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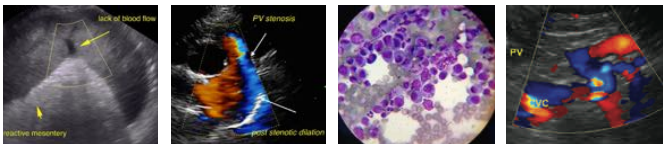

PATIENT

Pancake Estep

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

5 years

WEIGHT

7.5 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Drummond AEC

INVOICE

98142

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Presented to primary care for 4 day history vomiting, no wayward ingestions/exposures, no prior history medical issues; has been hospitalized for 2 days with IVF, GI protectants, Abnormal PE/Chem/CBC/UA Results: Fractious; was sedated with buprenorphine/midaz/alfaxan for scan Obese, otherwise PE nsf - labs almost normal now. Cr originally 4.4, BUN 72, Urine dilute 1.018 quiet sediment;

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 left **kidney** is severely enlarged and measured 6.21 cm. The right kidney measured 5.37 cm with thickened, irregular cortices with subcapsular halo. Nodular, renal cortical changes were noted. Pericapsular inflammatory was noted around both kidneys and subcapsular halo.

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** 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. The spleen measured up to 0.9 cm.

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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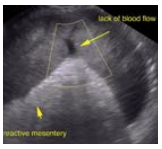
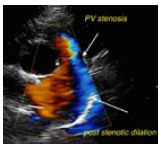
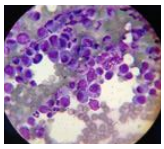
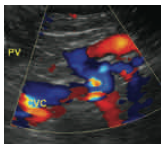

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Gastrointestinal

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

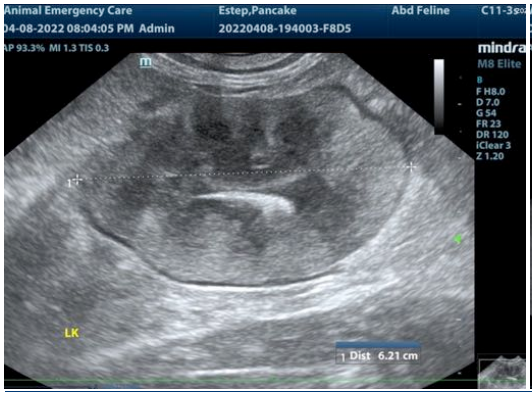
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

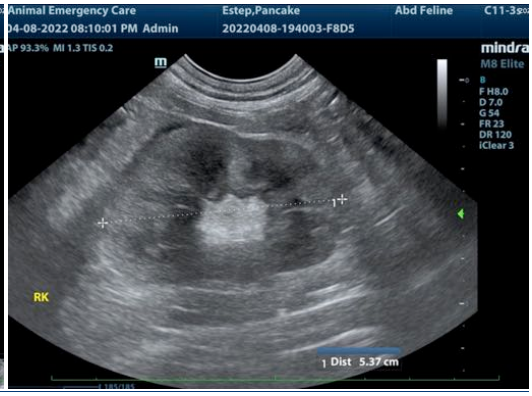
ULTRASONOGRAPHIC FINDINGS

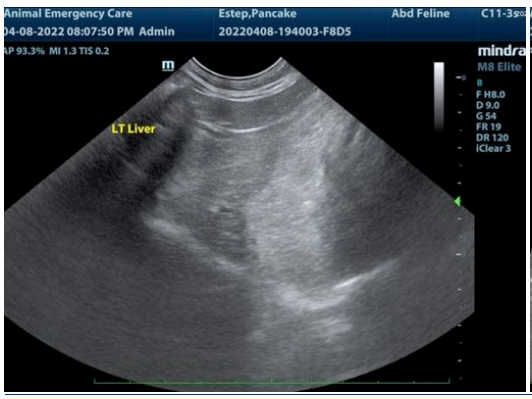
Bilateral renal infiltrative pattern. This is consistent with lymphoma.

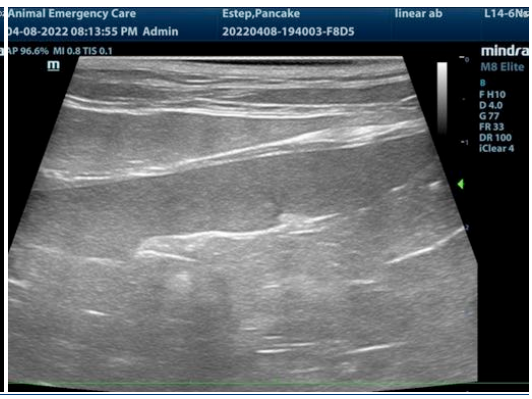
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of either kidney and spleen is indicated. Renal lymphoma is likely.









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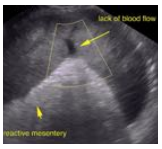

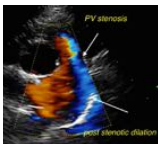

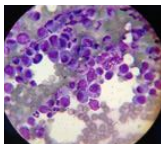
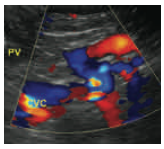

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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