

PATIENT

Boris Freedman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Laura de Cordon

INVOICE

22416

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: collapsed, lethargic today, decreased appetite, icteric,
Abnormal PE/Chem/CBC/UA Results: SDMA 30 Tbili 4.8 PCV 16

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an edematous wall with sand accumulation (up to 1.0 cm).

The **right kidney** 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 right kidney measured 4.06 cm. The right kidney revealed a mass deriving from the dorsal cortex.

The **left kidney** revealed an expansive mass deriving from the caudal pole with regional free fluid (free fluid extended throughout the abdomen), consistent with hematoma and spread into the retroperitoneal space. The left kidney measured 4.34 cm.

Adrenal Glands

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

Spleen

The **spleen** was hypoechoic and irregular in contour.

Liver

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common were unremarkable. No evidence of posthepatic obstruction. Free fluid was noted between the liver lobes.

Gastrointestinal

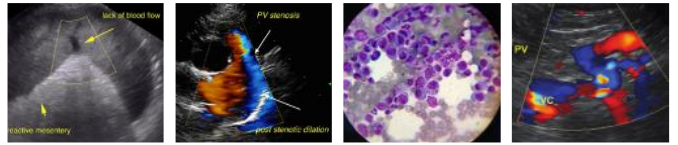
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt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

Free Abdomen

Reactive **mesentery** was noted throughout the mid abdomen, especially in the region of the kidneys.



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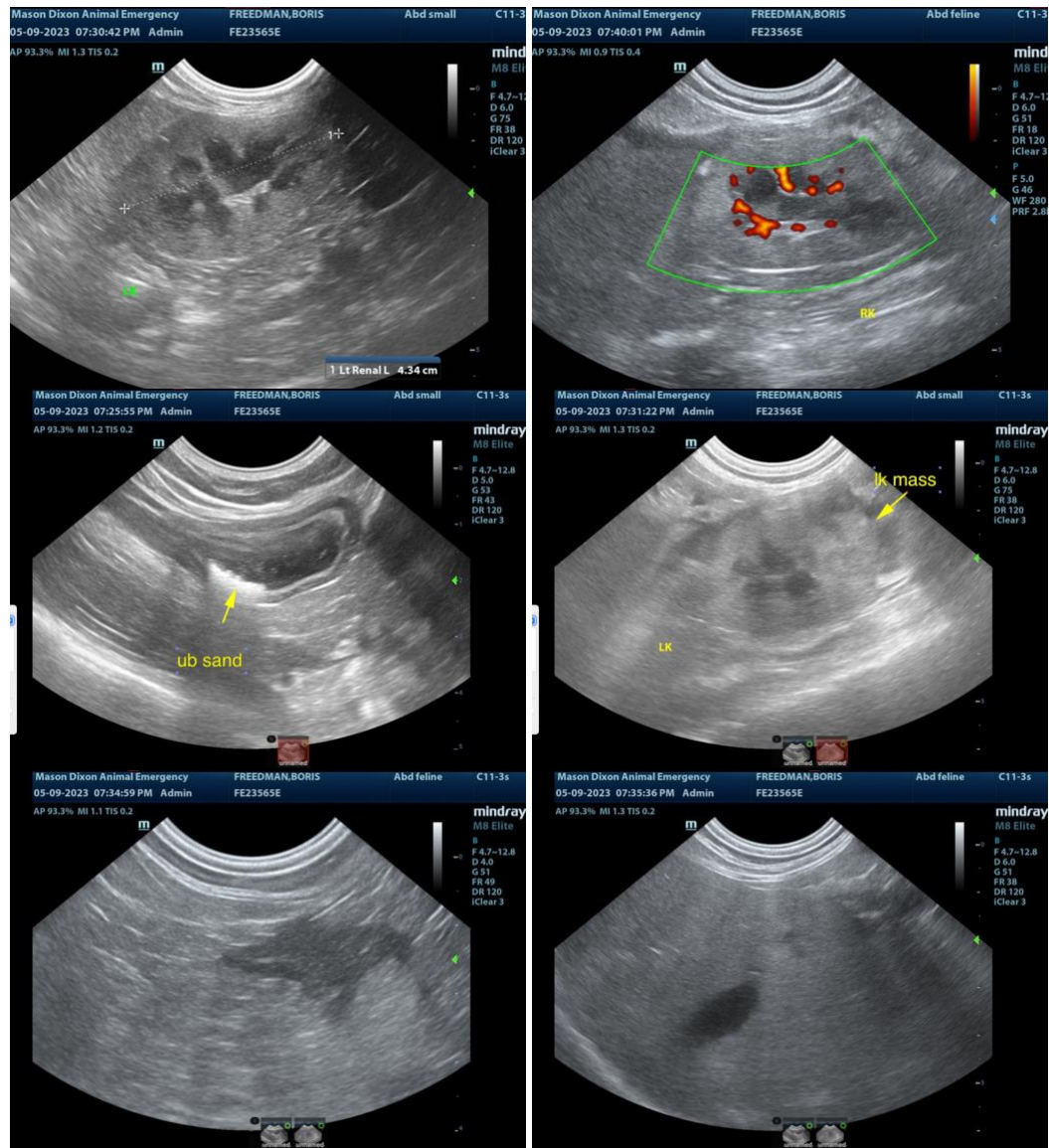
5/9/23

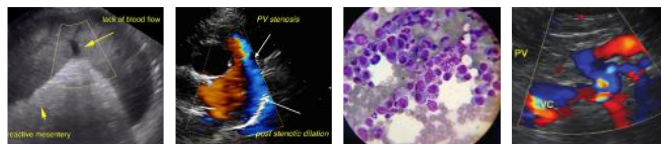
ULTRASONOGRAPHIC FINDINGS

- Left and right renal masses- multifocal lymphoma pattern. Hemangiosarcoma is less likely.
- Splenic infiltrative pattern
- Hyperechoic liver
- Free fluid
- Reactive mesentery
- Edematous urinary bladder wall and bladder sand accumulation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of either kidney and the spleen could be considered. Coagulation panel is warranted prior to sampling. However, prognosis is poor. This is a multicentric neoplastic process, primarily involving the kidneys and likely involving the spleen and liver.





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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.

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
info@SonoPath.com