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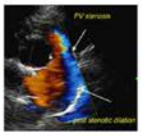
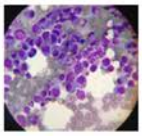
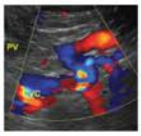
fredgromalak@gmail.com

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Clinical Sonography & Telecytology
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PATIENT

Quincy Smith

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

16 Years

WEIGHT

7.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Mallo, WRVC

INVOICE

39551

DATE

7/15/22

PRESENTING CLINICAL SIGNS

Hyporexia for about 4 days and progressed to anorexia. Lethargic at home. No sedation during US. Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes and azotemia Aspirating Mesenteric LN under Butorphanol sedation after US was finished.

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 **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. The right kidney measured 3.68 cm. The left kidney measured 3.68 cm.

Adrenal Glands

The **left adrenal gland** was flattened and isoechoic. The left adrenal gland measured 0.17 cm at the cranial pole and 0.16 cm at the caudal pole. The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 6.0 mm. 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 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

The **stomach** revealed some retention of ingesta. Variable intestinal thickening noted with reactive mesentery. No loss of mural detail.

Pancreas

The **pancreas** was hypoechoic and irregular in contour with dilated duct.

Free Abdomen

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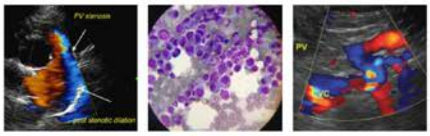

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Sublumbar lymph nodes were mildly enlarged and rounded, measuring up to 0.64 cm.

Minor free fluid noted in the abdomen.

PRIMARY FINDINGS

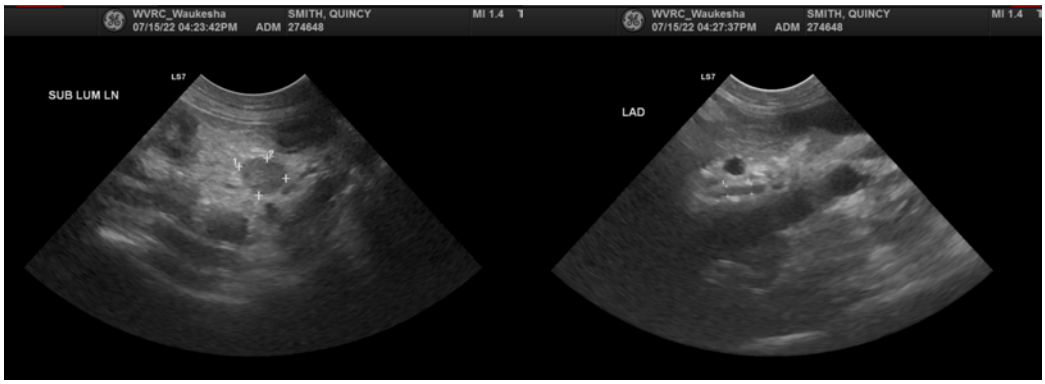
- Variable intestinal thickening with mesenteric lymphadenopathy
- Free fluid
- Hypoechoic, irregular pancreas
- Enlarged sublumbar lymph nodes

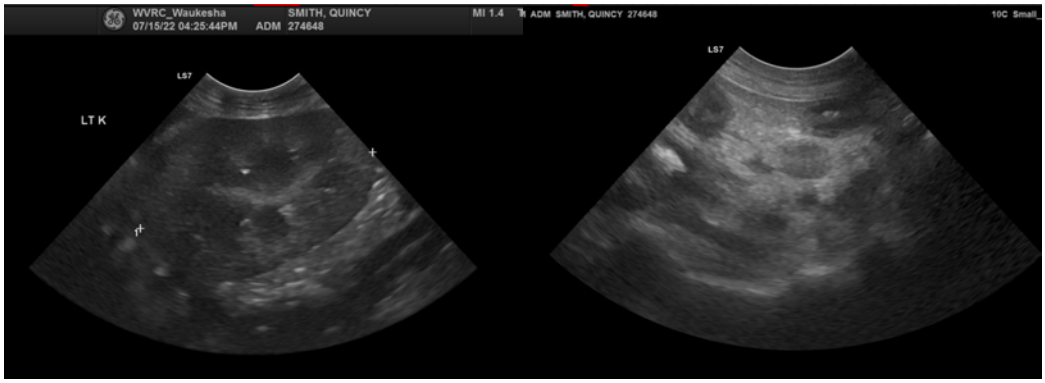
SECONDARY FINDINGS

- Age related renal changes
- Flattened left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of free fluid is unclear in this patient. The azotemia is likely prerenal in this patient. FNA of the liver as well as abdominocentesis and cytospin of the free fluid and FNA of the sublumbar lymph node indicated. Round cell neoplasia possible. I cannot completely rule out the potential of passive congestion causing the ascites. Therefore, echocardiogram may be appropriate.





