

PATIENT PRESENTING CLINICAL SIGNS

Oliver Nagle Odd mass like object in abdomen.
Abnormal PE/Chem/CBC/UA Results: WBC 20.92 high NEU 19.49 high NEU% 93.2 high LYM% 4.3
Low EOS% 0.4 Low

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DLH

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly.

SEX

Neutered Male

This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

AGE

10 Years

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.16 cm. The left kidney measured 4.76 cm.

WEIGHT

7.25 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.51 cm. The left adrenal gland measured 0.49 cm.

IMAGING PERFORMED BY

Sara Hansen

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

HOSPITAL NAME

The Pet Clinic

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.

REFERRING VET

Dr. Webb

Transdiaphragmatic view revealed pleural effusion.

INVOICE

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Gastrointestinal

The **stomach** itself was unremarkable. The distal small intestine revealed variable thickening. Regional mesenteric lymph nodes were enlarged and rounded, measuring up to 1.5 cm. FNA indicated.

DATE

7/7/22



PATIENT *Pancreas*

Oliver Nagle 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.

SPECIES
Feline *Heart*

Rapid view of the heart revealed volume contraction.

BREED
DLH **PRIMARY FINDINGS**

- Variable intestinal thickening with mesenteric lymphadenopathy
- Pleural effusion, non-cardiogenic

SEX
Neutered Male **SECONDARY FINDINGS**

- Urinary bladder debris
- Interstitial nephrosis renal pattern
- Volume contracted spleen

AGE
10 Years **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Strong concern for mesenteric root +/- intestinal based lymphoma or similar neoplasia with metastatic spread to the chest. FNA of the mesenteric lymph nodes, pleurocentesis and cytospin indicated as well as chest radiographs and thoracic ultrasound.

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7.25 Pounds

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Eric Lindquist, DMV
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IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Pet Clinic

REFERRING VET

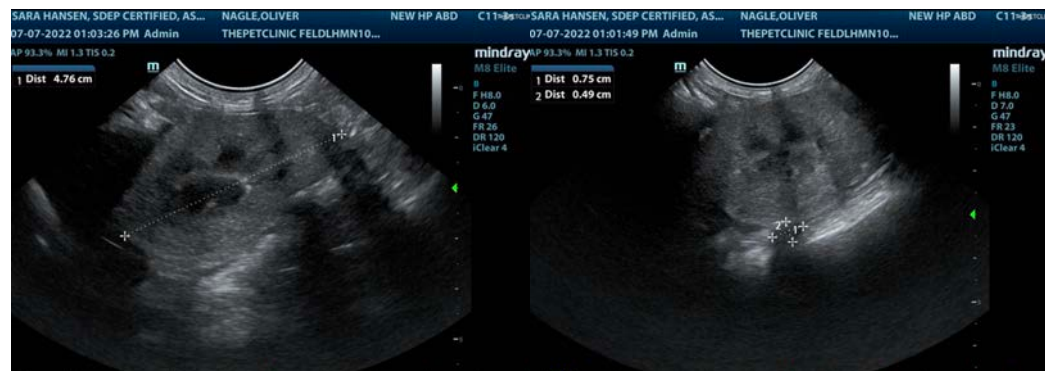
Dr. Webb

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PATIENT

Oliver Nagle

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

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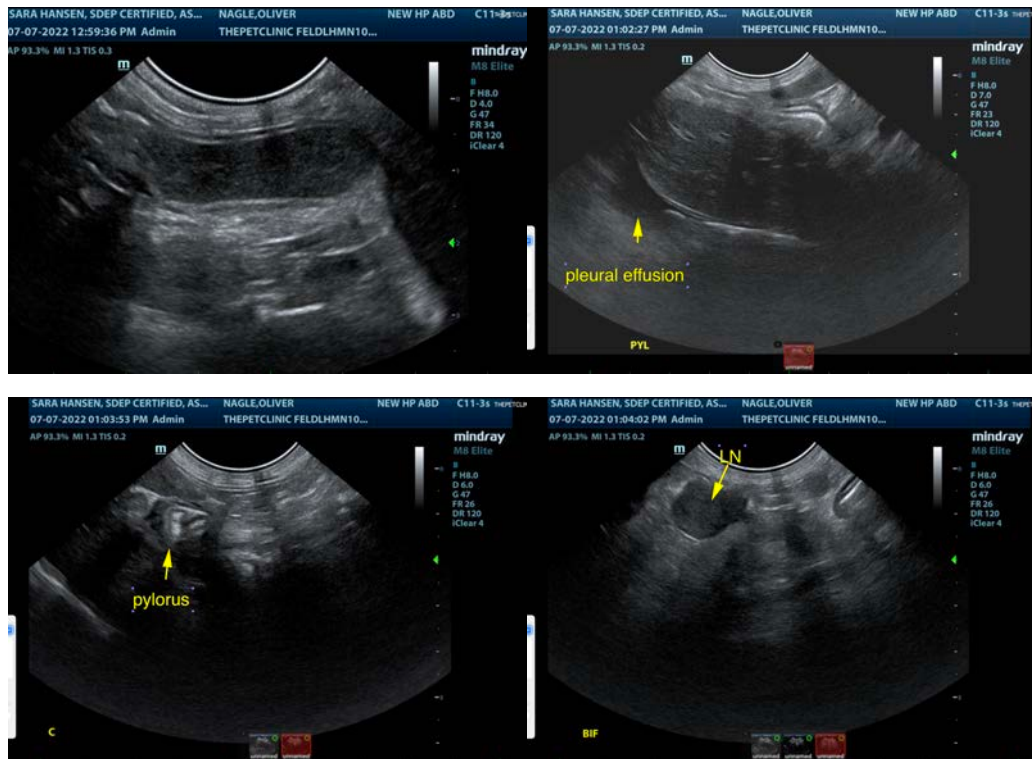
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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