



PATIENT

Muffin Cory

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

14.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Emily Salmon

INVOICE

22312

DATE

5/5/23

PRESENTING CLINICAL SIGNS

History: 13 YO FS DSH presented for about 1 week ADR. Hiding more frequently under the bed, less social than usual, decreased appetite. Spitting up medicine. PE- painful on cranial abdominal palpation (vocalizing), but obese (9/9 bcs) so unable to assess well; heart and lungs auscult wnl, temp 101. Hx of copper storage dz, currently managed with Atopica SID and B12 injections SC q2 weeks. Liver values were all normal 1 month ago. Repeat labs : Alb-2.4 (L), AST 118 (H),ALT 135(H), ALP 176(H), TBili-4.8 (HH), Ca-7.6 (L) but serum icteric. Abdominal rads taken and concern for mass effect near right kidney with calcification (bates body vs other neoplastic), some free fluid in peritoneal space. DDX- neoplasia, FB, cyst, eosinophilic sclerosing fibroplasia. Mass was percutaneously aspirated and adipocytes and blood in sample.

Abnormal PE/Chem/CBC/UA Results: see above for BW.

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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.08 cm. The left kidney measured 4.14 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 riddled with multiple disruptive nodular changes with surrounding free fluid, strongly consistent with metastatic disease. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Variable upper **gastrointestinal** thickening was noted. The colon was unremarkable.

Pancreas



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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. *See Free Abdomen section.

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Free Abdomen

The mesenteric **lymph nodes** were enlarged and hypoechoic with some loss of detail, measuring up to 1.0 cm.

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A cranial abdominal undifferentiated **mass** was noted with reactive mesentery and surrounding free fluid. The mass appeared to envelope the upper gastrointestinal tract, pancreas and liver.

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- Undifferentiated cranial abdominal mass, involving the upper gastrointestinal tract, pancreas and liver.

AGE

13 Years

- Nodular hepatic metastatic changes

WEIGHT

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- Variable intestinal thickening

- Regional lymphadenopathy

- Secondary free fluid, owing to likely lymphatic obstruction or intestinal perforation, depending upon the character of the fluid.

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- Scalloping contour to the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplasia is suspected. Prognosis is poor.

IMAGING PERFORMED BY

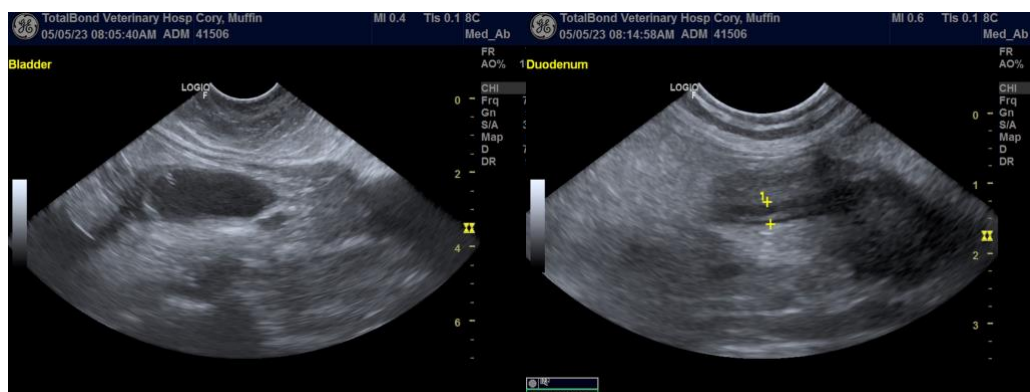
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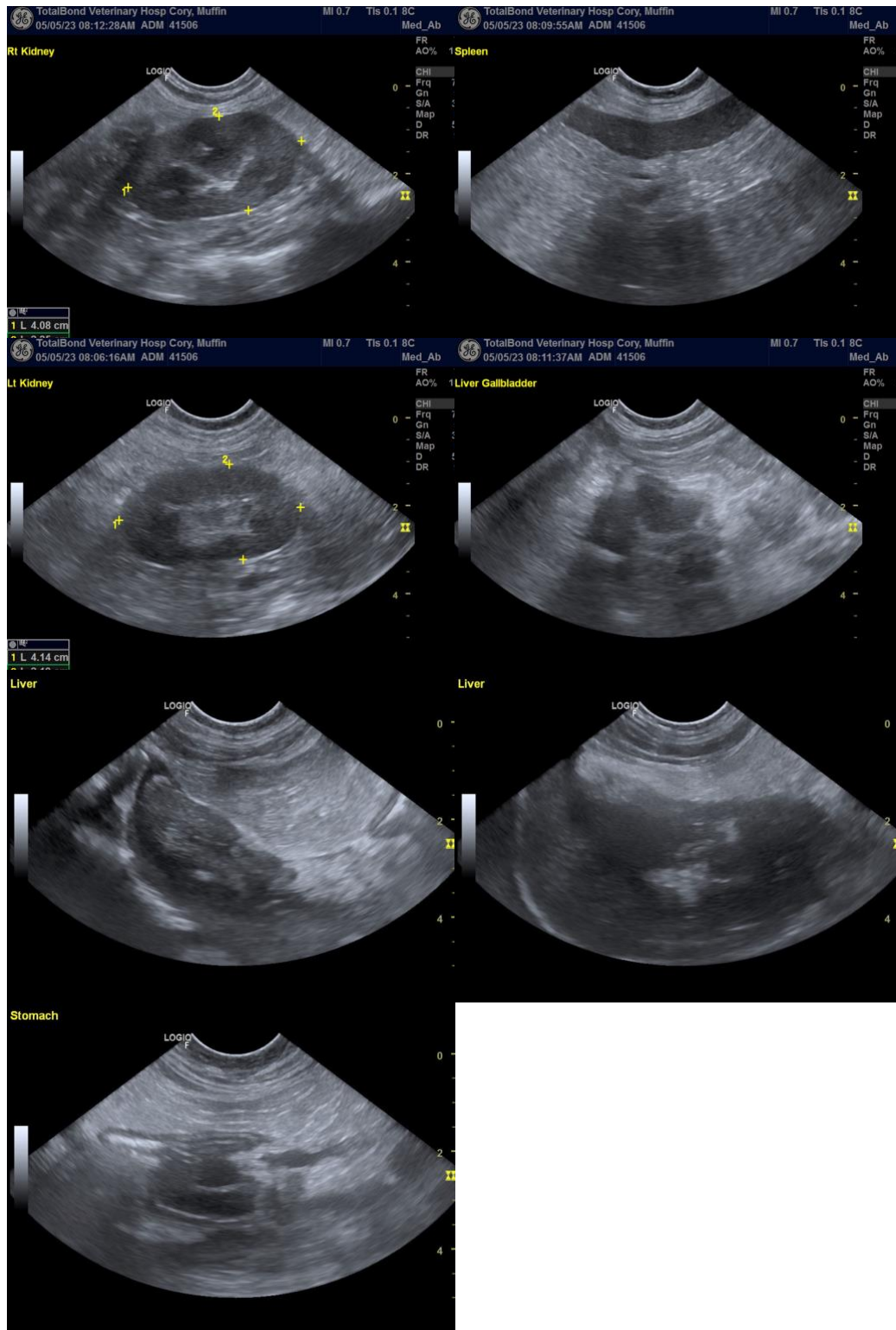
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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