



PATIENT PRESENTING CLINICAL SIGNS

Krishna Appleman

P has been hiding more the past 3 days and not sleeping on O's bed like he's done every day for years. Was vomiting a lot last week but since Os have been brushing him this week hasn't been vomiting anymore. O says appetite is reduced also. Clinical findings: - ~6% dehydrated (reduced skin tent, tacky MMs), lost 1.8lbs since last exam in April 2023, epaxial wasting/cachexia and some crepitus in stifles. Grade II/VI parasternal systolic heart murmur which is new finding.

SPECIES

Feline

BREED

Siamese X

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings CBC: Lymphopenia 0.67k, otherwise WNLs CHEM17: AST 71 (H), GLUC 174 (H), otherwise WNLs SDMA: 12 (WNLs T4: 0.9 (low-normal) UA: Grossly cloudy and has an odor. USG 1.042, trace protein, Bil 1+, otherwise normal. WBC/RBC <1/HPF, no cells seen on manual sed but mucus seen with several cocci stuck within. Current Medications None Radiographic Findings Loss of serosal detail within abdomen (esp. in caudal abdomen) prompted in-house ultrasound which found hyperechoic nodules in the spleen, trace fluid accumulation surrounding the liver.

AGE

13 Years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

8.2 Pounds

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. 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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 left kidney measures 3.5 cm. The right kidney measured 3.5 cm.

IMAGING PERFORMED BY

Sara Hansen

Adrenal Glands

HOSPITAL NAME

The Veterinary Hospital

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.

REFERRING VET

Dr. Yamada

Spleen

The **spleen** presented multifocal hyperechoic lipid nodules, not overtly pathological. Heterogeneous omental changes present. Target type splenic lesion also noted with capsular expansion.

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Liver

The **liver** was swollen and enlarged with isoechoic nodular changes that had a target-type appearance and disrupted architecture. Coalescing nodules created mass effects. The gallbladder and common bile duct were unremarkable. Occasional parenchymal cyst also present. An overt left-sided liver mass was present measuring 2.7 cm.

DATE

7/7/23



PATIENT *Gastrointestinal*

Krishna Appleman 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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Some heterogeneous overlying omental changes were present.

Free Abdomen

Moderate amount of free fluid noted in the abdomen with nodular omental changes. A sublumbal lymph node was mildly enlarged up to 8.0 mm.

ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic neoplasia with regional lymphadenopathy and splenic involvement
- Free fluid
- Urinary bladder debris
- Interstitial nephrosis renal pattern
- Age related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lymphomatosis/mastocytosis type presentation. FNA spleen and liver, abdominocentesis and cytospin all valid in efforts to obtain definitive cytology. Prognosis is poor.

