



PATIENT

Maggie Cinquino

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

16 Years

WEIGHT

5.45 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather McNemar

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr, Hargadon

INVOICE

15924

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: possible mid-abdominal mass, decreased appetite, vomiting, hx of iris 2 crd, hypertension on b12 injections, mirtazipine td / amlodipine (been off for 2 weeks)

Abnormal PE/Chem/CBC/UA Results: creat 1.8, hct 29, 4/14/22

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.

Both **kidneys** revealed thickened irregular cortices with infarcts and subcapsular halo, primarily in the left kidney. This is strongly suggestive for infiltrative disease. Hypoechoic nodular changes were noted also in the renal cortex. The right kidney measured 4.52 cm. The left kidney measured 4.37 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.5 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable, however, the distal small intestine presented variable thickening and reactive mesentery.

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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Free Abdomen

A mesenteric **lymph node** mass was noted, measuring 3.0 cm as a grouping of cluster of distorted hypoechoic lymph nodes with peripheral inflammation.

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DMH

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymph node mass with early infiltrative renal pattern
- Thickened irregular cortices noted in the kidneys, strongly suggestive for infiltrative disease
- Distal small intestinal thickening
- Age-related hepatic changes

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Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

16 Years

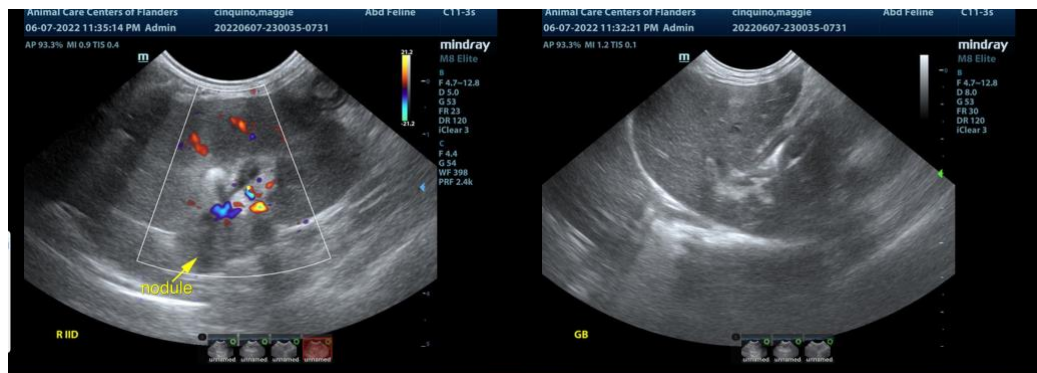
FNA of the left or right kidney and mesenteric lymph nodes recommended. Multicentric is likely - FNA to confirm.

WEIGHT

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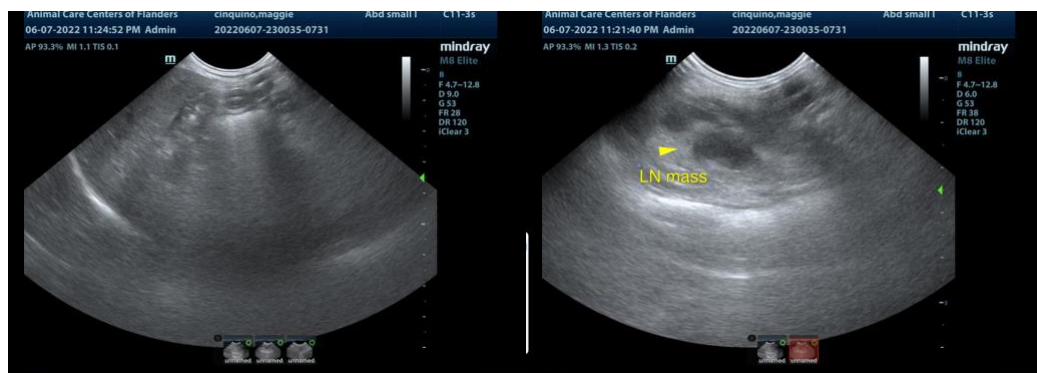
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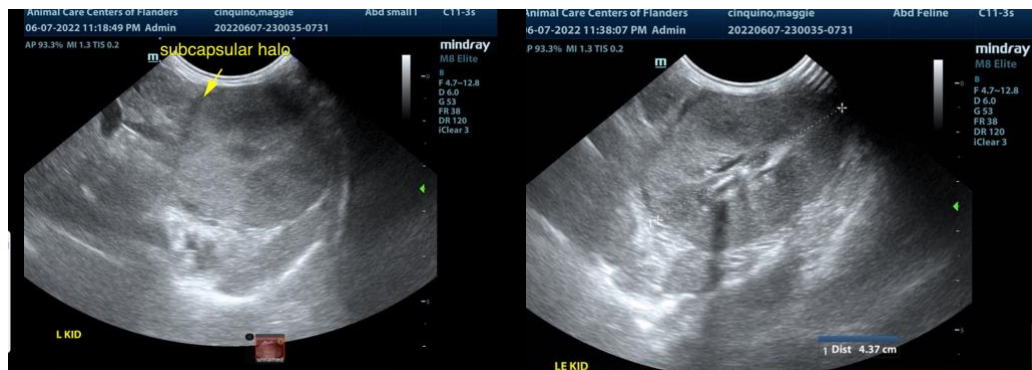
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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