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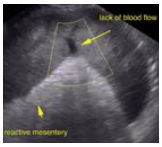
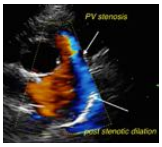
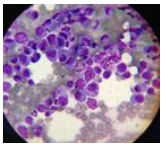
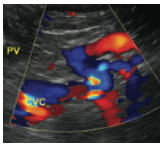

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1-800-838-4268 info@sonopath.com

PATIENT

Ty Vanblarcam

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

8.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gramazio

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Demeo

INVOICE

46595

DATE

8/14/23

PRESENTING CLINICAL SIGNS

History: patient is vomiting, lethargic, radiographs demonstrated a large mass like effect in the area of the kidneys
Abnormal PE/Chem/CBC/UA Results: 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Cortical infarcts/collapse was noted in both kidneys. The left kidney revealed a peri-renal pseudocyst. The right kidney revealed early pseudocyst formation with subcapsular fluid accumulation. The right kidney measured 2.8 cm with mineralization. Blood flow to the kidneys appeared to be mildly subnormal on power Doppler assessment.

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.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A splenic nodule was noted in the mid body and measured 0.5 cm. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes. This is strongly suggestive for a neoplastic event and deviated the gallbladder slightly to the right. The coalescing nodules created a mass effect in the left liver. Diffuse hepatic remodeling was noted throughout.

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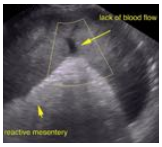
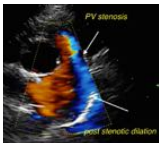
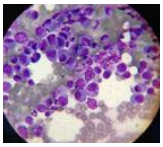
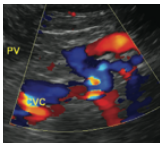

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Gastrointestinal

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.

Pancreas

A separate, nodular change was noted in the left pancreatic limb was present and measured approximately 2.0 x 1.5 cm. Hyperplasia, carcinoma and round cell neoplasia are all possible.

ULTRASONOGRAPHIC FINDINGS

Splenic nodule.

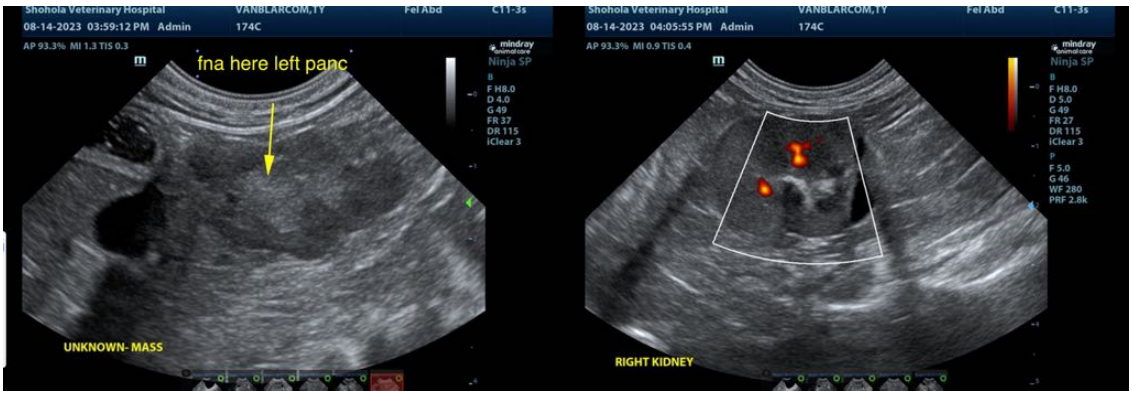
Liver mass.

Peri-renal pseudocysts in both kidneys. .

Pancreatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the splenic nodule and liver mass is recommended for further definition. Ultrasound-guided drainage of the peri-renal pseudocyst could be performed, yet is likely not a clinical issue at this point. CT evaluation would be ideal. FNA of the nodular pancreatic changes is recommended in this patient.



