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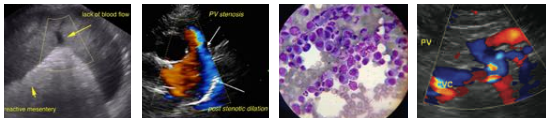

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Gemma Brown

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

10.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

91542

DATE

08/26/21

PRESENTING CLINICAL SIGNS

History: Diarrhea chronic, +/- constipation

Diarrhea PCR - Neg

Lymphoma on Pred 5mg Sid

Renal disease - stable

Ate last 9:45 PM

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.17 cm with trace pyelectasia that measured 0.2 cm. The left kidney revealed trace pyelectasia and measured 0.2 cm and was subnormal in size at 2.68 cm with a cortical infarct at the caudal pole of the left kidney.

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 0.23 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. 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** was slightly enlarged with minor, coarse architecture. Heterogenous, hypoechoic, ill-defined nodular changes were noted. There were two hypoechoic nodules noted in the right medial and right lateral liver adjacent to the diaphragm. The largest nodule measured 1.0 cm in the right cranial liver and 0.85 cm in the mid liver. These are non-disruptive. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was unremarkable.

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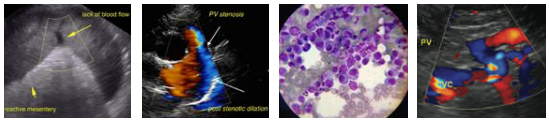

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. The intestinal wall thicknesses ranged between 0.2 cm and 0.27 cm. There was a minor amount of hair in the stomach. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The **pancreas** was coarse in architecture with heterogenous, micronodular parenchyma. The pancreatic duct was dilated at 0.12 cm. The left pancreatic limb measured 0.56 cm.

ULTRASONOGRAPHIC FINDINGS

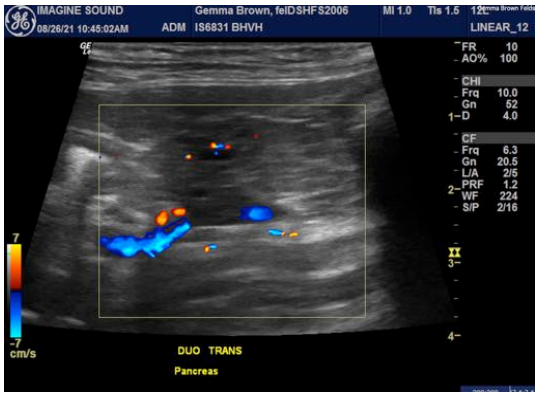
Chronic GI and pancreatic changes with persistent left renal infarct and subnormal size.

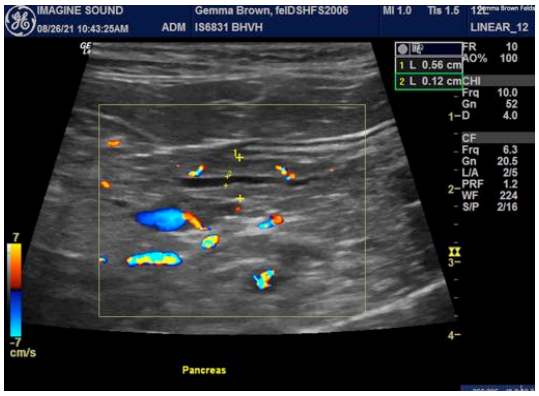
Hepatic nodules. The nodular changes may represent residual lesions related to lymphoma or reemergence.

Otherwise, the abdomen appears to be in remission.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic nodules should be monitored.





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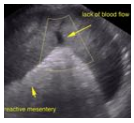
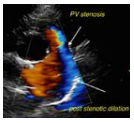
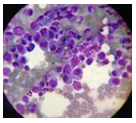
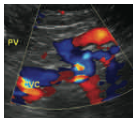

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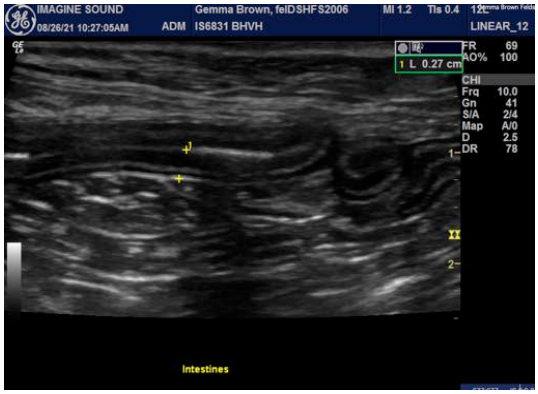

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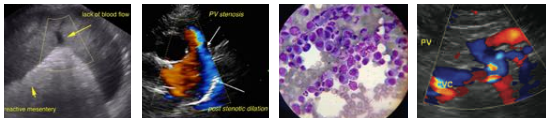

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com