

PATIENT

Pugsley Fields

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yomada

INVOICE NUMBER

15266

DATE

5/19/22

PRESENTING CLINICAL SIGNS

History: Hx of weight loss and chronic intermittent vomiting since December 2021; improved some on hydrolyzed diet, has been becoming increasingly picky with appetite PE findings: - Clinical cachexia (BCS 3/5), lost 11lb in the past week - HR: 200, soft grade II murmur parasternal, RR: 50 with normal auscultation, T: 102.1°F - Abdomen: Palpable mid-abdominal mass, roughly 3x3cm in size (about walnut sized). Bladder small and soft, kidneys small and symmetrical FNA of abdominal mass was inconclusive but suspicious for mast cell disease vs. other cause - "There are few partially intact cells that appear to be well-differentiated spindle cells and rare poorly granulated/vacuolated mast cells. Given the findings on the second slide, primary considerations include an intestinal mast cell tumor with reactive fibroplasia or an intestinal fibrous tumor. No definitive cytologic evidence of neoplasia is observed on these slides. Tissue biopsy with histopathology may be required for further characterization given the significant variability, cellular degeneration, and multiple cell populations. Reaspiration can also be attempted, if requested." Current Medications Felimazole 2.5mg AM, 5mg PM

Abnormal PE/Chem/CBC/UA Results: Labs from 12/1/21: CBC - WNLs, good hemogram (Hct 31.6%, MCHC slightly elevated at 37.3)/leukogram (WBC 9.09k)/thrombogram (plt 74k; slow blood draw so likely clotted sample) Comprehensive - WNLs; good renal/hepatic function; only abnormality was slightly low calcium 8.5 (absorption issue?) Lytes - WNLs T4 - WNLs at 1.3 SDMA - WNLs at 7

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 were noted. Ureteral papillae were normal.

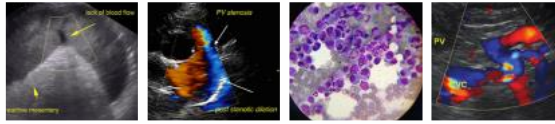
The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This is a moderate change. The left kidney measured 4.58 cm. The right kidney measured 3.7 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. The right adrenal gland measured 0.41 cm. The left adrenal gland measured 0.53 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from



PATIENT within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.
Pugsley Fields

Liver

SPECIES 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.
Feline

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Gastrointestinal

DSH The upper gastrointestinal tract was unremarkable. However, a lymph node and intestinal mass was noted in the mid abdomen. The intestinal portion measured approximately 2.5 cm. The largest adjacent lymph node measured approximately 2.0 cm. Smaller lymph nodes were also enlarged. This is not a surgical presentation. Portions of the colon were also slightly thickened.
SEX

Neutered Male

Pancreas

AGE The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.
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ULTRASONOGRAPHIC FINDINGS

- Ileocecal and lymph node mass, portions of the colon were also slightly thickened. Lymphoma suspected. Carcinoma is less likely.
- Chronic interstitial nephrosis pattern
- Age-related renal and pancreatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

FNA indicated. Prognosis is guarded, depending upon chemo responsiveness, based on cytology results.

The Veterinary Hospital

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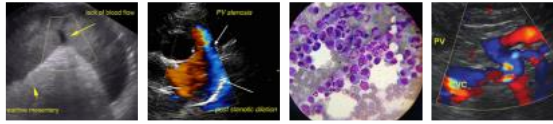
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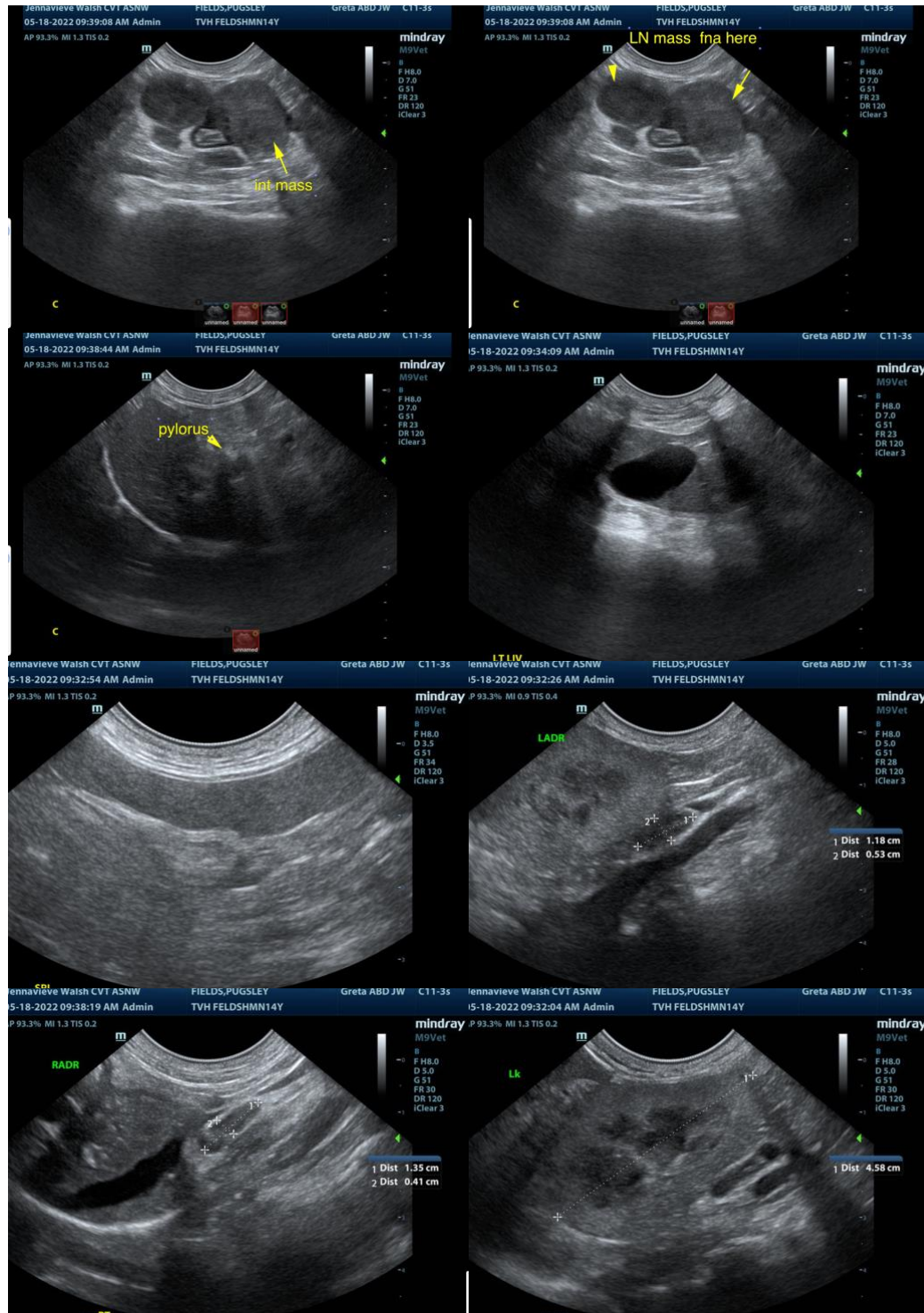
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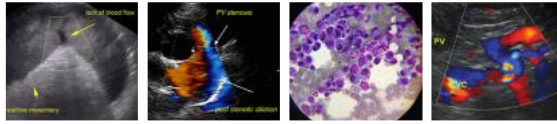
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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Pugsley Fields 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.

SPECIES

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