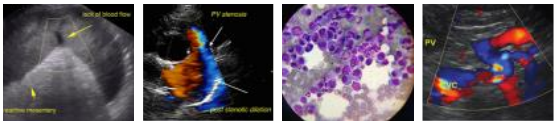

PATIENT

Robbie Fawcett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

DATE

8/8/22

Invoice
16787

PRESENTING CLINICAL SIGNS

History: profound weight loss in the last 2 months, reduced appetite, lethargy Heart Murmur grade 1-2 systolic ABNORMAL Labratory Findings Cell Blood Count, Chemistry, Thyroid all normal Current Medications Miratazapine, SQ fluids

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some moderate 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.

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 moderate and 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 measured 4.08 cm. The right kidney measured 4.42 cm. An anechoic cyst was noted in the cranial pole of the right kidney, measuring 0.88 cm.

Adrenal Glands

The **left adrenal gland** was uniform, yet swollen and hypoechoic. This is a mild change and most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.5 cm.

The region of the **right adrenal gland** was unremarkable.

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 were noted.

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.

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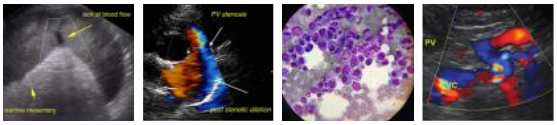

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MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
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Gastrointestinal

The **stomach** was filled with progressively shadowing material, suspect hairball accumulation. A colonic stricturing mass was noted, appears to be in the proximal colon, measuring approximately 2.0 cm x 1.0 cm. Variable lymph node enlargement was noted. The mesenteric lymph nodes were enlarged and irregular.

Pancreas

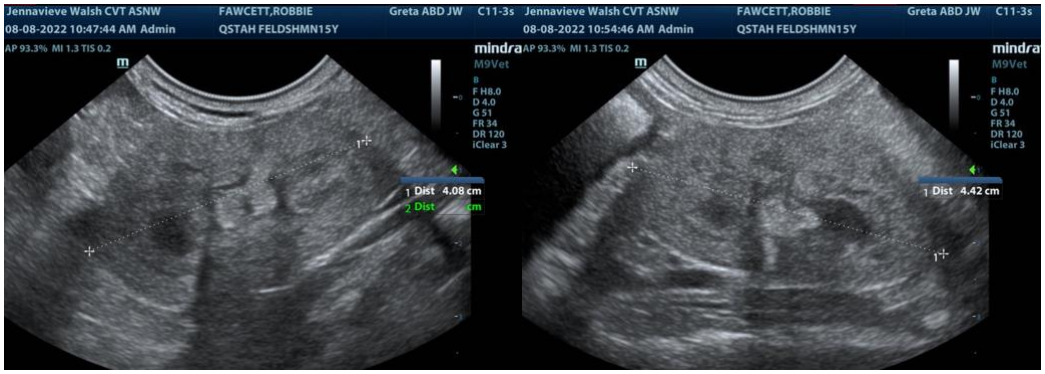
The left limb of the **pancreas** was hypoechoic, irregular and coarse in architecture. The left limb measured the upper limits or normal at 8.0 mm. Mild enhanced surrounding mesentery was noted. Low grade chronic active inflammation is suspected. The right limb of the pancreas was enlarged and irregular, measuring 1.4 cm with mass effect. The right pancreatic lesion was mineralizing.

ULTRASONOGRAPHIC FINDINGS

- Colonic stricturing mass
- Shadowing material in the stomach (suspect hairball accumulation)
- Chronic active pancreatitis pattern in the left pancreatic limb with a mass effect in the right limb- adenoma versus carcinoma or pronounced hyperplasia are all possible
- Swollen left adrenal gland, consistent with stress induced hyperplasia
- Interstitial nephrosis pattern with right kidney anechoic cyst
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two separate pathologies are likely playing a role in this patient. The stricturing colonic lesion, as well as the pancreatic lesion. The pancreatic lesion is suggestive for carcinoma. Necrosis or chronic pancreatitis is possible. The stricturing colonic lesion is strongly suggestive for carcinoma with a possibility of underlying lymphoma. Exploratory surgery could be considered with subtotal colectomy and removal of the right pancreatic mass, as it appears potentially resectable. CT evaluation for surgical planning would be ideal. Chest radiographs are warranted to assess for metastatic disease.



