



PATIENT

Kira Bailey

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed Female

AGE

2 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Mortensen

INVOICE

30893

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: A 8 day history of a bleeding non-healing sore on front left leg while on antibiotics. Acting normal at home outside of when mass was bleeding. Was removed and sent out for histopath. Came back as incomplete margins for cutaneous hemangiosarcoma with mitotic count greater than 3 at 4 and incomplete margins deep into SQ and muscularis layers. Both of which are the negative prognostic indicators.

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 cortical cysts that measured up to 0.4 cm. The kidneys were relatively normal in size and contour. The left kidney measured 3.41 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. The left adrenal gland measured 0.26 cm.

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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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.

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Pancreas

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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

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Renal cortical cysts, potential metastatic lesions. This would be an odd presentation for polycystic kidney changes.

Remainder of the abdomen was unremarkable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history I am strongly concerned for metastatic disease to the renal cortex. Ultrasound-guided FNA of the cystic changes is recommended to assess if transudate is filling the cyst or frank blood. If it is blood this would suggest metastatic disease. Prognosis is guarded.

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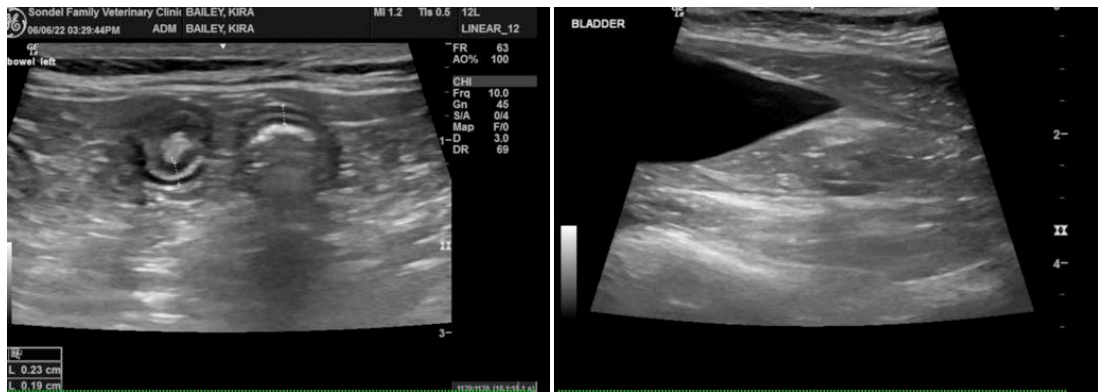
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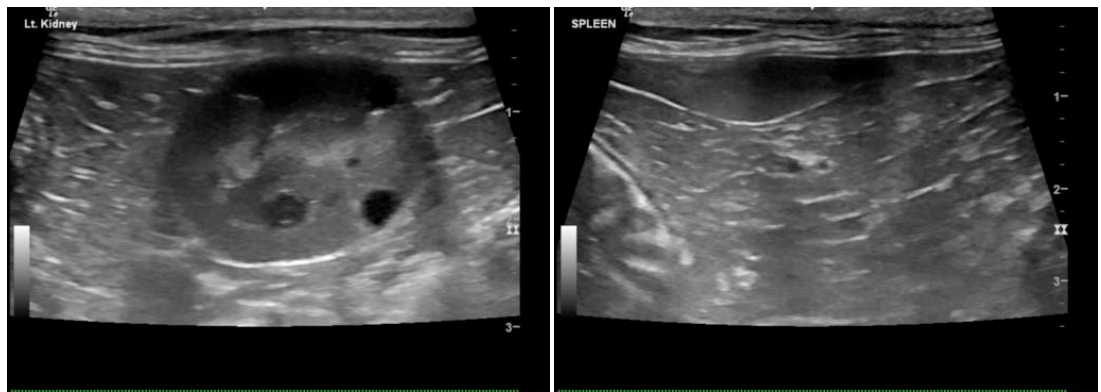
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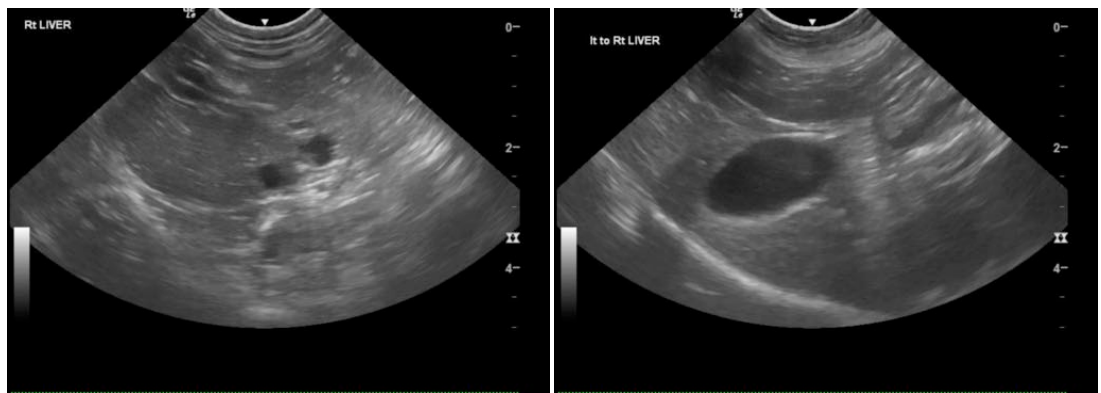
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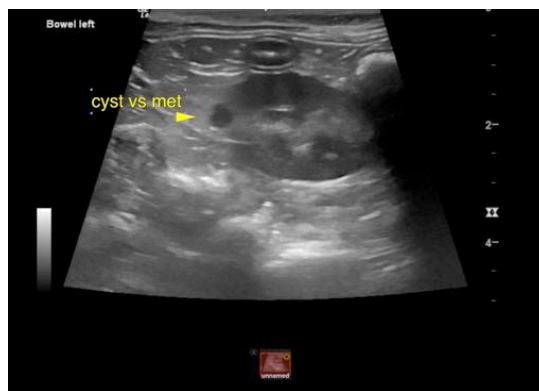
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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