



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Dippy Ryan
SPECIES Feline
BREED DLH
SEX Neutered Male
AGE 14 Years
WEIGHT 15.6 Pounds

Was seen at emergency clinic for lethargy and loss of appetite on 7/1/23. Ultrasound shows abdominal mass. Unable to determine what organ it is associated with. With supportive care and antibiotics, Dippy has improved and is eating / acting normal. Dippy also has diabetes and IBD - which preceded this and were stable. CBC/Chemistry all normal with moderate elevation in Glucose (expected since diabetic) Current Medications Lantus insulin, Clavacillin, Buprenex, Ondansetron, methimazole Radiographic Findings main concern is large cavitated mass seen on quick ultrasound scan done at emergency clinic. Radiographs had no further significant findings. Primary Question/Differential to Be Answered in This Exam would like to get a better impression of what the mass is and what tissue it is coming from. may have value for knowing whether surgery is a good option. Also to have a sense for whether there is any spread of the mass

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 4.89 cm. The left kidney measured 5.0 cm with an anechoic cyst measuring 1.3 cm in the dorsal cortex.

Adrenal Glands

The **left adrenal gland** was mildly enlarged at 0.57 cm and slightly irregular.

The **right adrenal gland** presented normal size and contour, measuring 0.40 cm.

Spleen

The **spleen** revealed a hyperechoic nodule at the mid body measuring 0.58 cm. The spleen was uniform otherwise.

Liver

The **liver** presented multifocal hypoechoic nodules up to 1.3 cm x 0.90 cm and 1.6 cm x 0.76 cm. Other hypoechoic nodules were noted throughout the hepatic parenchyma. Coarse architecture noted elsewhere. The gallbladder was unremarkable.

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

INVOICE

44032

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7/17/23



PATIENT *Pancreas*

Dippy Ryan The left pancreatic limb revealed echogenic coalescing cysts with a significant amount of debris. Maximum width of 4.0 cm. Multifocal cystic changes noted throughout the pancreatic parenchyma, consistent with pancreatic pseudocyst. However, it may be infected, or possibility of carcinoma.

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ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged, irregular left adrenal gland
- Hyperechoic splenic nodule
- Liver cyst and age related changes
- Pancreatic cysts
- Age related renal changes with left kidney cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage of the cystic material in the pancreas with culture and cytology after cytospin indicated. FNA of the hepatic nodules indicated to assess for nodular hyperplasia versus metastatic disease. FNA of the parenchymal portions of the pancreatic pathology also indicated. Prognosis is guarded depending upon cytology results. The pancreatic pathology appears to be debulkable yet not resectable, given that both limbs were occupied with the polycystic changes, but primarily in the left limb. The fluid in the pancreatic cyst may be suppurative, and may be the cause of the clinical status. The left adrenal gland is concerning and should be monitored, as emerging carcinoma is a potential. It does appear resectable at this time. Blood pressure measurement indicated.