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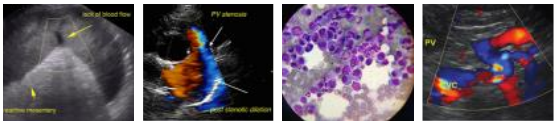

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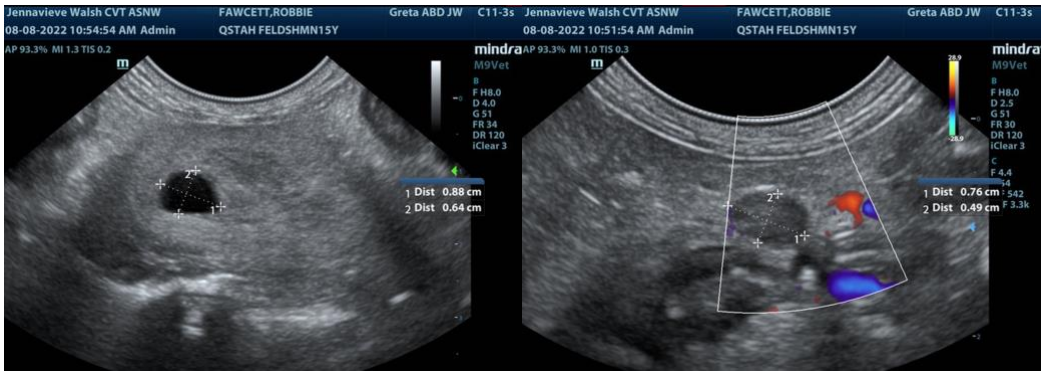

