



PATIENT

Pepper Sizemore

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency Hospital of Volusia

REFERRING VET

Dr. Carver

INVOICE

37650

DATE

5/16/22

PRESENTING CLINICAL SIGNS

Transfer from rDVM for abdominal Ultrasound. rDVM concerned for bladder mass, no urine collected. Hx of weight loss, appetite normal
Abnormal PE/Chem/CBC/UA Results: CBC-mild Anemia, low WBC Chem-low BUN/Crea, Elevated TP, Elevated ALP (466), Elevated Lactate (8.37)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed concentric apical ventral wall thickening with dependent debris. Wall thickness measured up to 1.2 cm. Minimal amount of urine present at the time of the sonogram.

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 kidneys measured 4.0 cm each.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

Liver

The **liver** was mildly swollen with increased portal markings and slight irregular contour. The right medial liver revealed a focal mass with slight surrounding free fluid. The mass measured approximately 1.8 cm. Echogenic capsular expansion noted. The gallbladder and common bile duct were unremarkable.

Comet tail lung pattern noted through the diaphragm.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Reactive mesenteric lymph nodes 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.



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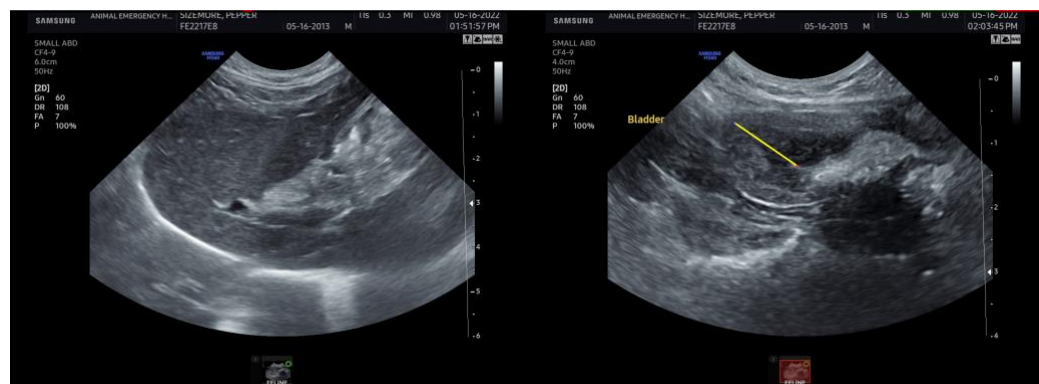
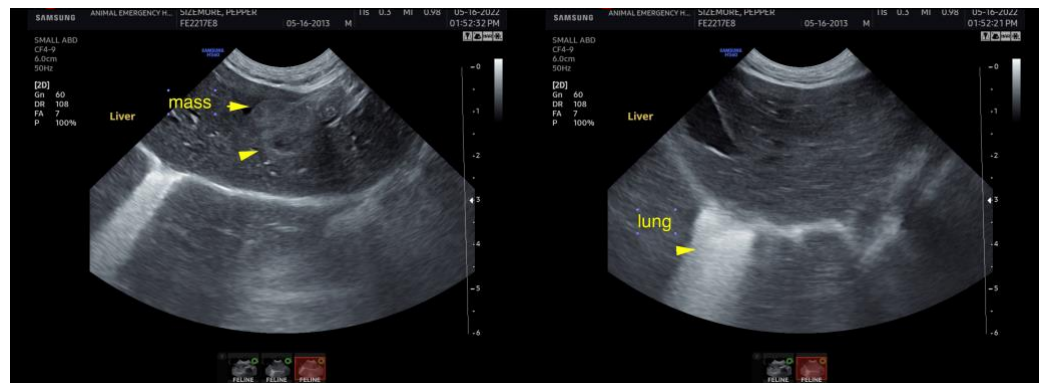
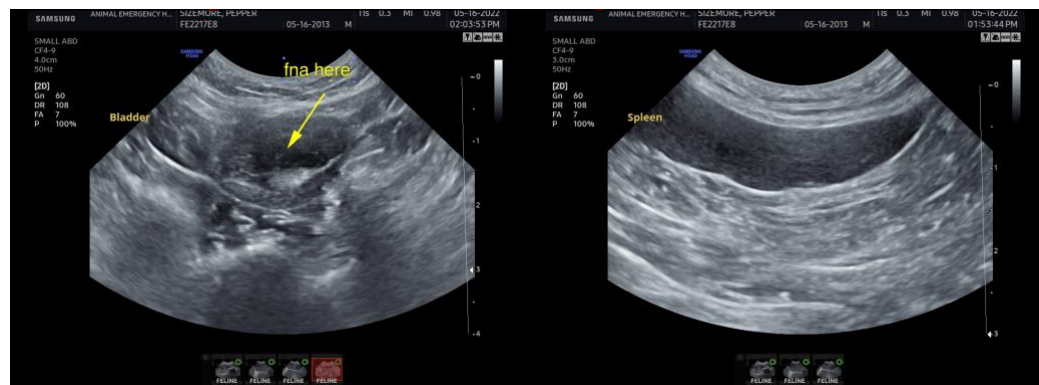
8 Pounds

ULTRASONOGRAPHIC FINDINGS

- Concentric bladder thickening - Interstitial cystitis versus possibility of bladder lymphoma
- Heterogeneous hepatic changes with focal right medial mass and minor swelling – carcinoma, round cell neoplasia, cholangiohepatitis, minor potential for abscessation.
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the bladder recommended. Minor potential for trailing, as this is not typical of carcinoma. Traumatic catheterization could be considered with ultrasound guidance. FNA of the general liver and the focal mass indicated +/- spleen. Prognosis is guarded depending upon cytology results. Bladder differentials include interstitial cystitis, UTI, bladder lymphoma, less likely carcinoma.



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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.

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