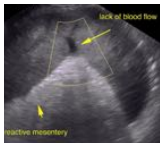
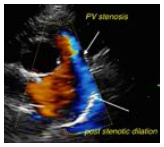
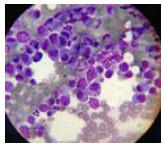
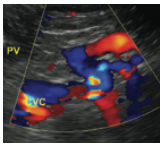
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Lilly Mosel

SPECIES
Feline

BREED
Domestic Longhair

SEX
Spayed female

AGE
10 years

WEIGHT
8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
JK

HOSPITAL NAME
Hamburg VH

REFERRING VET
Dr. DenHeyer

INVOICE
44006

DATE
4/25/23

PRESENTING CLINICAL SIGNS

History: Weight loss, poor appetite, low PCV
Abnormal PE/Chem/CBC/UA Results: PCV 18%. Loss of detail on abdominal radiograph

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. Subcapsular halo was noted in the right kidney with irregular contour and loss of corticomedullary definition. The right kidney measured 3.67 cm. The left kidney measured 3.51 cm with cortical mineralization.

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** revealed heterogenous isoechoic to hypoechoic nodular changes.

Liver

The **liver** was riddled with multiple isoechoic to hypoechoic nodular changes surrounded by free fluid. 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 free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Coalescing omentum was noted in the cranial abdomen with an undifferentiated hypoechoic, ill-defined, intestinal and lymph node based mass with nodular omentum and regional lymphadenopathy.

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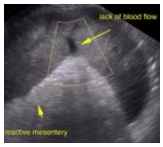

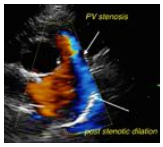

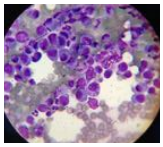
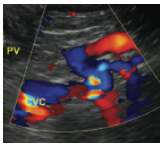

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Pancreas

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.

Free Abdomen

Reactive mesentery was noted throughout the cranial abdomen with free fluid.

ULTRASONOGRAPHIC FINDINGS

Undifferentiated hypoechoic, ill-defined intestinal and lymph node based mass. Lymphomatosis type presentation.

Secondary ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA can be considered for further definition of secondary ascites. Infiltrative pattern involving the intestinal mass and early renal, spleen and liver pattern. The prognosis is poor.

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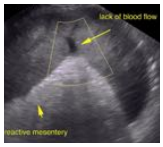
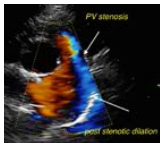
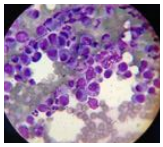
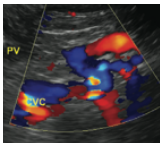

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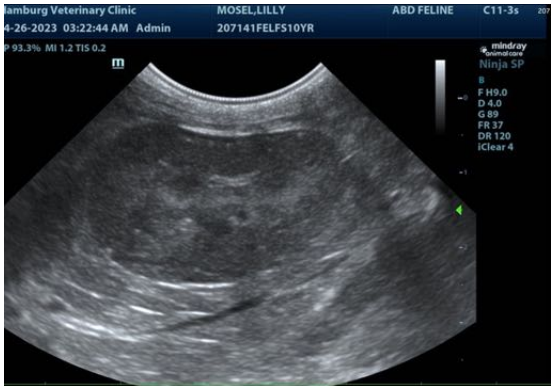

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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