**PATIENT**

Carrotty Webb

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

9 years

WEIGHT

6.1 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Dr. Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

96591

DATE

3/7/22

PRESENTING CLINICAL SIGNS

History: Lymphoma diagnosed June 2021, started vincristine, only one treatment done, owner watching since then. now cat not eating losing weight.
SDMA >100, creat 9.6, BUN 207, phos 16.4, spgr 1.015, renal casts, protein 5.5 bld 2+

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed significant disrupted architecture with loss of corticomedullary definition. Multifocal cortical masses were noted as well as a subcapsular halo. This appears particularly aggressive. This is strongly consistent with escape from lymphoma remission. Trace pyelectasia was also noted. The left kidney measured 5.14 cm. The right kidney measured 5.5 cm. Regional inflammatory pattern was noted around both kidneys.

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** is slightly irregular in contour with minor, hypoechoic nodular changes.

Liver

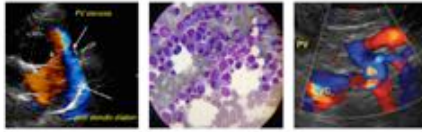
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

IMAGING PERFORMED BY

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Clinical Sonography & Telectyology

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Pancreas

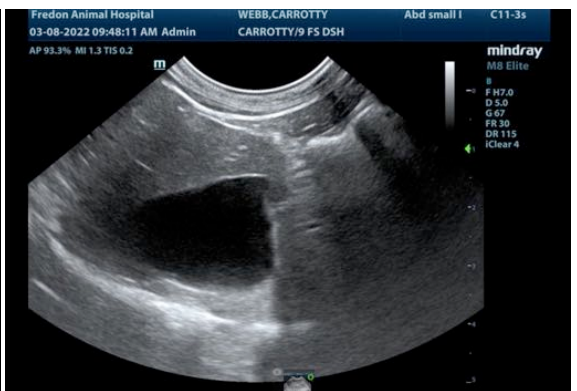
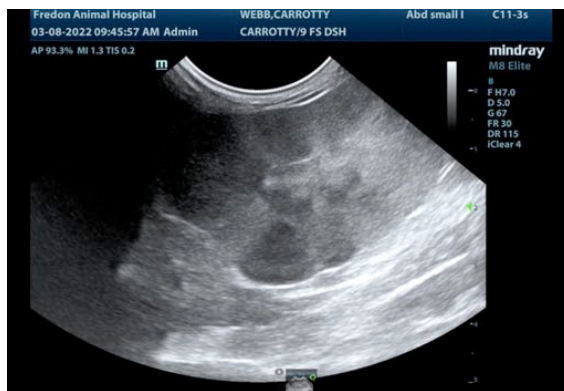
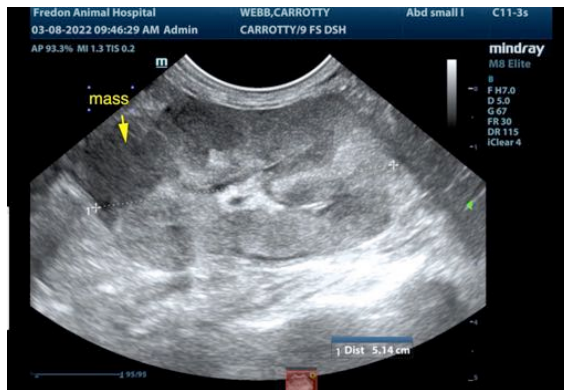
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Aggressive escape from lymphoma remission pattern of both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Oncology consultation is recommended to assess for rescue protocol. Otherwise, unremarkable abdomen.



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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