/17- CBC-HCT 37.9, neut 11.11, eos 0.09, CHEM 10- BG 174, remainder WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** are mildly enlarged with normal 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 4.8 cm. The right kidney measured 4.7 cm.

Adrenal Glands

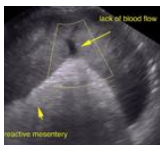
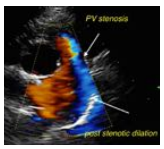
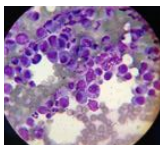
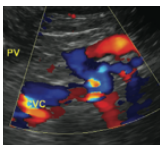
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of

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normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

An intestinal mass was noted in this patient with a wall thickness of 1.4 cm. There was loss of mural detail. The mass itself measured 2.9 cm. Regional lymph node was enlarged and rounded measuring 1.8 cm. Second lymph node was enlarged and measured 2.3 x1 .36 cm.

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.

ULTRASONOGRAPHIC FINDINGS

Enlarged kidneys.

Intestinal mass with regional lymphadenopathy. Strongly consistent with partially suppressed lymphoma/

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the intestinal presentation I cannot rule out suppressed round cell event in both kidneys. This is strongly consistent with partially suppressed lymphoma/round cell neoplasia. There is a potential for renal involvement. Oncological consultation is recommended.

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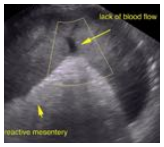
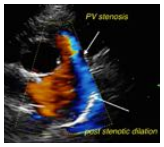
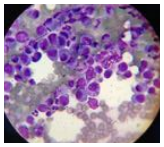
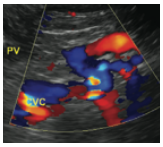

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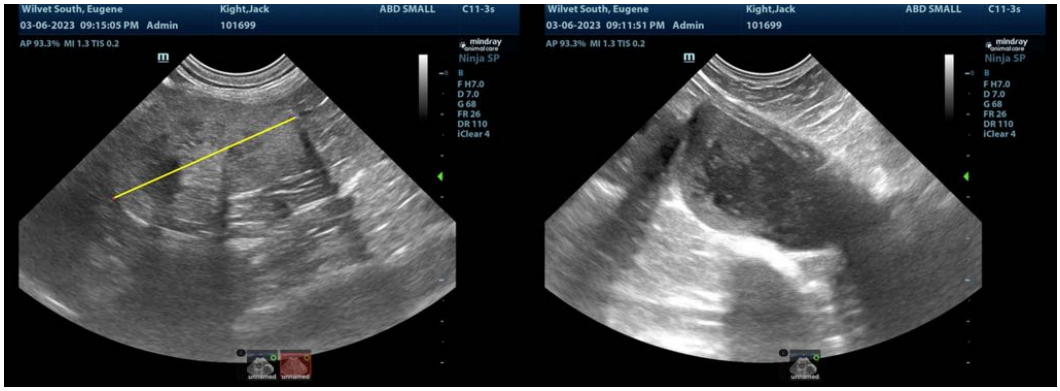

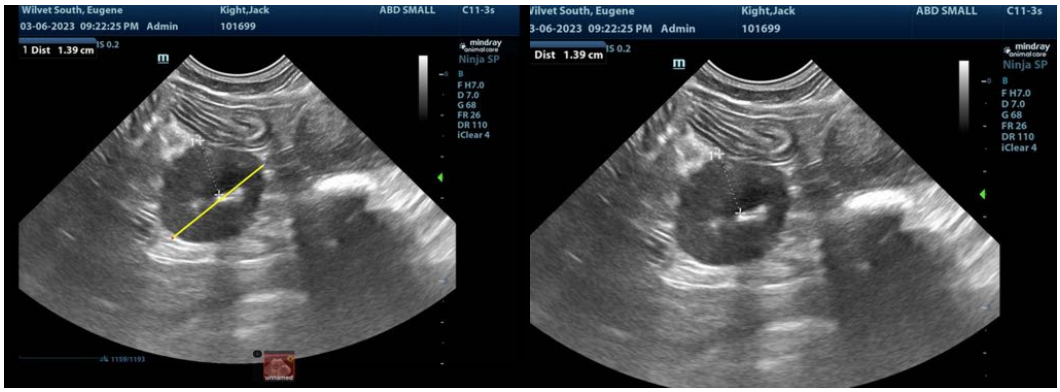

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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