



PATIENT PRESENTING CLINICAL SIGNS

Winnie Alfano

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

18 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Village Centre AH

REFERRING VET

Dr. Kunnath

INVOICE

39895

DATE

7/28/22

Presented for distended abdomen, difficulty breathing, no bowel movement in several days, no changes in eating or drinking. Indoor cat only. No prior history known. Multi cat household (4 others at home). Physical exam showed extremely distended abdomen, early periodontal disease, rest of PE unremarkable. X-rays taken, aspirated 1.9L of clear-yellow fluid from abdomen.

Abnormal PE/Chem/CBC/UA Results: Fluid Analysis with Cytology Description: A single direct smear, sediment smear and cytopsin preparation made from abdominal fluid are evaluated. The fluid is minimally cellular and hemodiluted. The background is pale and eosinophilic with a few protein crescents and scattered ruptured cells admixed amongst low numbers of erythrocytes. The nucleated cells consist of low numbers of non-degenerate neutrophils with scattered macrophages and a minimal number of small/mature lymphocytes. Etiologic agents and atypical cells are not apparent.

Interpretation: Non-inflammatory fluid with an increased fluid protein content; Protein-rich transudate
Comment: The cytologic findings reveal non-inflammatory fluid with an increased fluid protein content.

This is consistent with a protein-rich transudate. A cause for this effusion is not apparent, as etiologic agents and atypical cells were not seen. Causes of protein-rich transudates may include cardiac insufficiency, cardiomyopathy, compression of vessels from neoplasia, and inflammation or torsion of an organ. rads: Findings: STUDY: Orthogonal abdomen radiographs dated July 25, 2022. THORAX: • The included portions of the thorax are unremarkable as can be best interpreted despite overexposure from the abdominal technique ABDOMEN: • The abdomen is distended with decreased detail. • There is no evidence of pathologic gas distention of small intestine. • There is a mild amount of ingesta within the stomach. • There are mineral opacities superimposed with the kidneys. The kidneys are subjectively small. • The portions of the liver, spleen, and urinary bladder that can be evaluated are unremarkable.

MUSCULOSKELETAL: • The skeletal structures are unremarkable. Assessment: 1. Nonspecific peritoneal effusion. Differentials include malignant effusion, transudate, exudate, feline infectious peritonitis, or hypoproteinemia. Alternatively, hemorrhage or chylous effusion. 2. Subjectively small kidneys with renal peridiverticular dystrophic mineralization or small nephrolith. Consider chronic renal degeneration. 3. Otherwise, unremarkable abdomen. Comments/Recommendations: • Consider abdominal ultrasound to further assess for causes of the peritoneal effusion. • Cytology of the fluid is reportedly pending.

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 **left kidney** was significantly distorted with subcapsular halo and regional inflammation, strongly consistent with renal lymphoma. Generalized enlargement noted at 5.53 cm.

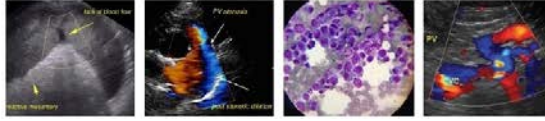
The **right kidney** presented dystrophic changes and irregular contour. Cortical infarcts noted. Subnormal size at 2.76 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

An undifferentiated mass was noted, involving the **spleen** and possibly the stomach, measuring 5+ cm.



PATIENT *Liver*

Winnie Alfano The **liver** was heterogeneous with iso- to hypoechoic nodular changes, likely metastatic disease. The gallbladder was unremarkable.

SPECIES *Gastrointestinal*

Feline The **stomach** was impinged upon and enveloped by the omental pathology, as was the majority of the upper gastrointestinal tract.

BREED *Pancreas*

DSH The region of the **pancreas** revealed hypoechoic, irregular contour in the left limb, surrounded by nodular omentum.

SEX *Other*

Spayed Female Free fluid and heterogeneous omental changes noted throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- Multicentric neoplasia involving the left kidney, spleen, omentum, free fluid, possibly liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Humane euthanasia should be considered in this patient. Prognosis is poor.

