

PATIENT

PRESENTING CLINICAL SIGNS

Lucy Shea

History: Decreased appetite, losing weight, enlarged kidney. Current meds: methimazole.

SPECIES

Abnormal PE/Chem/CBC/UA Results: T4 10.5, glucose 194. U/A: 3+ protein, 2+ blood, USG 1.034.

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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.

AGE

15 years

WEIGHT

The **kidneys** revealed largely normal size and 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.51 cm. The left kidney measured 3.39 cm.

10.4 lbs

INTERPRETED BY

Adrenal Glands

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

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.54 cm. The right adrenal gland measured 0.56 cm.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Spleen

Animal General on Hudson

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

REFERRING VET

Dr. Freedoman

INVOICE

Liver

96707

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

DATE

3/9/22



PATIENT lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Lucy Shea

SPECIES *Gastrointestinal*

Feline

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A 5.3 cm cystic and parenchymal intestinal mass was noted in this patient. The mass appeared to derive from the intestinal wall and has a significant cystic and parenchymal component and regional inflammation. Distorted, regional hypoechoic lymph nodes were also noted. The lymph nodes extended into the regional omentum.

BREED

Domestic Shorthair

SEX

Pancreas

Spayed Female

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

15 years

WEIGHT

10.4 lbs

ULTRASONOGRAPHIC FINDINGS

Splenic enlargement.

Intestinal mass and lymph nodes.

INTERPRETED BY

Eric Lindquist, DMV,
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CEO of SonoPath.com

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is consistent with round cell neoplasia/lymphoma. FNA of the spleen and parenchymal portion of the intestinal mass and lymph nodes are recommended. The prognosis is very guarded to poor depending on responsiveness to chemotherapy.

IMAGING PERFORMED BY

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HOSPITAL NAME

Animal General on Hudson

REFERRING VET

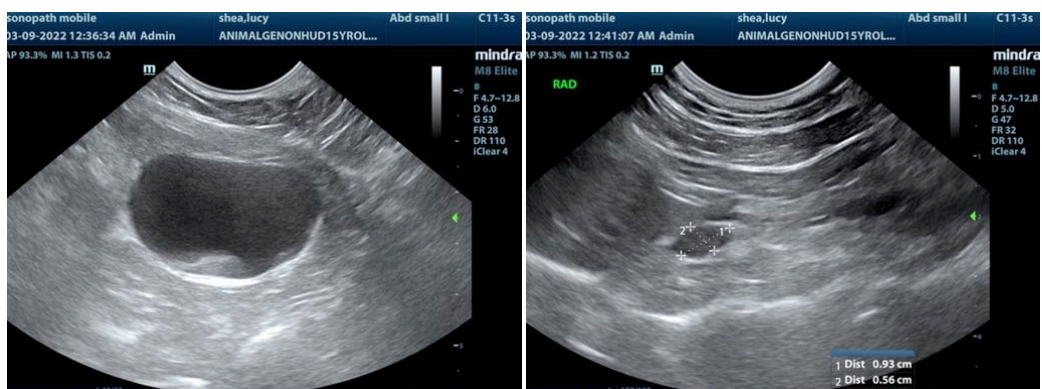
Dr. Freedoman

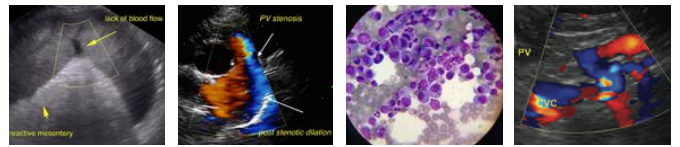
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PATIENT

Lucy Shea

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

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WEIGHT

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HOSPITAL NAME

Animal General on
Hudson

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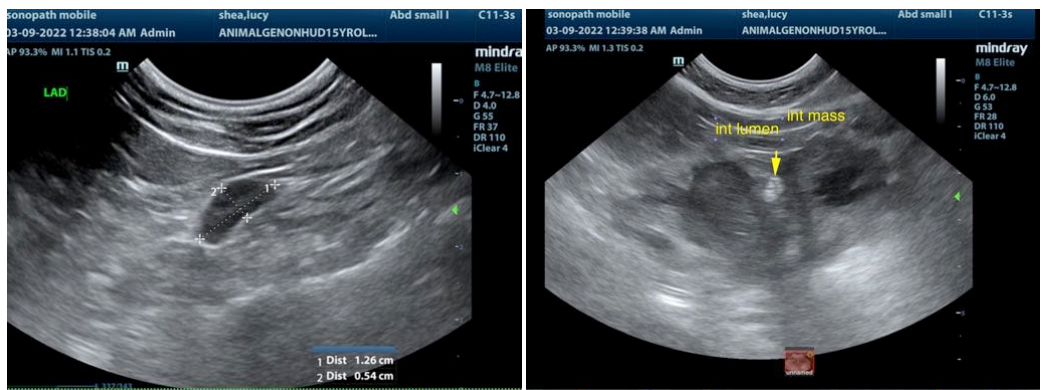
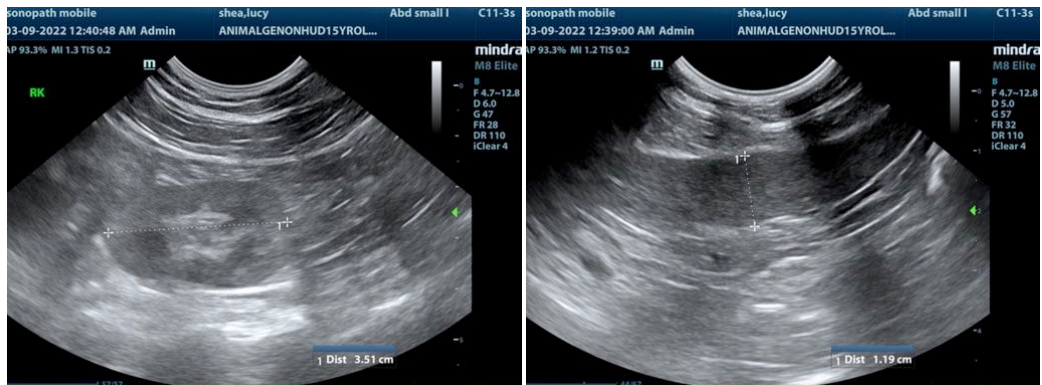
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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