



PATIENT PRESENTING CLINICAL SIGNS

Sasha Ober History: O found p outside and brought in in Nov 2021; dx'd with CKD and secondary anemia that responded well to darbepoetin injections. Has been slowly losing weight current BCS 3/9, in the last 2 weeks developed bloody diarrhea that did not respond to Metronidazole and probiotics

SPECIES Abnormal PE/Chem/CBC/UA Results: BW done 4/4/22: Creatinine - 2.9, BUN 49, globulin 6.3, Hct - 49.4%

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

SEX

Spayed Female

Urinary System

The **urinary bladder** revealed minor thickening and minor polypoid changes. Anechoic urine is present.

The **kidneys** are relatively normal in size and contour with pyelectasia of the left kidney. There was some loss of corticomedullary definition. Mildly increased cortical echogenicity was noted. The right kidney measured 3.1 cm. The left kidney measured 3.3 cm.

AGE

9 years

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 0.6 x 0.5 cm. The right adrenal gland measured 0.69 cm.

WEIGHT

4.83 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 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 was noted.

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

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.

REFERRING VET

Dr. Leppien

INVOICE

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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable with some shadowing material noted in the stomach. This is consistent with likely hairball accumulation. A 3.4 cm colonic mass was noted in the descending colon at the level of the pelvic inlet. An obstructive pattern with hard stool was noted. The colonic mass occupies the pelvic inlet and stricturing. The mass does not appear resectable as it enters

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5/20/22



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into the deep pelvic inlet. The iliac lymph nodes were also enlarged. Slight free fluid was noted in the region.

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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.

BREED

Domestic Shorthair

Free Abdomen

SEX

Spayed Female

A sublumbar lymph node mass was noted and measured 2.0 cm. The mass was rounded and hypoechoic. This is not a surgical presentation.

AGE

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ULTRASONOGRAPHIC FINDINGS

Stricturing colonic mass.

Sublumbar lymph node mass.

WEIGHT

4.83 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the lymph node and stricturing colonic mass is warranted to assess to assess if chemoreduction is an option. Colonic lymphoma versus carcinoma is suspected.