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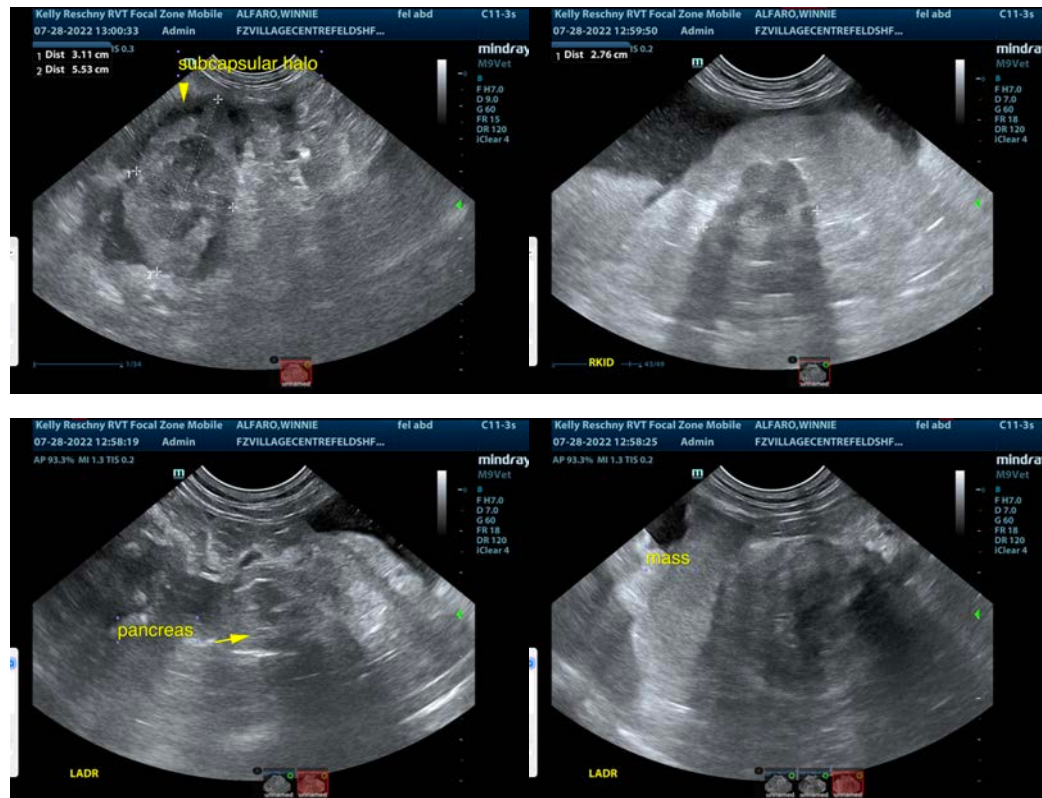
Dr. Kunnath

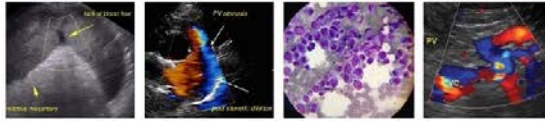
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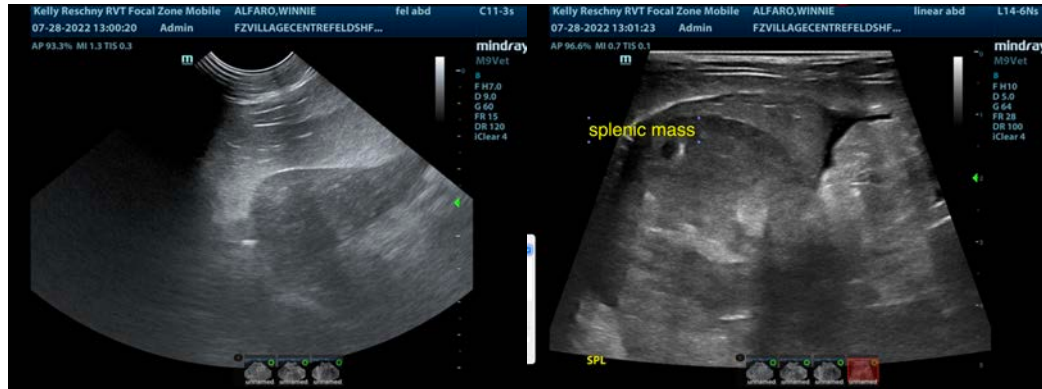
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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