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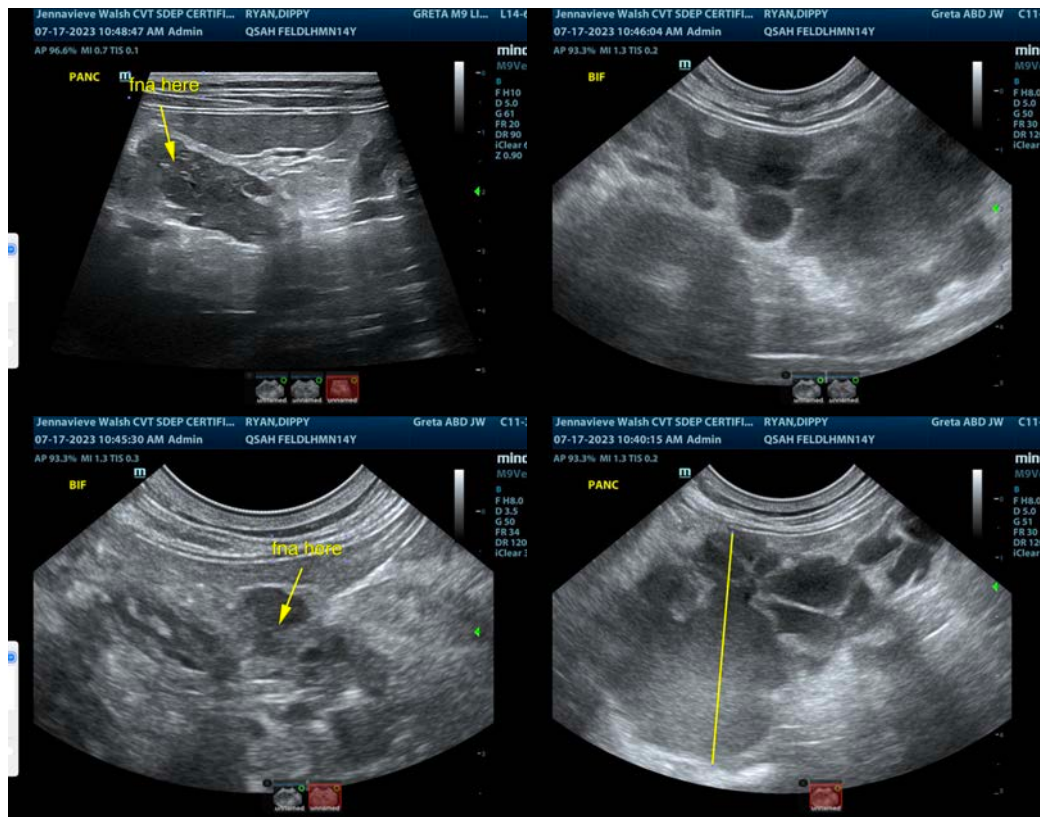
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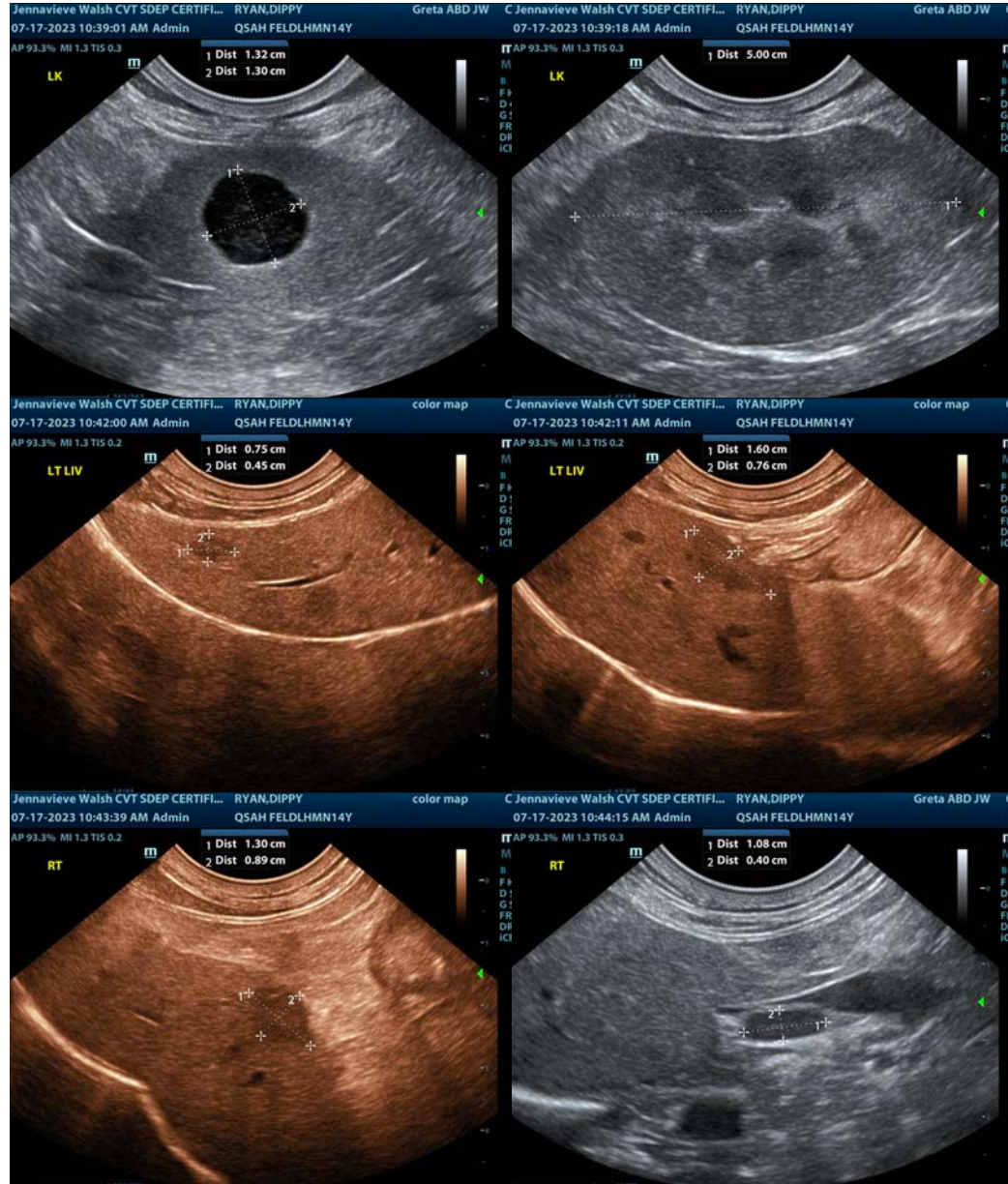
