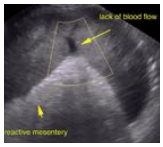
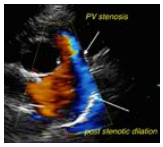
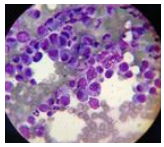
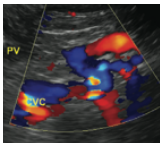
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Odin Basile

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
12 years

WEIGHT
8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Heather

HOSPITAL NAME
Animal Care Center of Flanders

REFERRING VET
Dr. Hargadon

INVOICE
43847

DATE
4/13/23

PRESENTING CLINICAL SIGNS

History: inappetence, vomiting white foam, vomiting between meals on royal canin s/o 0.15 torb IV for sedation - gabapentin 100ml suspension for sedation 1-2 hours prior to scan
Abnormal PE/Chem/CBC/UA Results: 4/13 - RBC - 10 (hi) neu - 86 (hi) , lymph - 10 (lo) na/k ratio - 30 (lo)

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left and right kidney measured 3.64 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

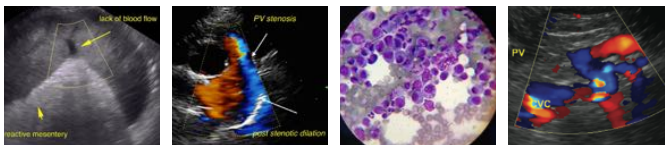
The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. A metastatic type nodule was noted adjacent to the gallbladder. Vascular and biliary tracts were of normal volume with no evidence of congestion. There is no evidence of passive 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

The **gastrointestinal tract** was enveloped by the underlying omental pathology. The stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic



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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.

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.

Free Abdomen

A large amount of free fluid was noted throughout the abdomen with undifferentiated omental masses that measured up to 2.0 cm.

Nodular omentum was noted around the pancreas.

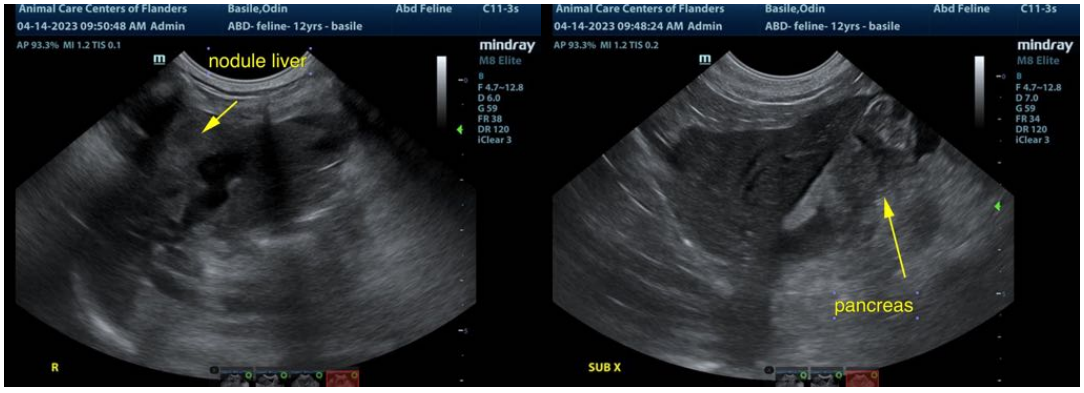
ULTRASONOGRAPHIC FINDINGS

Omental nodules, undifferentiated abdominal masses, likely lymphomatosis, carcinomatosis or similar.

Hepatic nodule, suggestive for hepatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the undifferentiated 2.0 x 1.5 cm mid cranial abdominal mass is warranted. This is likely of lymph node or pancreatic origin. Other pancreatic nodular changes were noted as well particularly in the right base of the pancreas. Abdominocentesis and cytospin can be considered for further definition as well as FNA of the parenchymal pathology.



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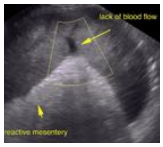
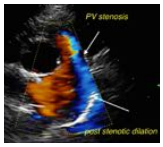
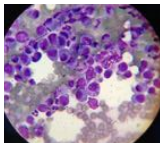
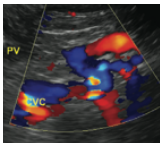

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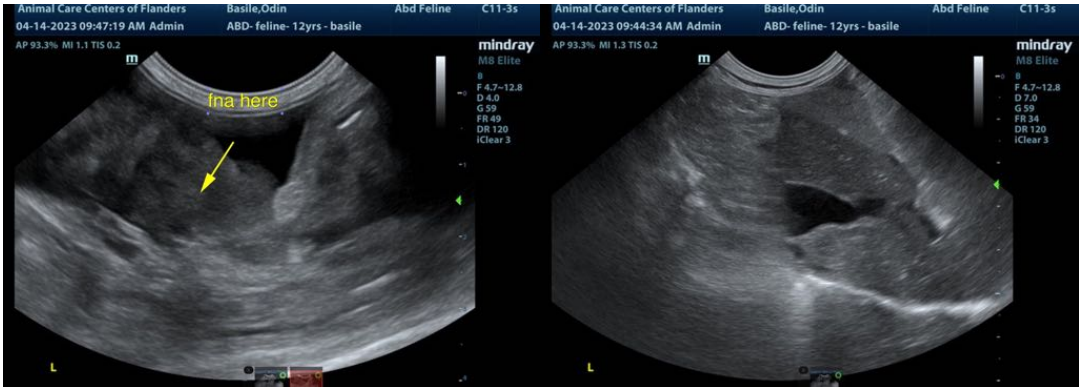

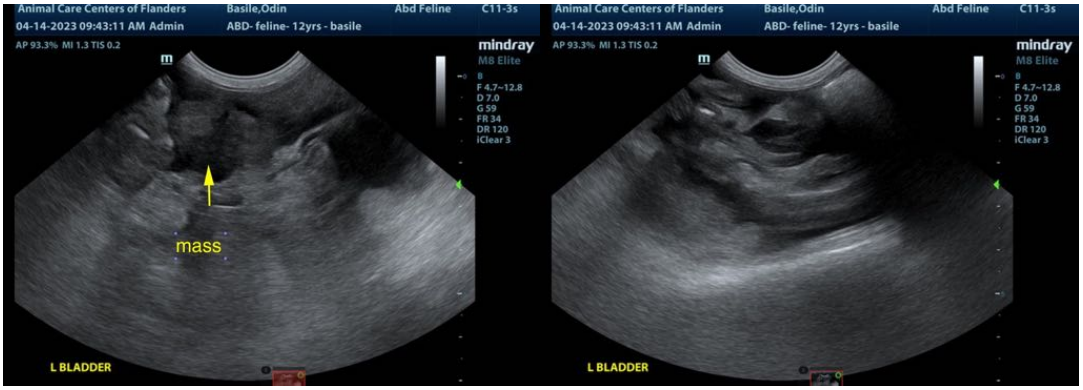

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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