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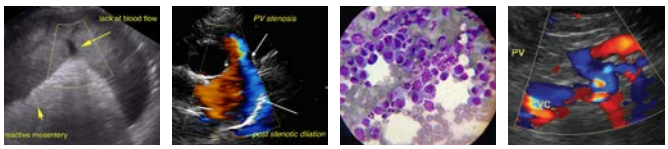

PATIENT
Stuart Little Krug

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
12 Years

WEIGHT
16.2 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Green

HOSPITAL NAME
Stanglein VC

REFERRING VET
Dr. Terry Stanglein

INVOICE
40333

DATE
8/10/22

PRESENTING CLINICAL SIGNS

8/8/22 morning acting normal, eating and drinking normal, noticed that evening his abdomen was very distended, 8/9 brought p in for exam, excessively drooling, abdomen full with ascites of unknown origin, suspect cancer. Abominocentesis ~400 ml bloodtinged/clear/hazy fluid from abdomen, upon AFAST still large amount of ascites present but p not tolerating any more draining. Started injectable lasix and sent home on oral lasix, obtained fluid for lab analysis. 8/10 recheck exam revealed minimal ascites (per o has continued leaking fluid overnight, also is not eating now)
Abnormal PE/Chem/CBC/UA Results: xrays difficult to assess due to ascites, bloodwork all normal, BNP normal,....fluid analysis: Protein rich (modified) Transudate, WBC 2450 (High normal), RBC 30,000. Protein 3.6....

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.43 cm. The left kidney measured 4.09 cm.

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 left adrenal gland measured 0.26 cm. The right adrenal gland measured 0.30 cm.

Spleen

The **spleen** revealed a 2.0 cm expansive mixed hypoechoic mass with minor surrounding free fluid.

Liver

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.

Gastrointestinal

The **stomach** revealed a normal pylorus. The gastric fundus presented a luminal density consistent with hairball accumulation. The small intestine and colon were unremarkable.

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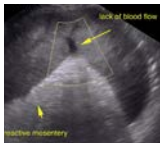
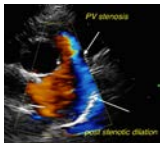
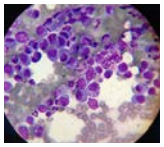
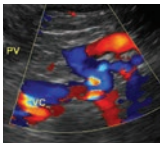

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Pancreas

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.

Free Abdomen

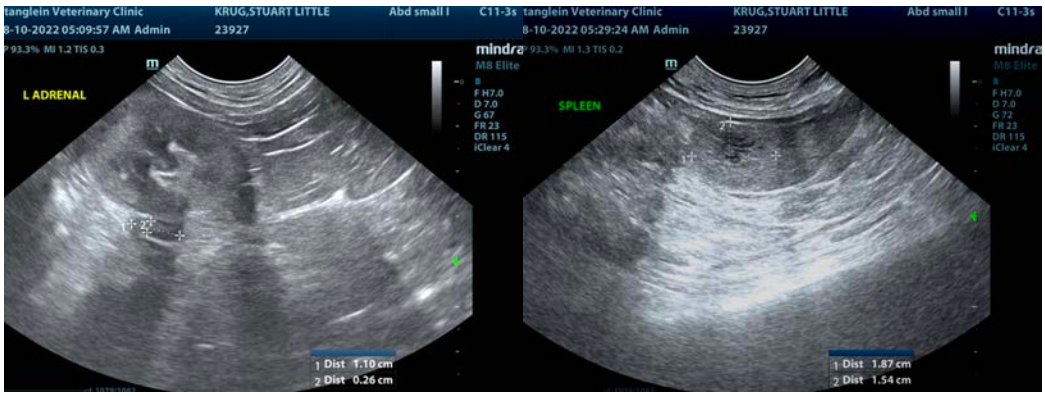
Significant body wall edema noted adjacent to the urinary bladder. Assessment of cause warranted, as cause is unclear based upon abdominal presentation.

