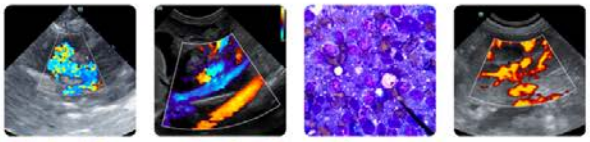


PATIENT

Cookie Power

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

4.9 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Michelle DeMelo, RVT

HOSPITAL NAME

Woodstock Veterinary Hospital

REFERRING VET

Dr. Rob DeVries

INVOICE

76072

DATE

6/19/26

PRESENTING CLINICAL SIGNS

Presented for vomiting and a lack of appetite. Tender abdomen and was dehydrated, as indicated by a delayed skin tent temp 38.5 C. A large mass in the ventral abdomen is the primary concern, which is suspected to be an enlarged spleen. No known history of exposure to toxins or drugs. possibility of exposure to peonies or small plastic pieces, but unlikely. Differentials for the abdominal mass that were discussed with the owner include neoplasia, infiltrative disease, or splenic torsion. Referral to a specialty facility for a comprehensive ULTRASOUND assessment and a potential splenectomy was recommended. The owner declined referral due to financial concerns. The risks of performing a FNA of the spleen without a coagulation profile were discussed. Recommended to start with an in-house ULTRASOUND and then consider a FNA for cytology based on those findings. Proceed with an in-house ULTRASOUND to further evaluate the abdominal mass. Initiate supportive care. The owner understands that if Cookie's condition worsens, she will need to be taken to an emergency or referral facility for care. A FNA of the spleen for cytology may be considered after the ULTRASOUND is completed. Start treatment with ZENIQUIN, as she has tolerated this medication well previously.

Abnormal PE/Chem/CBC/UA Results: RESULTS: - Mild elevations were noted in the hematocrit, urea, and neutrophils. - These changes are suspected to be secondary to dehydration. - The urine specific gravity was high, at greater than 1.050. - The sediment examination revealed the presence of white blood cells, red blood cells, and cocci bacteria on a dry mount. - on Rads-large, space-occupying mass was identified in the ventral abdomen, most prominently seen on the left lateral view. - The mass is causing compression and displacement of the stomach and intestines. - A gas pattern is present in the intestines, but no obvious foreign body was seen. - An initial scan did not reveal any obvious masses. - A second scan performed after the RADS suggested a possible clot or mass within the bladder.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

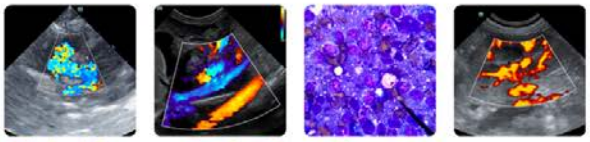
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 3.3 cm with pinpoint mineralizations noted. Cortical infarcts noted in the right kidney. Right kidney measured 3.6 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were 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.

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

A large amount of abdominal fat was noted in this patient, likely falciform lipoma. The lipomatous formation measured approximately 6.6 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild degenerative renal changes with infarcts.
- Large amount of abdominal fat, likely creating the appearance of a mass effect. Falciform lipoma likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gross organ pathology. The space occupation of the abdominal fat in this patient would be consistent with likely lipoma.

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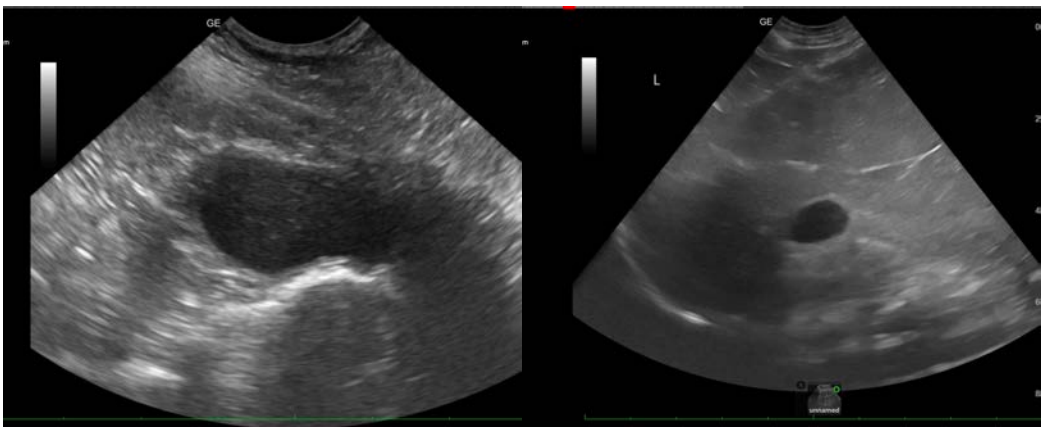

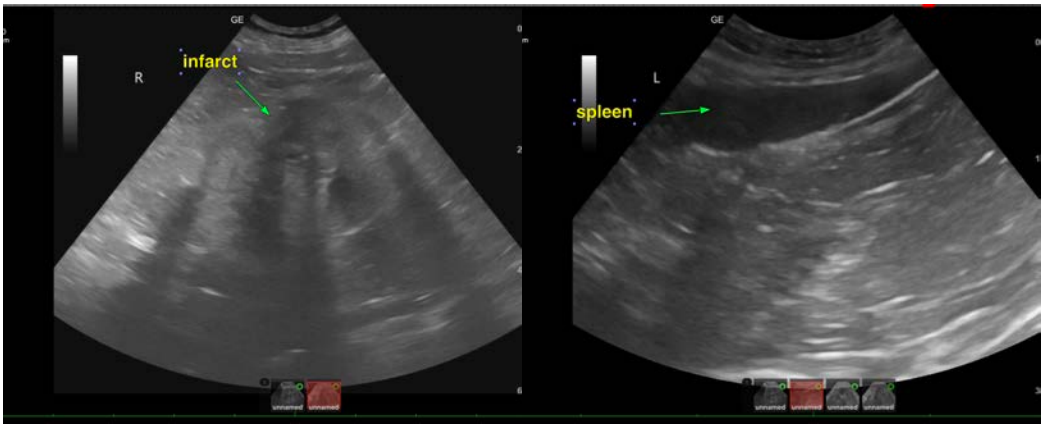

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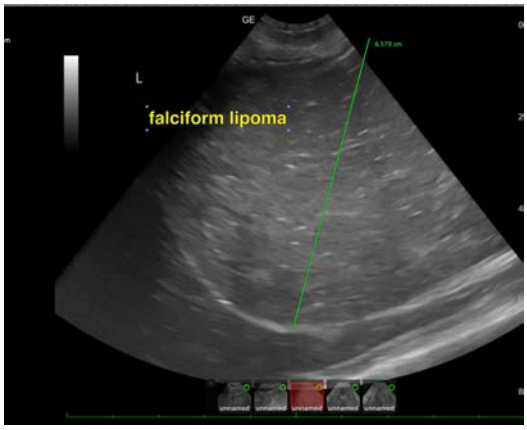

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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info@SonoPath.com