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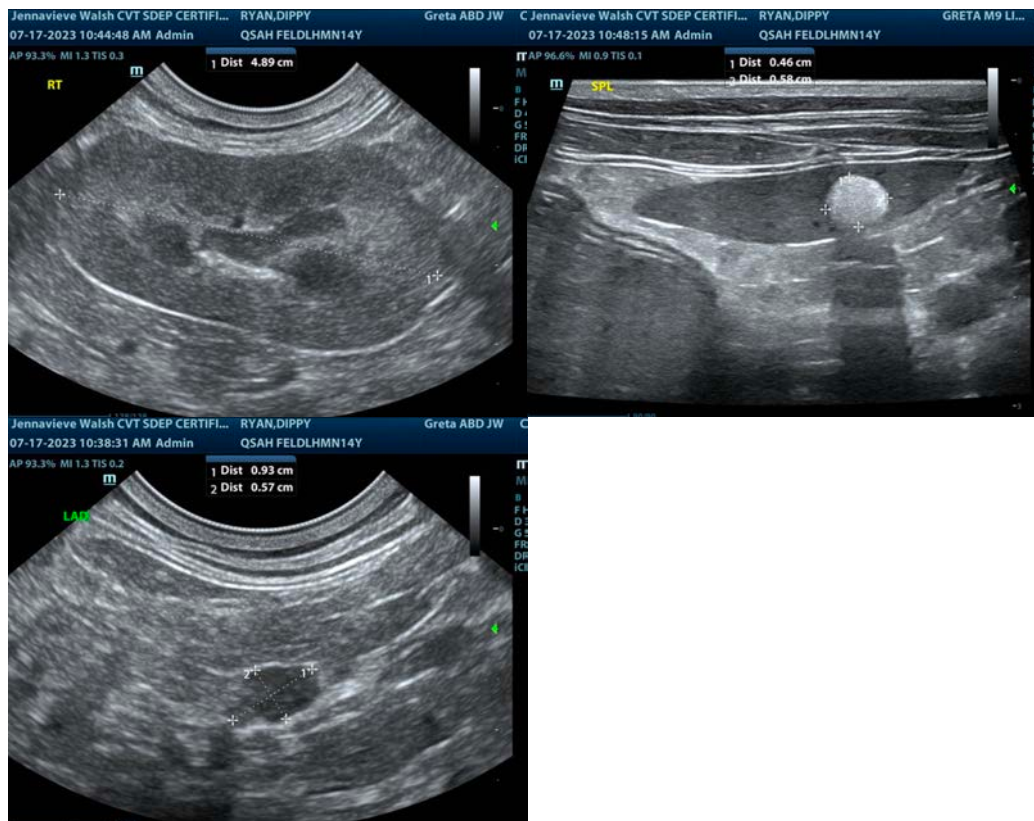
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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