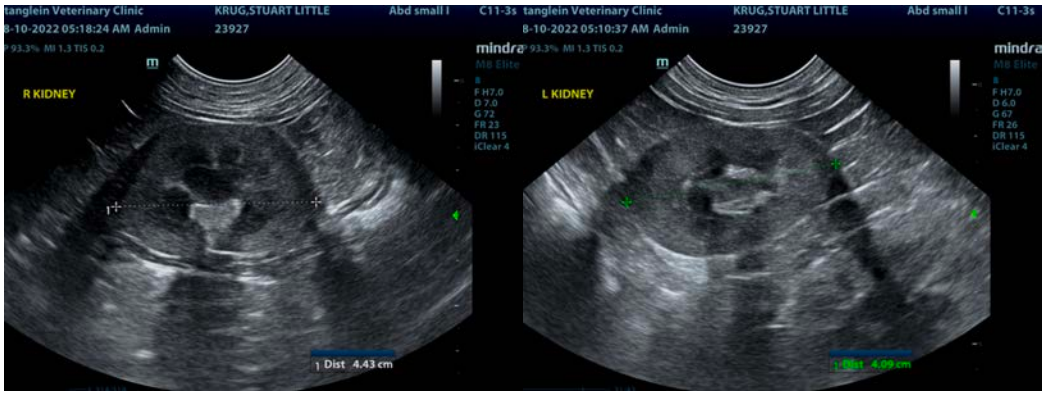
ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Age related renal changes
- Possible hairball accumulation
- Body wall edema adjacent to urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenectomy would be indicated, especially given the slight free fluid. Hemangiosarcoma or round cell neoplasia suspected. Chest radiographs indicated. However, the cause of body wall edema should be defined prior to abdominal surgery/laparotomy.





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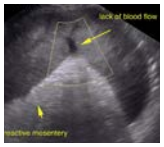
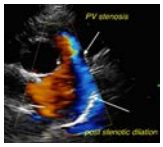
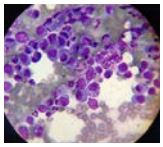
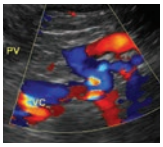

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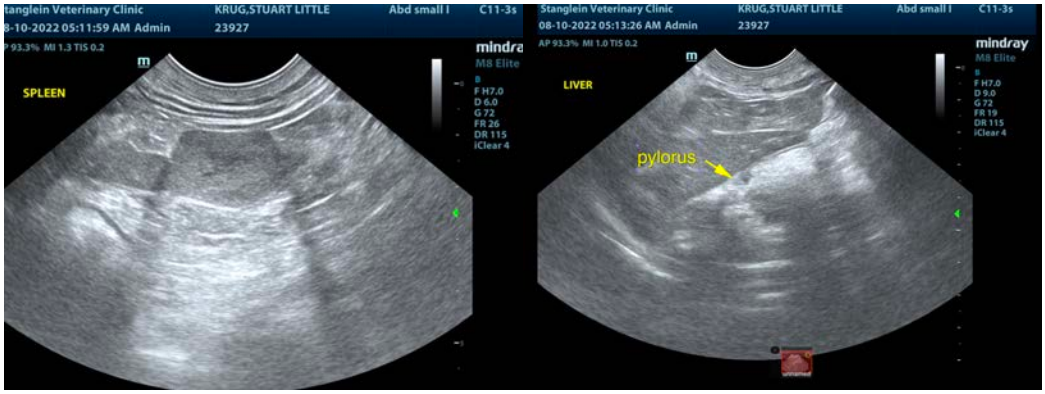

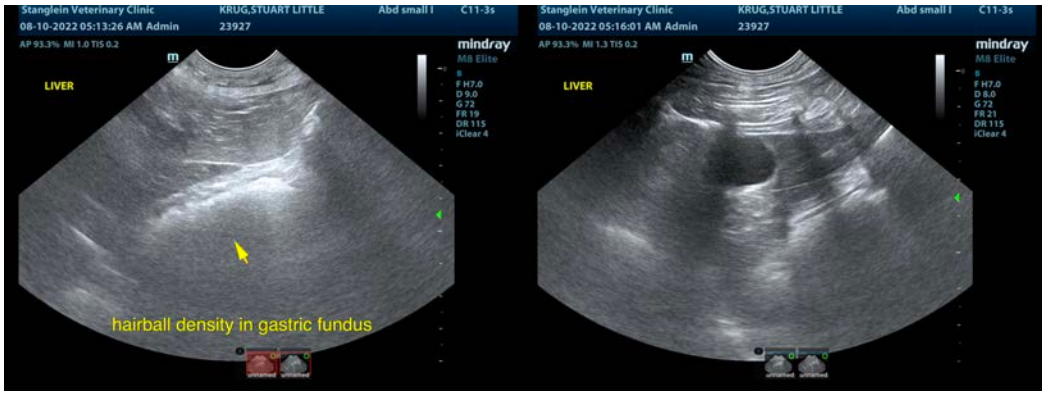

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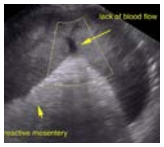
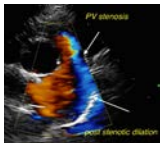
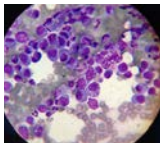
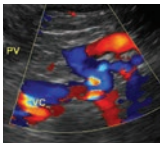

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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