



PATIENT

Scooter Burrell

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

7 Years

WEIGHT

12 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

16788

PRESENTING CLINICAL SIGNS

History: year long GI issues, vomits chronically. Takes Cerenia 2-3 times per week. Gradually losing weight. Abdominal palpation - one of the kidneys feels irregular

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Crea = 2.7. rest of lab work including UA are normal (USG = 1.037) Current Medications cerenia

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 **left kidney** was enlarged (4.7 cm) with thickened irregular cortices with capsular expansion-pericapsular inflammatory pattern.

The **right kidney** revealed similar changes to the left, measuring 4.49 cm with pericapsular inflammatory pattern and slight subcapsular halo.

Adrenal Glands

The **right adrenal gland** was uniformly enlarged, measuring 1.03 cm x 0.7 cm. An overt mass was noted in the cranial pole of the right kidney, strongly suggestive for round cell neoplasia.

The **left adrenal gland** was normal in size and contour, measuring 0.88 cm x 0.43 cm.

Spleen

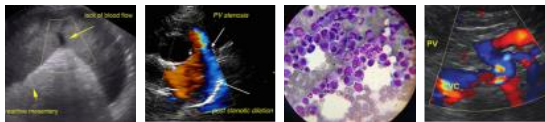
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Gastrointestinal

The **pylorus** was mildly thickened in this patient with retention of shadowing ingesta or hairball accumulation. The pylorus measured approximately 1.0 cm. Some areas of loss of detail were noted.



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The distal small intestine revealed an infiltrative mass adjacent to the urinary bladder with regional inflammation. The mass measured approximately 3.0 cm in width x 5.0 cm in length.

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Pancreas

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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.

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Free Abdomen

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Slight regional **lymphadenopathy** noted. Epigastric lymph nodes were slightly enlarged, measuring 0.5 cm.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Multicentric lymphoma pattern, involving the small intestine, kidneys and possibly the pylorus
- Bilateral renomegaly with strong concern for renal lymphoma. An overt mass was noted in the right kidney, strongly suggestive for round cell neoplasia.
- Pyloric thickening with some loss of detail and shadowing material or possible hairball accumulation in the pylorus
- Slight regional lymphadenopathy
- Slightly enlarged right adrenal gland

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass is recommended. FNA of the right kidney performed without complication is recommended with recheck after 30 minutes post sampling. Immediate chemotherapeutic intervention indicated. No evidence of free fluid or hemorrhage.