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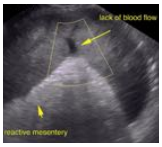
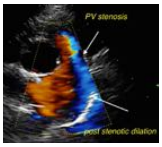
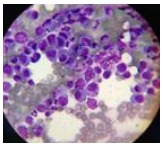
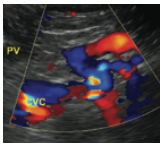

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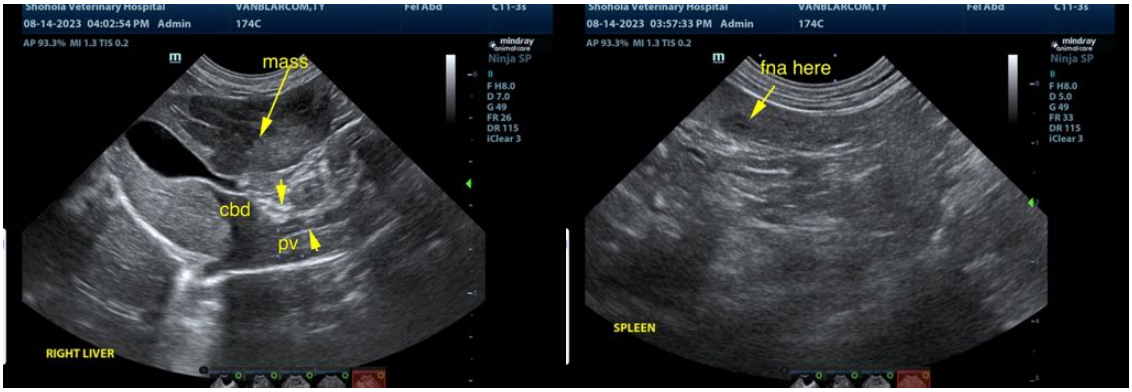

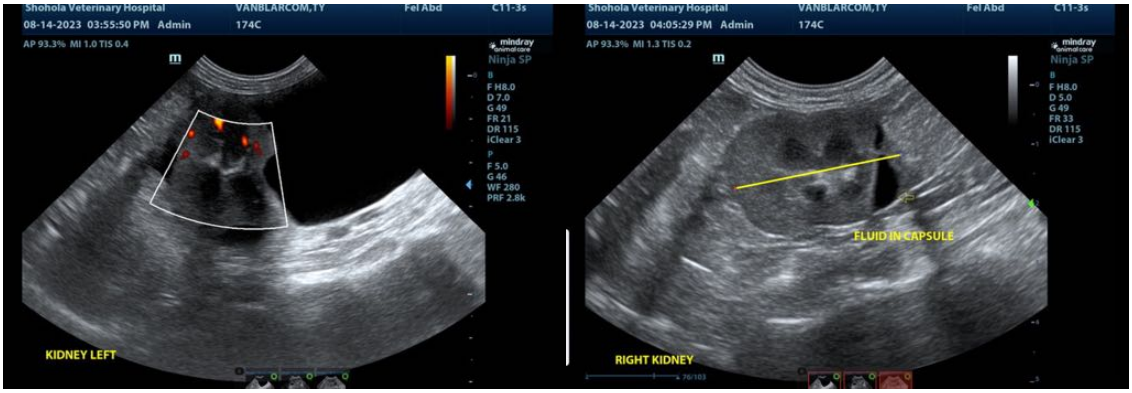

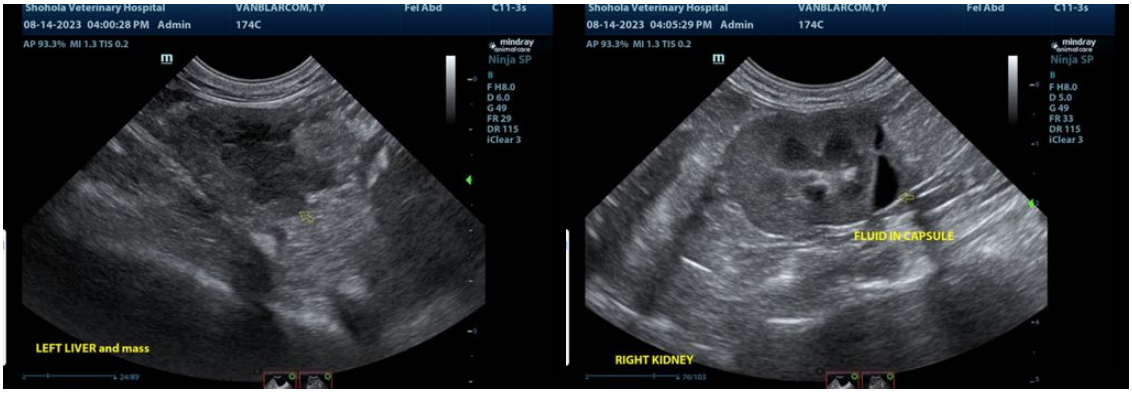

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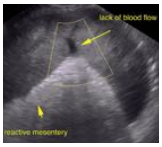

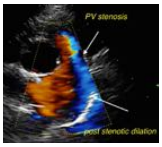

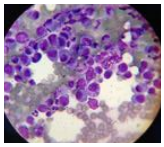
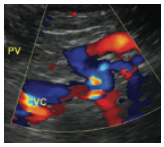

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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