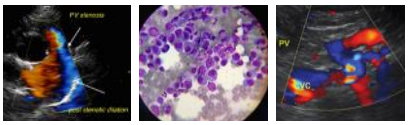
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
05/09/2022

PATIENT
Stella Hartman

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
8 years

WEIGHT
11.3 lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Perry Hall Animal Hospital

REFERRING VET
Dr. Miller

INVOICE
10558ag

PRESENTING CLINICAL SIGNS

Patient presents for evaluation of weight loss and PU/PD for a duration of about 14 days. 1 pound weight loss since prior presentation about 6 months ago. Moderate to significant dehydration noted on PE. Severe azotemia noted on labwork, labs sent. Urine C&S is pending. Patient does go outside and owner is not sure of any type of toxin ingestion but we cannot rule it out at this time. Normal labwork 6 months ago - annual FIV/FELV tests have come back negative.

Current Medications: None current but will be hospitalizing following scan.
Lab Results: Severe azotemia.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT>

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 are severely enlarged with subcapsular halo, disrupted architecture and pericapsular inflammatory pattern. The subcapsular halo measured 1.36 cm. The left kidney measured 6.05 cm in length. The right kidney measured 7.64 cm in length.

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.

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 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.

Gastrointestinal

Examination of the gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

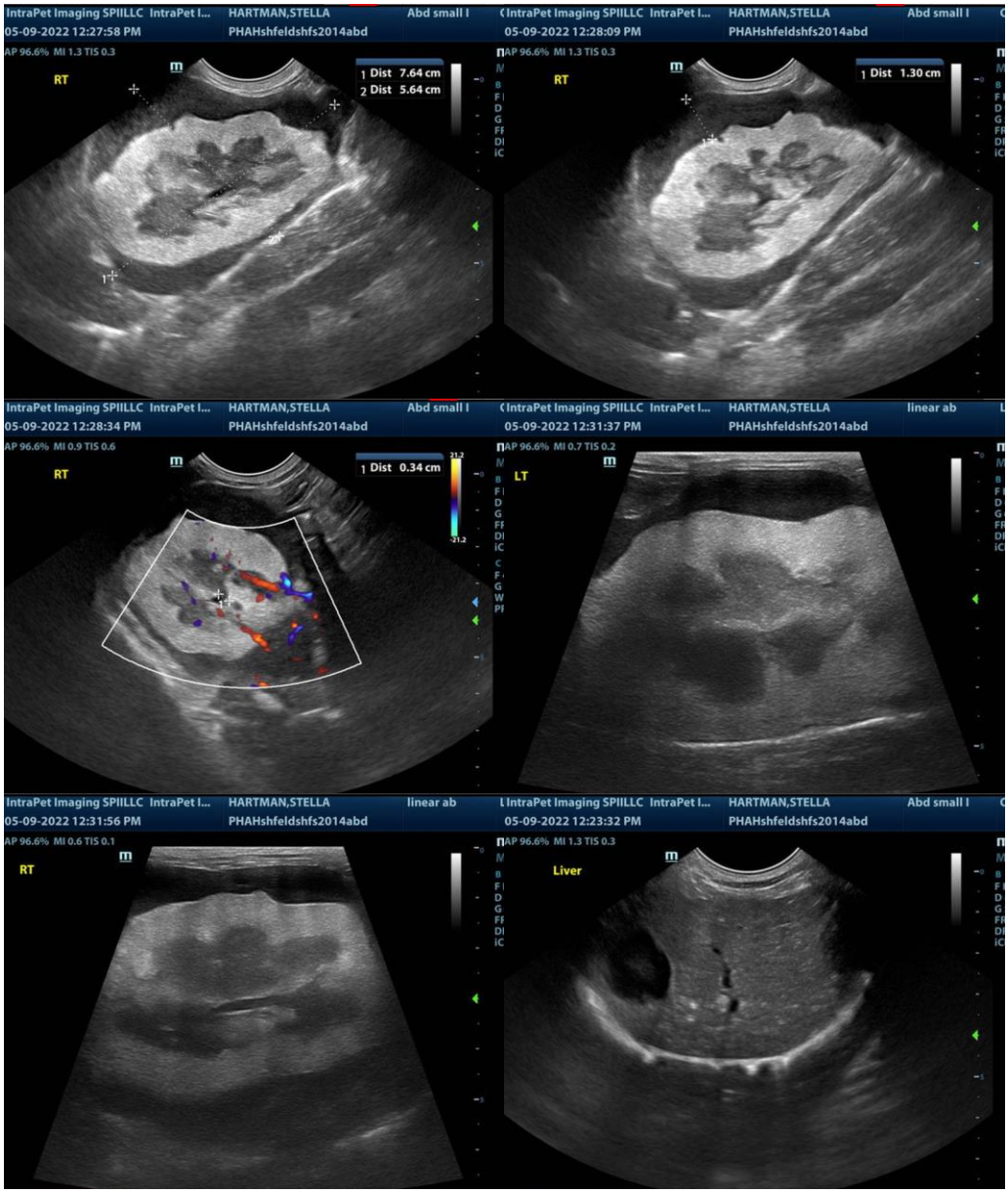
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal lymphoma pattern with possible splenic involvement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ultrasound guided FNA of either kidney and the spleen would be indicated for further definition. Immediate chemotherapeutic intervention is suggested. The prognosis for this patient is poor long term however some response to chemotherapy may be possible.



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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