



PATIENT

Crystal Dolhun

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

16 years

WEIGHT

8.75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

A Murphy CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Oakes

INVOICE

31139

DATE

6/21/22

PRESENTING CLINICAL SIGNS

History: Patient has a history of chronic vomiting about every other day. She has early kidney disease and hyperthyroidism that is managed well with Methimazole. Crystal vomited recently and owner noted blood tinge. She is losing weight. Blood work revealed an anemia and on exam, she is dehydrated.

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. A cortical infarct was noted at the cranial pole. The right kidney measured 3.3 cm. The left kidney measured 3.0 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

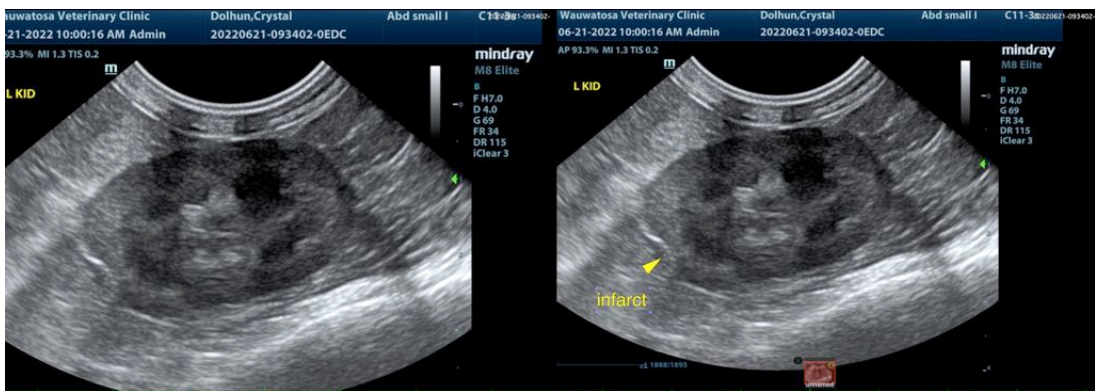
The **liver** revealed swollen, irregular contour. Heterogenous hepatic changes were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. Slight pleural effusion was noted through the diaphragm.

Gastrointestinal



PATIENT	The stomach revealed a concentric gastric mass. The wall thickness measured up to 2.0 cm and extended for at least 6.0 cm. The gastric mass continued from the pyloric antrum into the fundus and gastroesophageal inlet. The small intestines and colon were unremarkable. Regional lymphadenopathy was present.
Crystal Dolhun	
SPECIES	
Feline	Pancreas
BREED	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.
Domestic Shorthair	
SEX	Free Abdomen
Spayed Female	A slight amount of free fluid was noted around the liver. The midabdomen revealed a rounded, hypoechoic 1.0 cm lymph node.
AGE	
16 years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	Gastric mass with probable hepatic involvement.
8.75 lbs	Free fluid likely owing to lymphatic obstruction.
	Otherwise, geriatric abdomen.

INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Eric Lindquist, DMV DABVP, Cert. IVUSS	Lymphoma is likely. FNA of the live and gastric mass is recommended. Guarded to poor prognosis depending upon responsiveness to chemotherapy.

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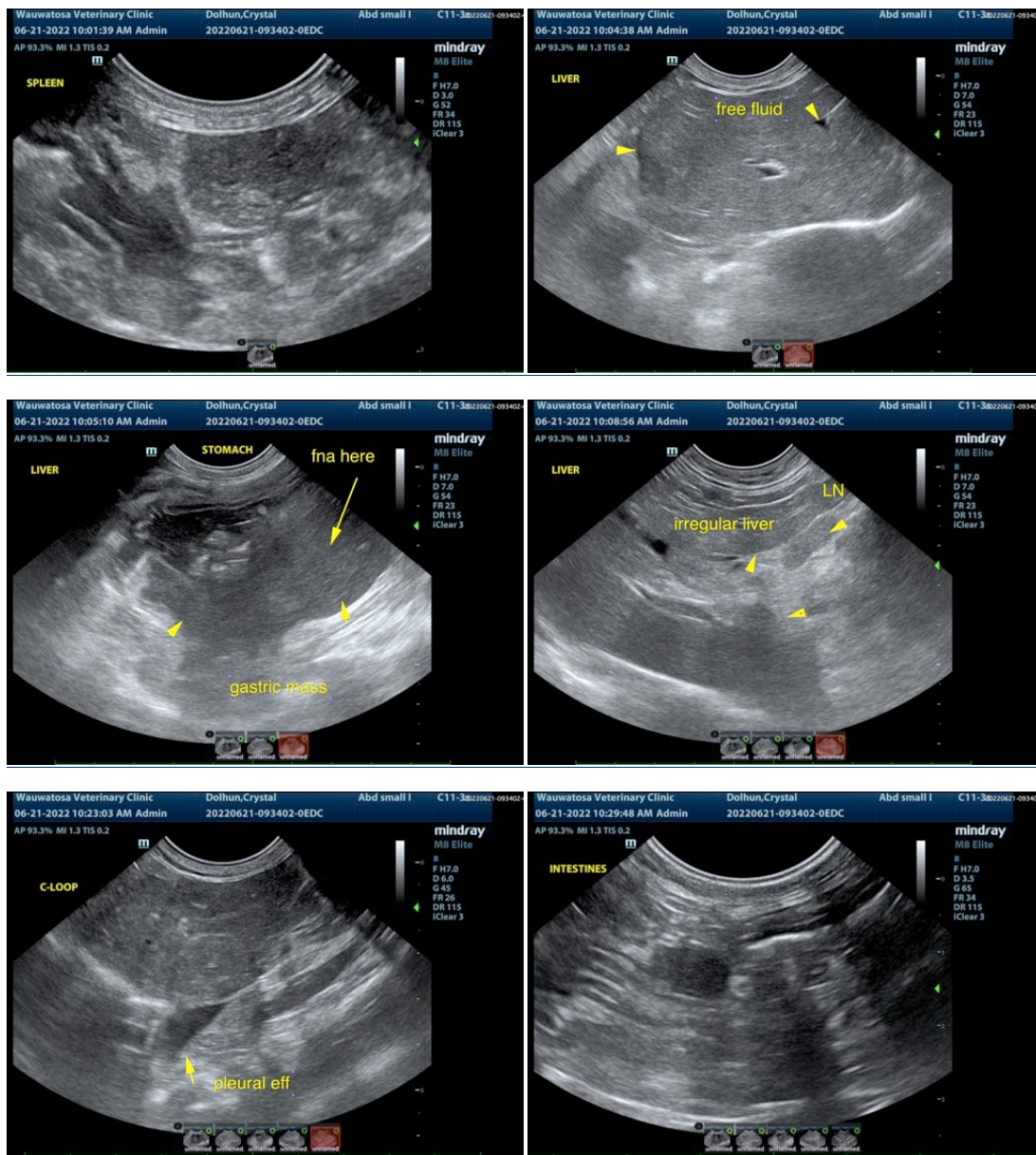
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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