IMAGING PERFORMED BY

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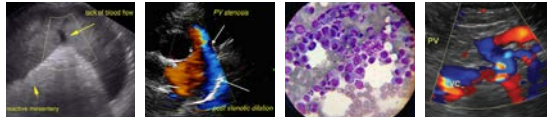
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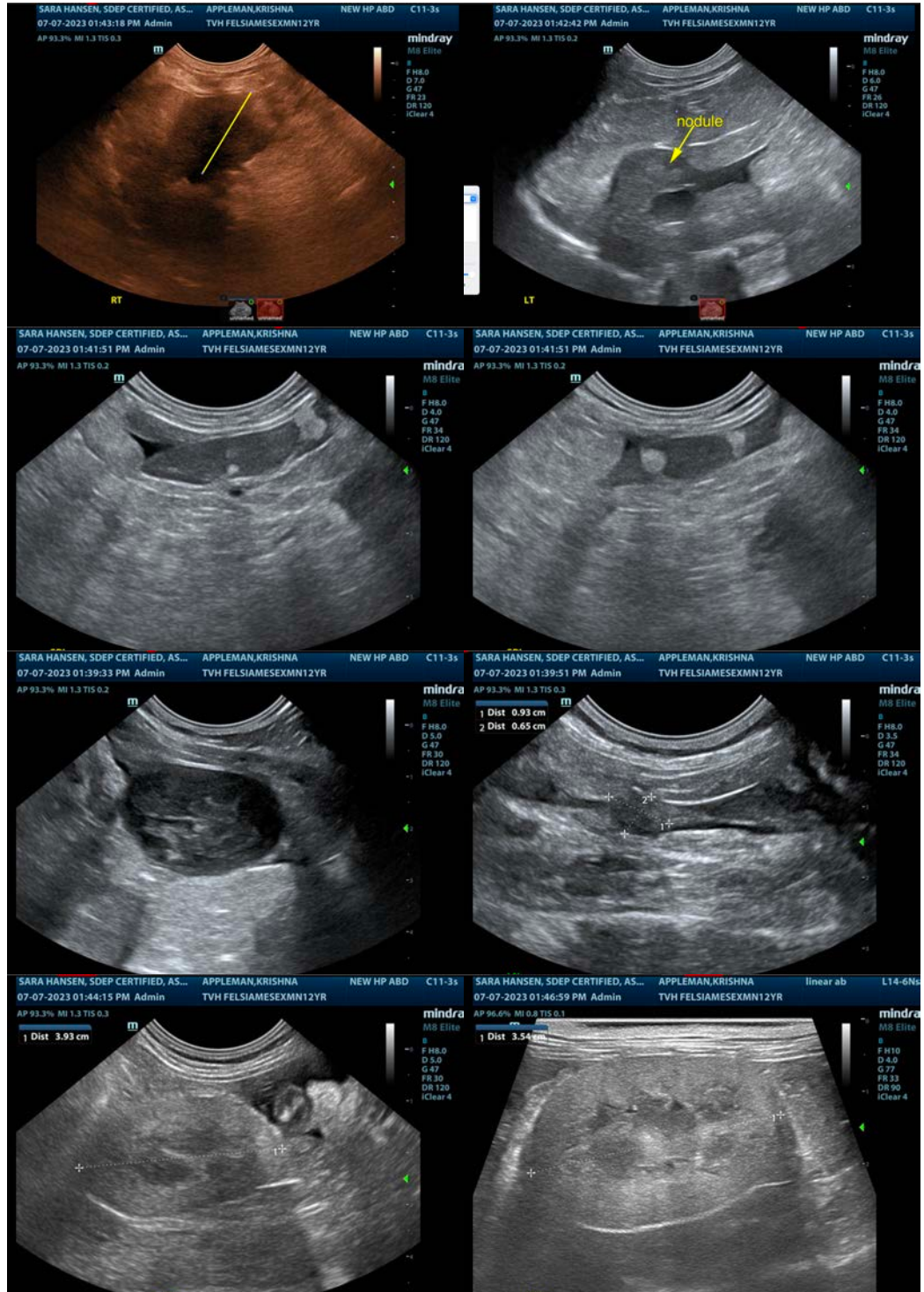
Dr. Yamada

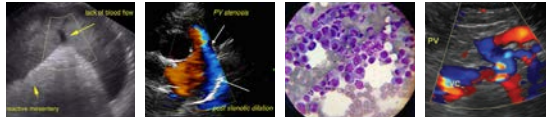
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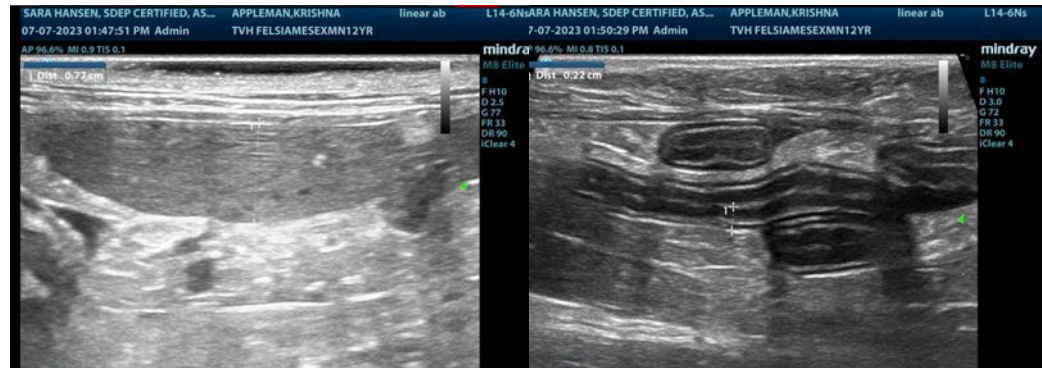
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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