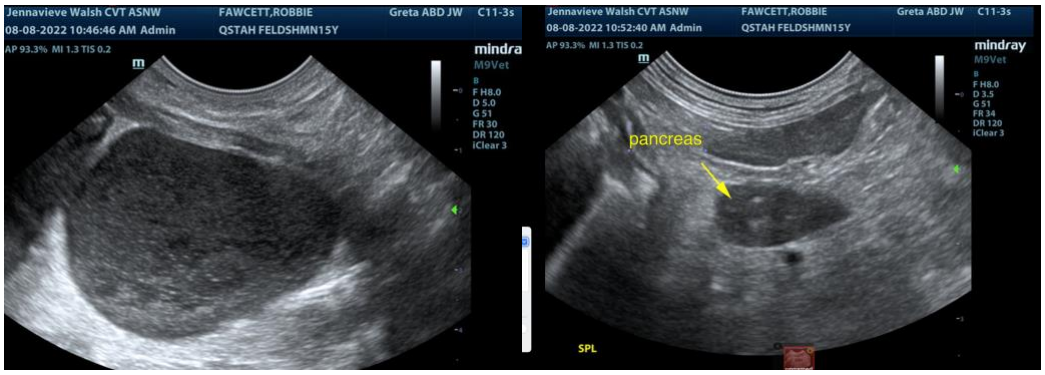

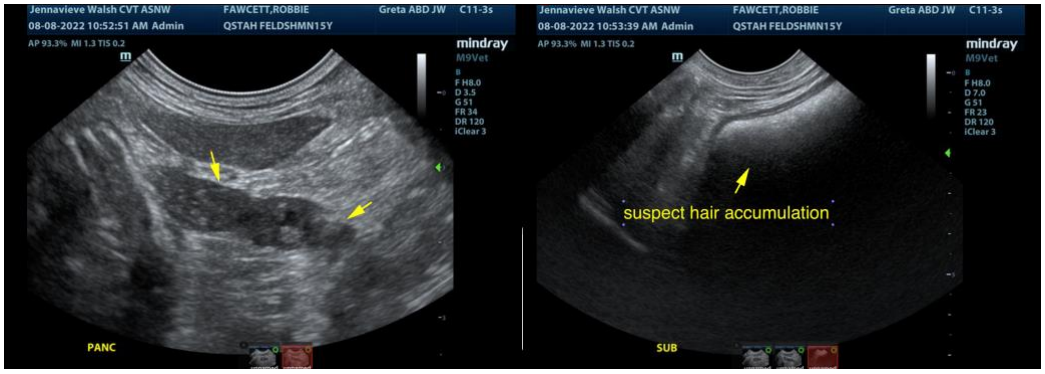

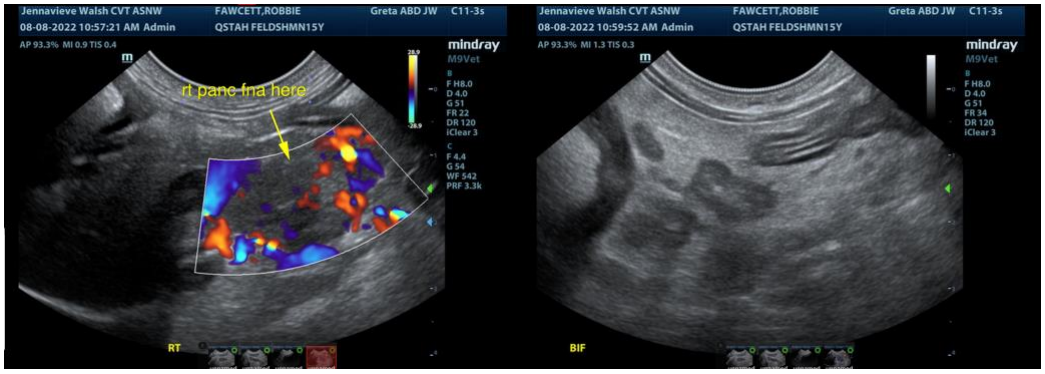

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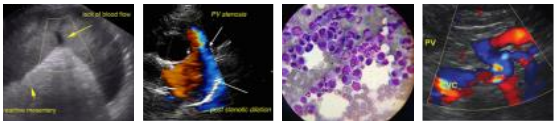

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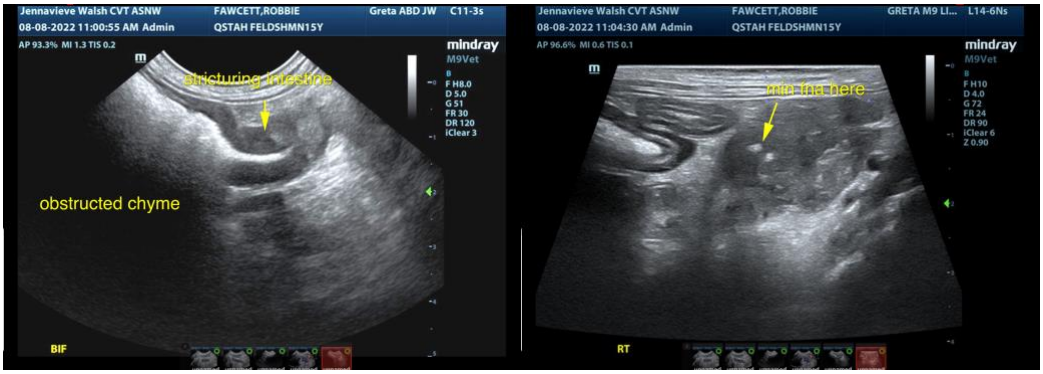

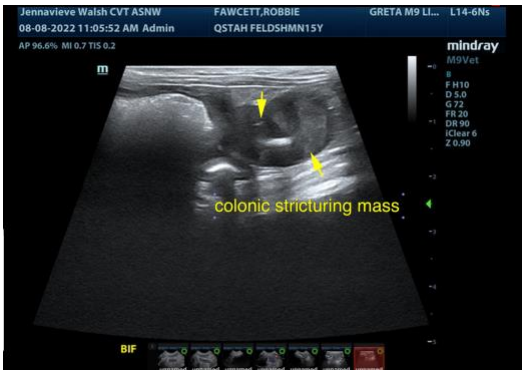

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com