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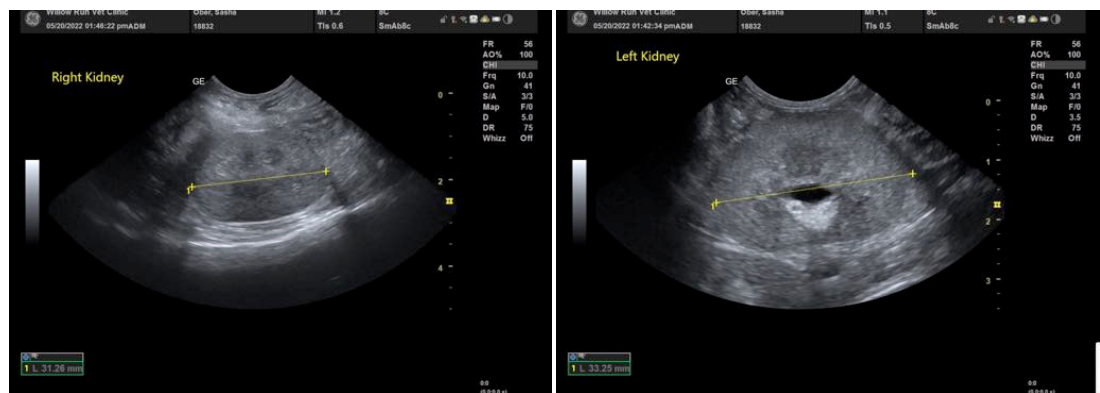
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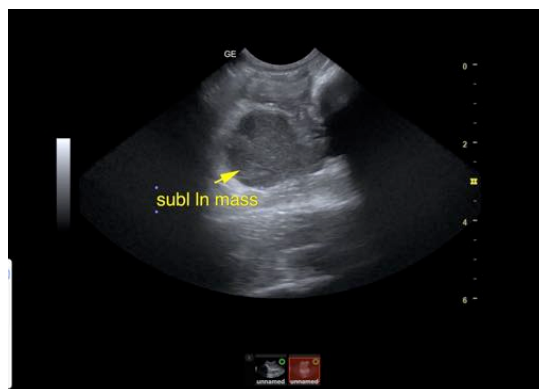
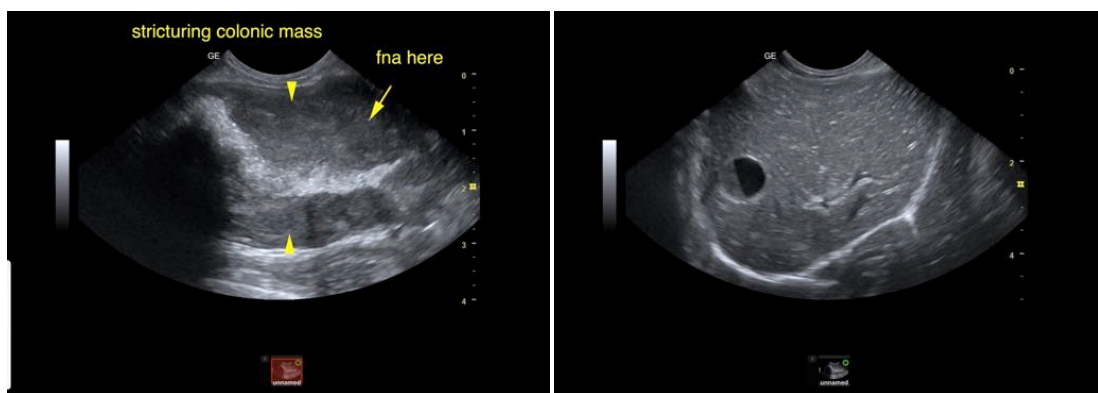
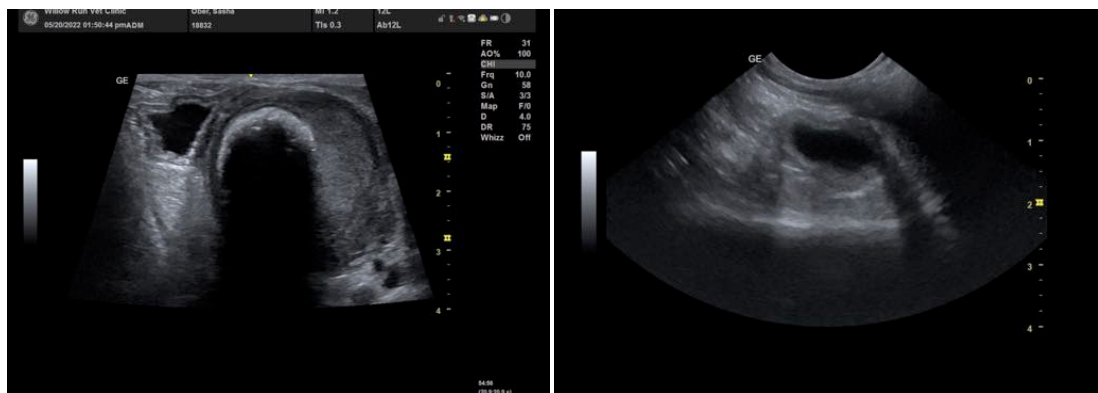
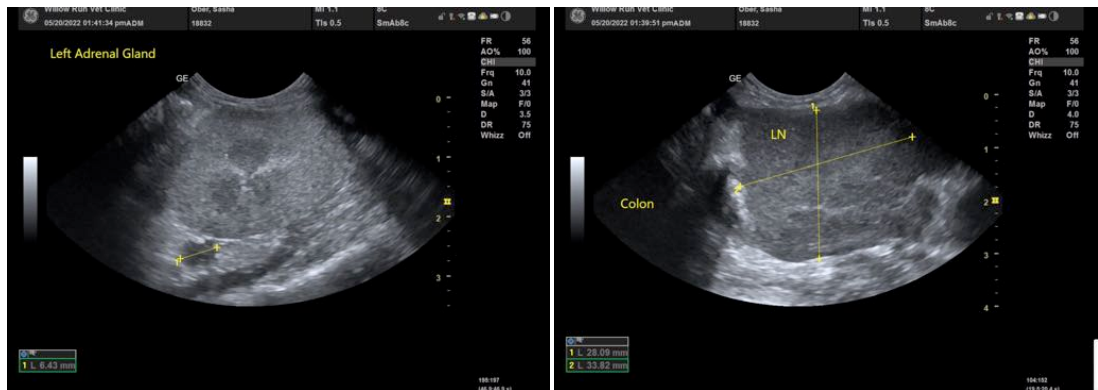
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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