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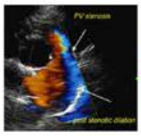
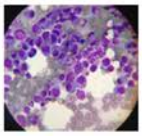
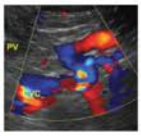

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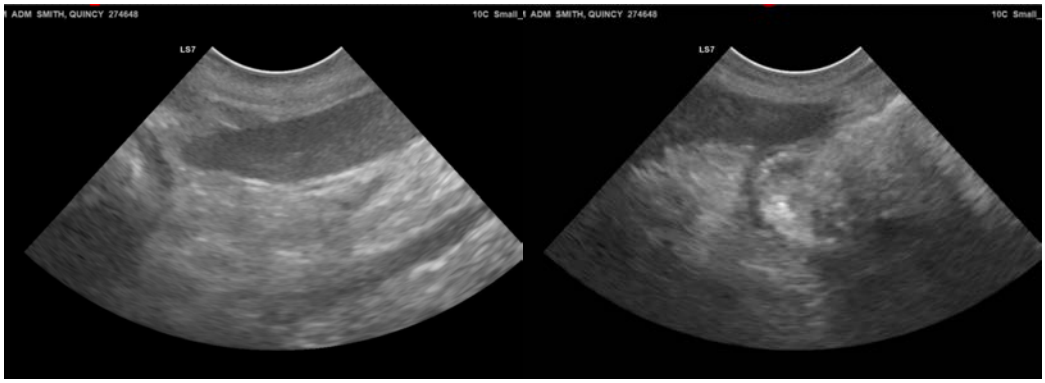

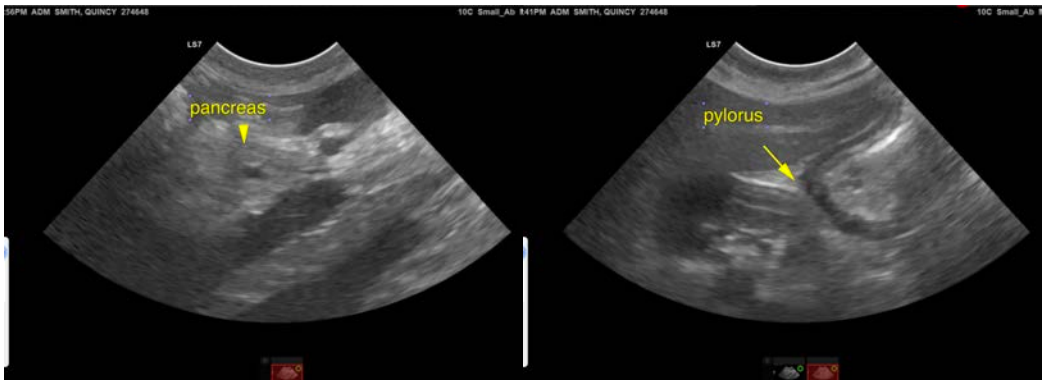

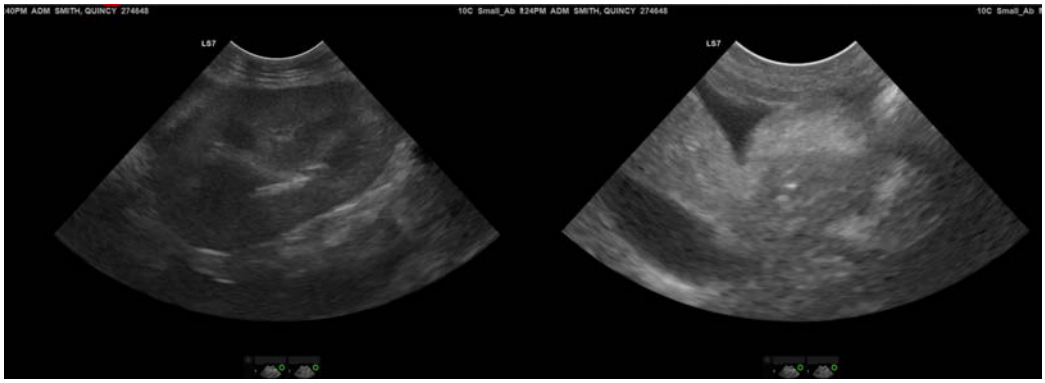

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com