

**DATE**

5/12/22

PRESENTING CLINICAL SIGNS

Pt presented on 5/7 for stranguria and hematuria. Abnormality palpated in abdomen. US- abnormal left kidney, bladder thickened and small.

Current Medications: Buprenex, Cerenia. Gabapentin 100mg upon arrival to the hospital.

PATIENT

Ollie Osborn

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor/Torbugesic.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

SEX

Neutered male

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 left kidney measured 4.48 cm.

AGE

2/1/14

WEIGHT

13.38 lbs

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 0.35 cm. The right adrenal gland measured 0.49 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed an isoechoic, expansive mass that measured 2.69 x 1.83 cm.

HOSPITAL NAME

Everhart VH

Liver

The **liver** was mildly swollen and slightly hypoechoic and irregular. The liver may be involved in the neoplastic process. FNA is indicated. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

REFERRING VET

Dr. Menefee

Gastrointestinal**INVOICE**

30334

The **gastrointestinal** tract revealed variable hypertrophied muscularis. A 6.02 cm ileocecal intestinal mass was noted in this patient. Other variable areas of intestinal thickening was noted. A mesenteric lymph node mass was noted and undifferentiated measuring 4.77 cm with hyperechoic surrounding fat.

Pancreas

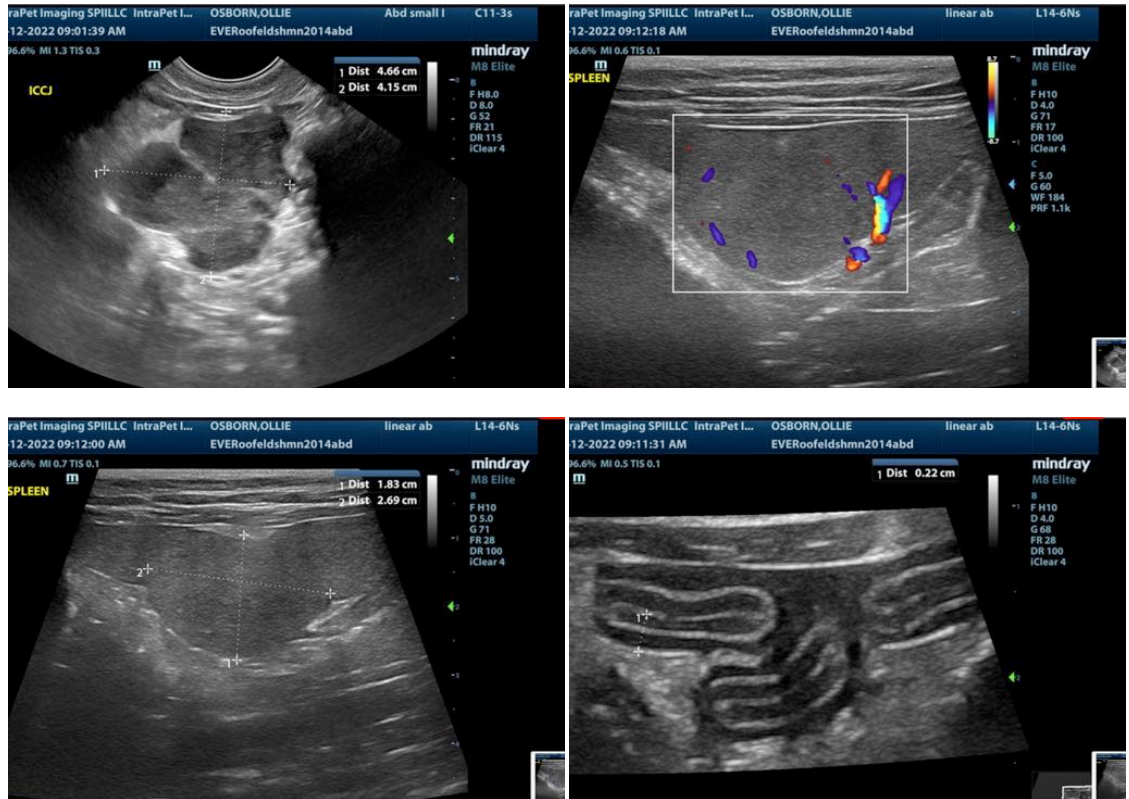
A mesenteric or pancreatic cyst was noted and measured 2.0 x 1.66 cm and was stable.

