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Clinical Sonography & Telecytology
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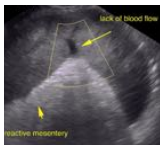
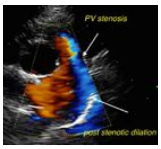
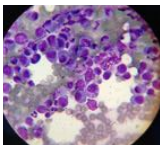
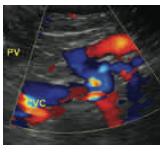

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Crown CLAWS

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

2 years

WEIGHT

8.1 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Freedman

INVOICE

96704

DATE

3/9/22

PRESENTING CLINICAL SIGNS

History: Patient with history of FELV (+) presents for decreased appetite, vomiting, mass effect in cranial chest.
Abnormal PE/Chem/CBC/UA Results: ALT 310, Alk. Phos. 190, lipase 2772, glucose 171.

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 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 3.34 cm. The left kidney measured 3.4 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. 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 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 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.

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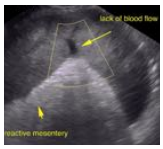
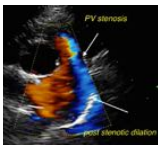
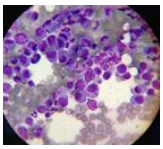
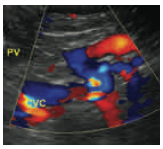

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Gastrointestinal

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. A mesenteric lymph node mass was noted and measured 3.15 x 1.83 cm and separate, other hypoechoic, rounded lymph nodes were noted. Regional inflammation and minor free fluid was noted around the mesenteric lymph nodes.

Pancreas

The **pancreas** was prominent and hypoechoic with undulating contour. The pancreatic width measured 0.72 cm; however, a region of 3.0 cm of the left limb was dilated.

Thorax

Multi-focal, hypoechoic lymph nodes were noted in the thorax. Enlarged, rounded and distorted. This is strongly suggestive for metastatic changes from the abdominal pathology. The heart was structurally unremarkable with normal contractility and volume.

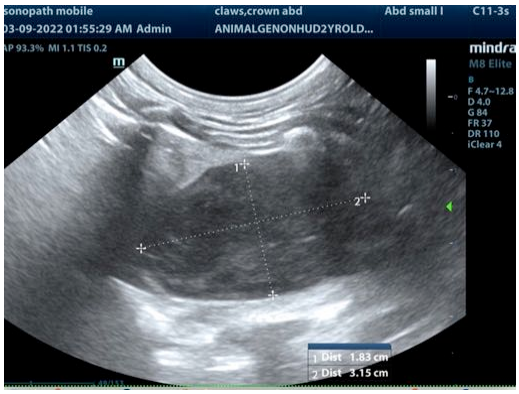
ULTRASONOGRAPHIC FINDINGS

Enlarged irregular pancreas, mesenteric lymphadenopathy.

Thoracic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-centric round cell neoplasia is suspected with concurrent pancreatitis. FIP is a potential. FNA of the accessible lymph nodes is recommended for further definition.



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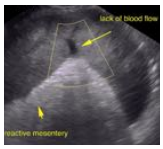
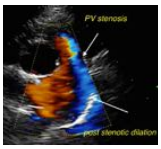
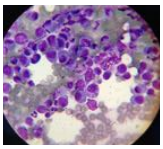
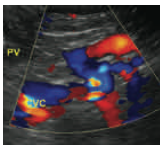

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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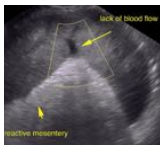

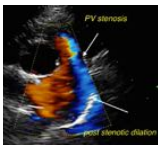

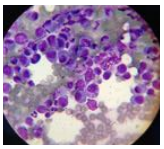
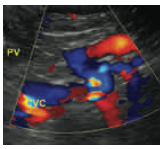

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