



**PATIENT**

Junebug Rumachik

**SPECIES**

Feline

**BREED**

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

5.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jill Rumachik

**HOSPITAL NAME**

Clarity Imaging LLC

**REFERRING VET**

Dr. Eric Howlett

**INVOICE**

39979

**DATE**

8/1/22

**PRESENTING CLINICAL SIGNS**

Approximately 2 week duration of increasing lethargy, inappetence, and weight loss. No vomiting/diarrhea. Urinating normally. Around the same time, a large, firm 4cm x 4cm mass slightly lateral to the right hip appeared. Potentially trauma as cat was chased into a door by a large dog around the same time.

Abnormal PE/Chem/CBC/UA Results: -BW: mild anemia; mild neutrophilia; ALT slightly low - Urinalysis: large amt of RBCs in spite of clean stick, but no evidence of infection on culture; no crystals - FNA of mass revealed bloody, serous fluid -- RBCs, proteinaceous background, some WBCs - but no evidence of malignancy at that time. Submitting slides to pathologist for further review.

**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** presented thickened, echogenic cortices and idiopathic hyperechoic medullary rim sign. Corticomedullary mineralization noted in both kidneys. The left kidney measured 4.54 cm. The right kidney measured 3.68 cm.

**Adrenal Glands**

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

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**Liver**

The **liver** was uniform and slightly swollen, mildly irregular. An irregular swelling was noted in the left liver with slight capsular expansion. The gallbladder was unremarkable.

**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.

**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.



**PATIENT**

**Other**

Junebug Rumachik

Sublumbar lymph node mass noted dorsal to the urinary bladder, measuring approximately 2.0 cm.  
Transdiaphragmatic view revealed pleural effusion.

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**ULTRASONOGRAPHIC FINDINGS**

- Sublumbar lymph node mass with irregular hepatic nodule or mass
- Thickened, echogenic renal cortices
- Micronodular spleen
- Swollen, irregular liver
- Gastric ingesta – possible hairball.
- Slight pleural effusion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hairball density may be an issue. FNA of the sublumbar lymph node and liver recommended for further definition. Guarded prognosis. Round cell neoplasia or metastatic disease possible. Granulomatous disease less likely.

**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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