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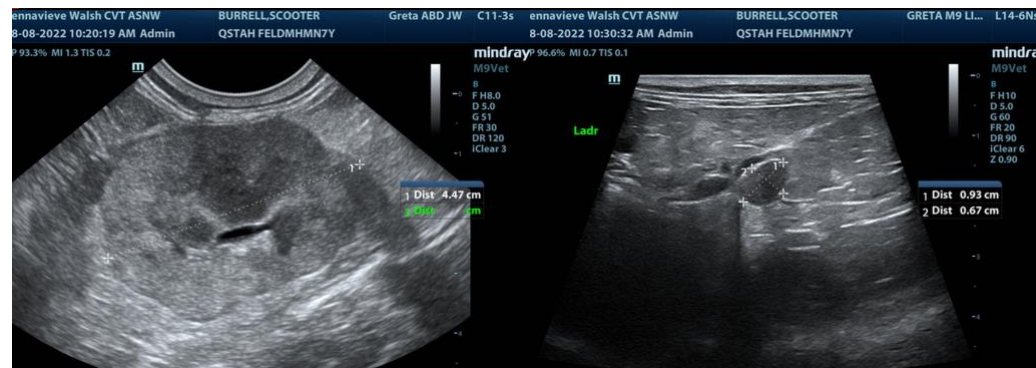
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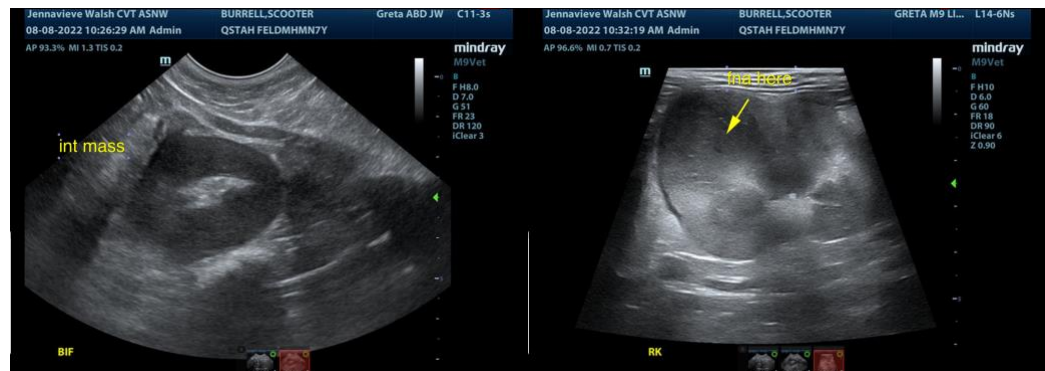
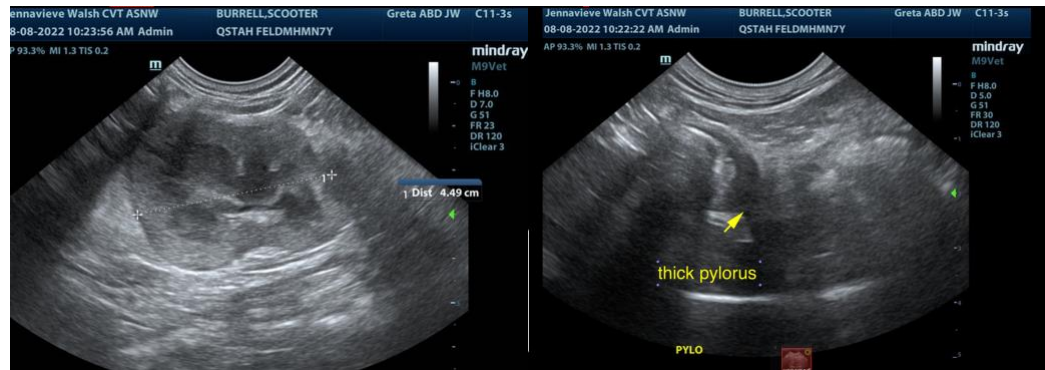
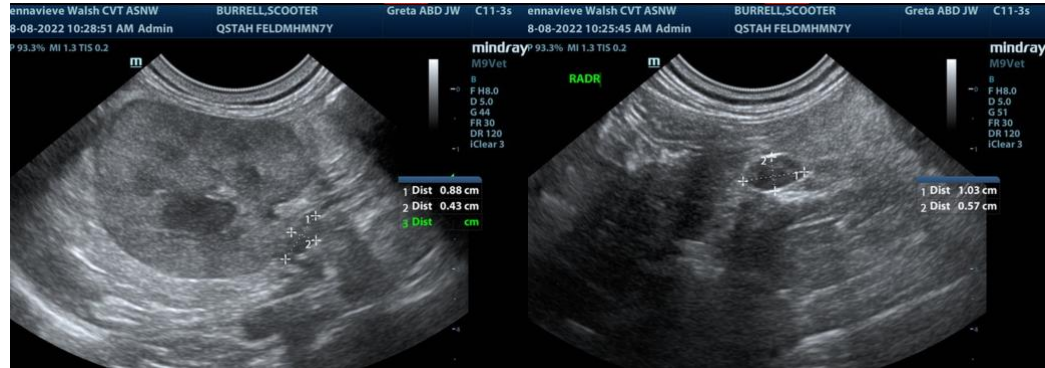
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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