



PATIENT

Akita Teichroeb

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

9 ½ years

WEIGHT

3.19 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

31005

DATE

6/14/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting for the past year. Over the past month frequency is increasing and there is blood present in the vomitus. She vomits daily. Irregular mass palpated cranial left abdomen approximately 4 cm in diameter.

Abnormal PE/Chem/CBC/UA Results: Blood work unremarkable other than mild anemia and mild neutrophilia.

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.43 cm. The left kidney measured 3.48 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.

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.

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.



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Gastrointestinal

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A 4.0 x 3.0 cm mural mass was noted and appears to be deriving from the **gastric** fundus. The pylorus appears free of evident pathology. The mass does not appear resectable. The regional lymph nodes were mildly enlarged. Sublumbar lymph node was enlarged and measured 0.8 cm. The mesenteric lymph nodes were also mildly enlarged. The largest lymph node measured 0.82 cm.

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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.

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ULTRASONOGRAPHIC FINDINGS

Gastric fundic mass, not a surgical option.

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Regional lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Corkscrew technique with 22-gauge FNA may be necessary for adequate exfoliation in this patient. FNA of the regional lymph nodes would be ideal as well. This is likely lymphoma or similar neoplasia.

INTERPRETED BY

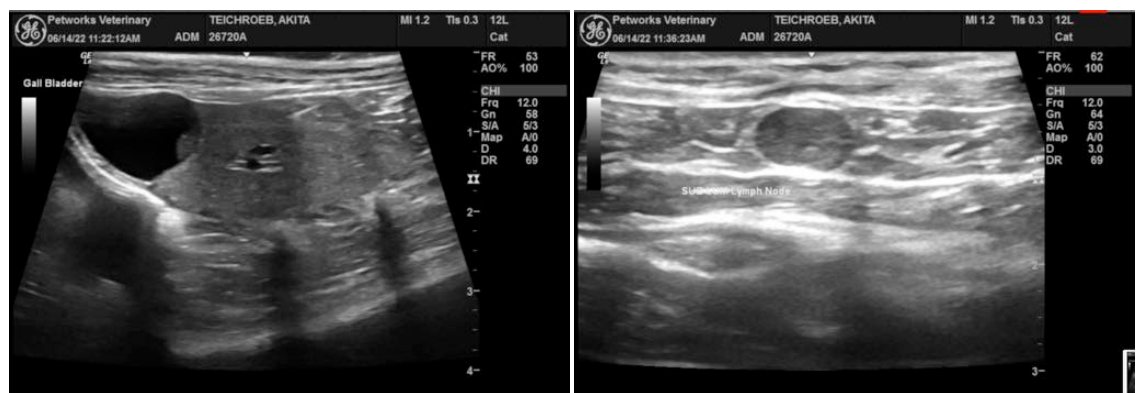
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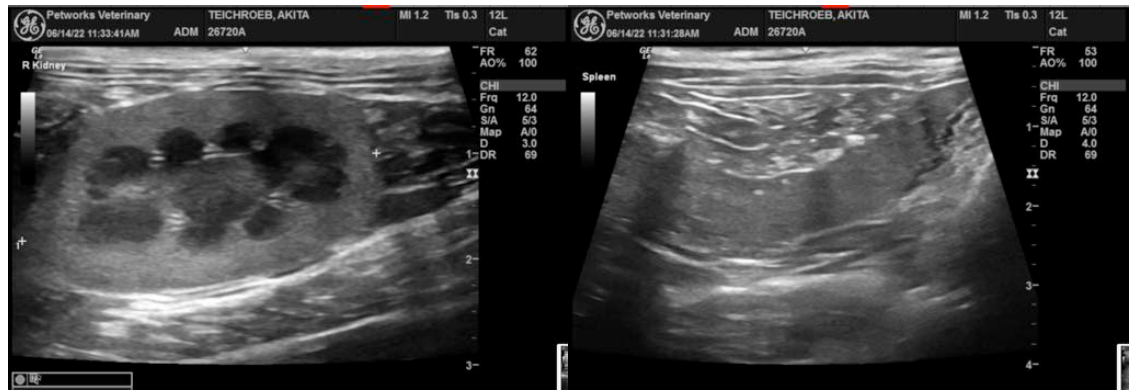
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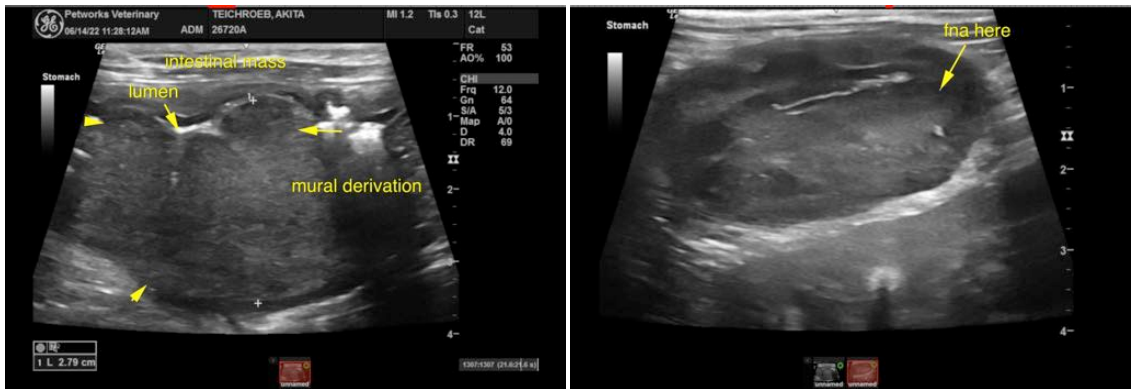
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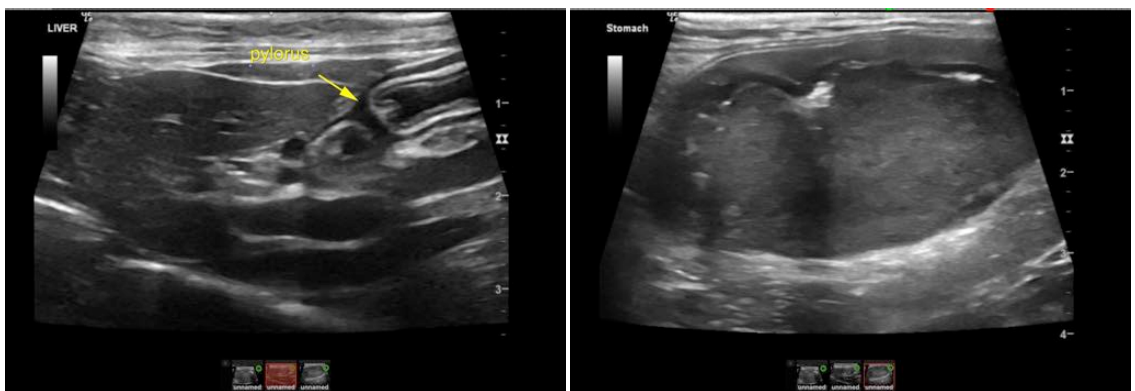
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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