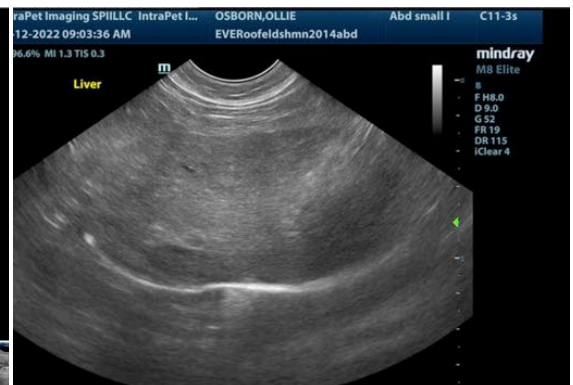
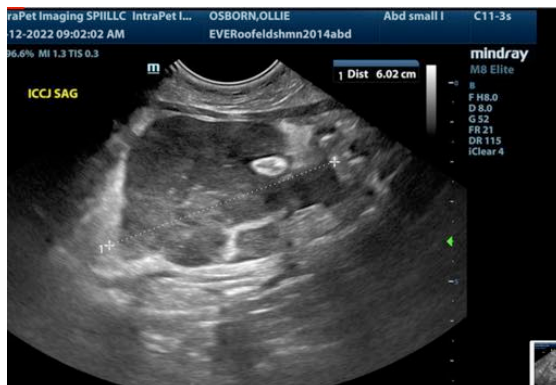
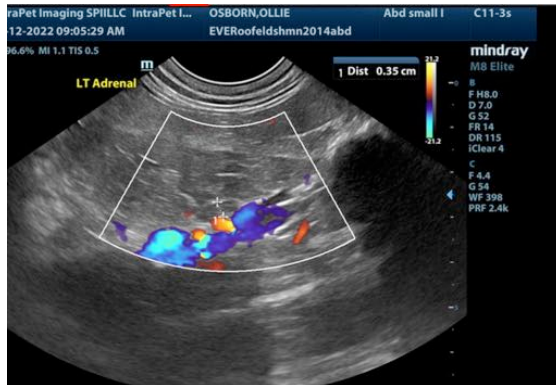
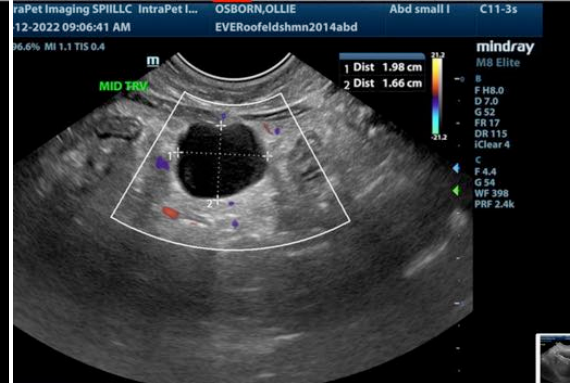
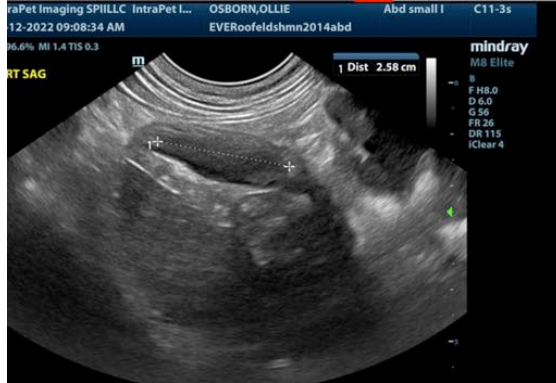
ULTRASONOGRAPHIC FINDINGS

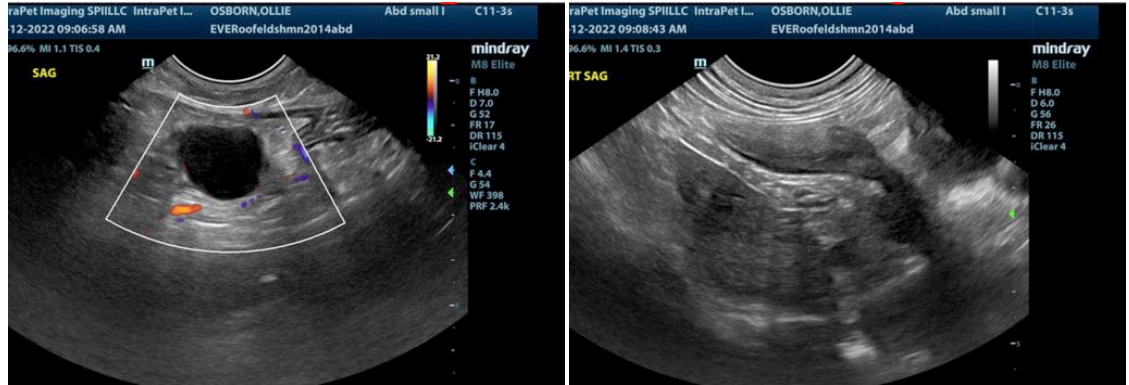
Mesenteric lymph node and intestinal mass.
Splenic mass.
Possible hepatic infiltrative pattern.
Mesenteric or pancreatic cyst noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided drainage of the cyst with FNA of the spleen, liver and intestinal/lymph node mass is warranted. Multi-centric lymphoma is likely. Immediate chemotherapeutic intervention is necessary in this patient.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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