



PATIENT

Opal Rodriguez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Stockmal

INVOICE

32033

DATE

7/28/22

PRESENTING CLINICAL SIGNS

History: Weight loss, found a few drops of blood in litterbox, history of distended abdomen.
Abnormal PE/Chem/CBC/UA Results: Ca 7.9, Neu 8515, precision PSL 37

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 left kidney presented multi-focal infarcts and dystrophic changes. The left kidney revealed expansive, irregular cortical nodules. This is likely secondary to infarcts. Blood flow to the left kidney was subnormal on color flow assessment. The right kidney revealed pelvic calculi and dystrophic changes. The right kidney measured 3.0 cm.

Adrenal Glands

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

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 multi-focal, lobar biliary mineralization. A 1.5 cm hyperechoic nodule was noted in the left medial liver. A large, abnormal tortuous vessel was noted in the cranial abdomen. A separate hyperechoic liver mass was noted and measured 4.0 cm. The gallbladder was mildly thickened, yet empty.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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.

ULTRASONOGRAPHIC FINDINGS

Renal dystrophy.

Full stomach.

Hepatomegaly with echogenic mass and nodule. Suspect carcinoma.

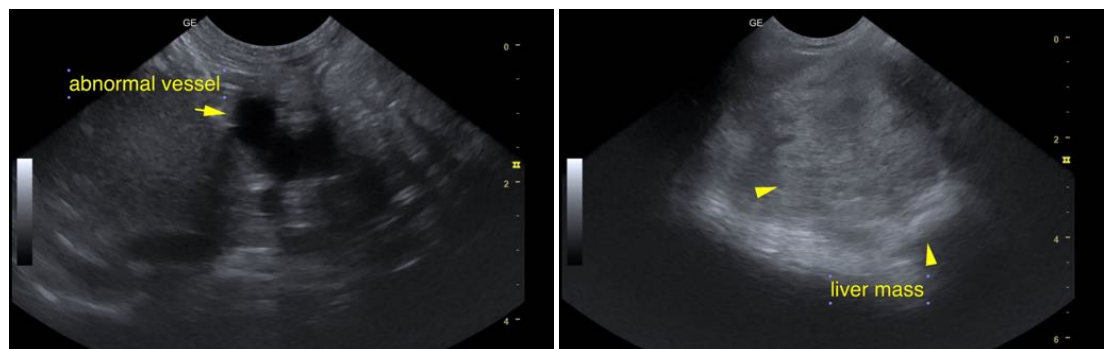
Abnormal extrahepatic vessel, suspect portosystemic shunting; however, it may not be clinically significant.

Stress adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver mass and CT with contrast is recommended to assess the extrahepatic vascular anomaly is warranted. Full urinary work-up is warranted. The patient may be passing calculi periodically.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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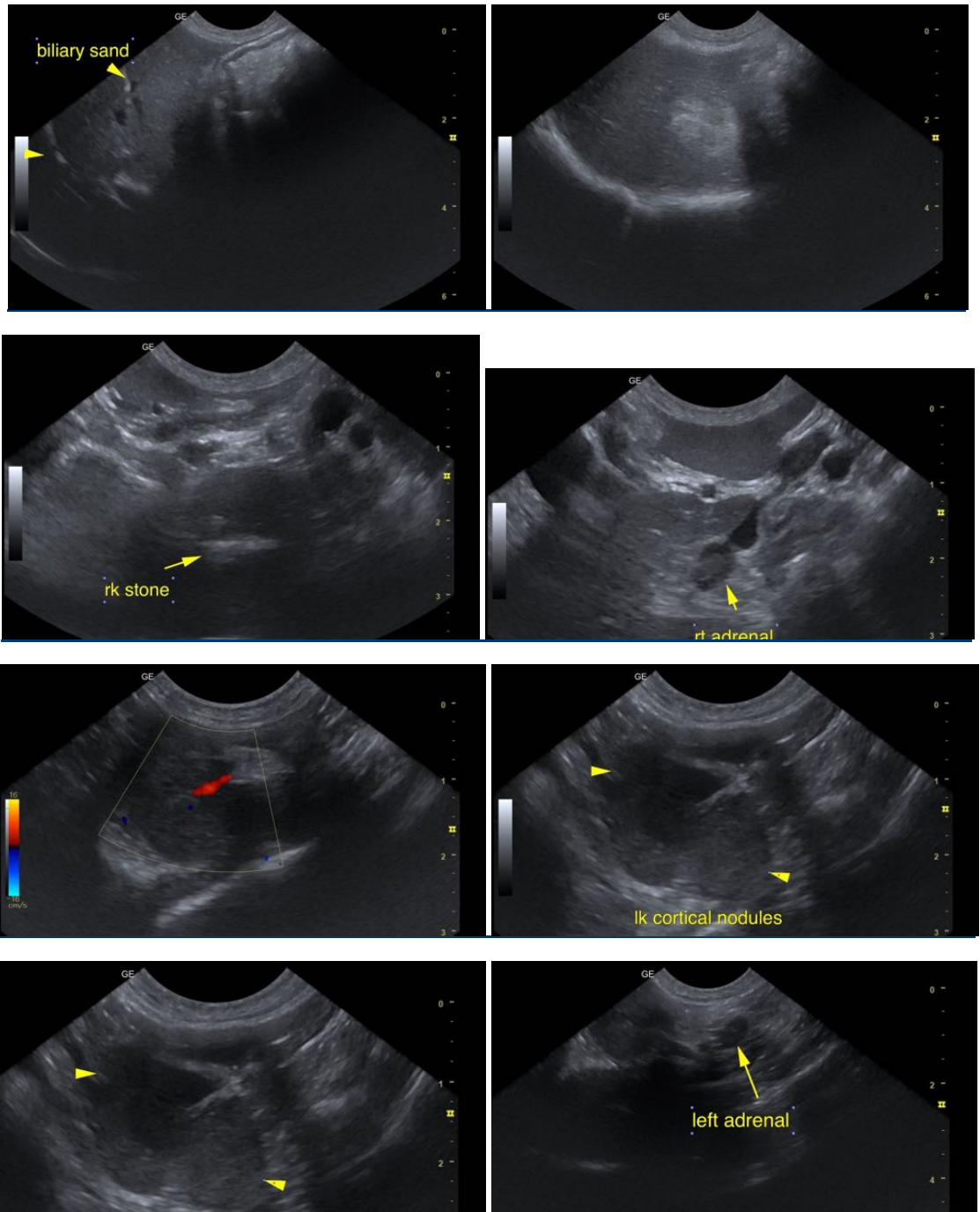
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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