



PATIENT PRESENTING CLINICAL SIGNS

Yoda Bender Hyporexia since Thursday (5 days) and becoming lethargic. Has had shorter episodes of the same thing recently. 1 # weight loss in 30 days.

SPECIES Abnormal PE/Chem/CBC/UA Results: PE: Dehydrated, Stage II Dental disease, caudal abdominal mass - 3 to 4cm oval, multilobulated and firm (mass, kidney, turd). NSAID: Creat: 2.5 mg/dL, AST 95 U/L.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

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.

SEX

Spayed Female

The **right kidney** presented moderate degenerative changes with mineralization and loss of structural detail. The left kidney measured 2.2 cm. The **left kidney** presented moderate degenerative changes and loss of corticomedullary definition, measuring 3.47 cm.

AGE

9 Years 4 Months

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 0.48 cm. The right adrenal gland measured 0.4 cm.

WEIGHT

6.2 Pounds

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Leon Anderson

Liver

HOSPITAL NAME

Elizabeth AH

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.

REFERRING VET

Dr. Leon Anderson

Gastrointestinal

INVOICE

25365

The **stomach** itself was unremarkable and empty. Regional intestinal thickening noted in the cranial abdomen, appears to be jejunum with loss of mural detail. Wall thickness measured up to 4.0 mm. The intestine created a mass effect measuring approximately 2.0 cm x 2.0 cm. A second area of intestinal thickening was noted in the caudal abdomen, just cranial to the urinary bladder. The largest lesion measured approximately 3.0 cm x 2.0 cm.

DATE

9/13/21

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat.



PATIENT

Yoda Bender

Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Multifocal intestinal lymphoma pattern or similar pathology
- Subnormal right renal size with dystrophic changes
- Mild degenerative left renal changes

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass recommended. Prognosis is guarded to poor depending upon response to therapy.

SEX

Spayed Female

AGE

9 Years 4 Months

WEIGHT

6.2 Pounds

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IMAGING PERFORMED BY

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HOSPITAL NAME

Elizabeth AH

REFERRING VET

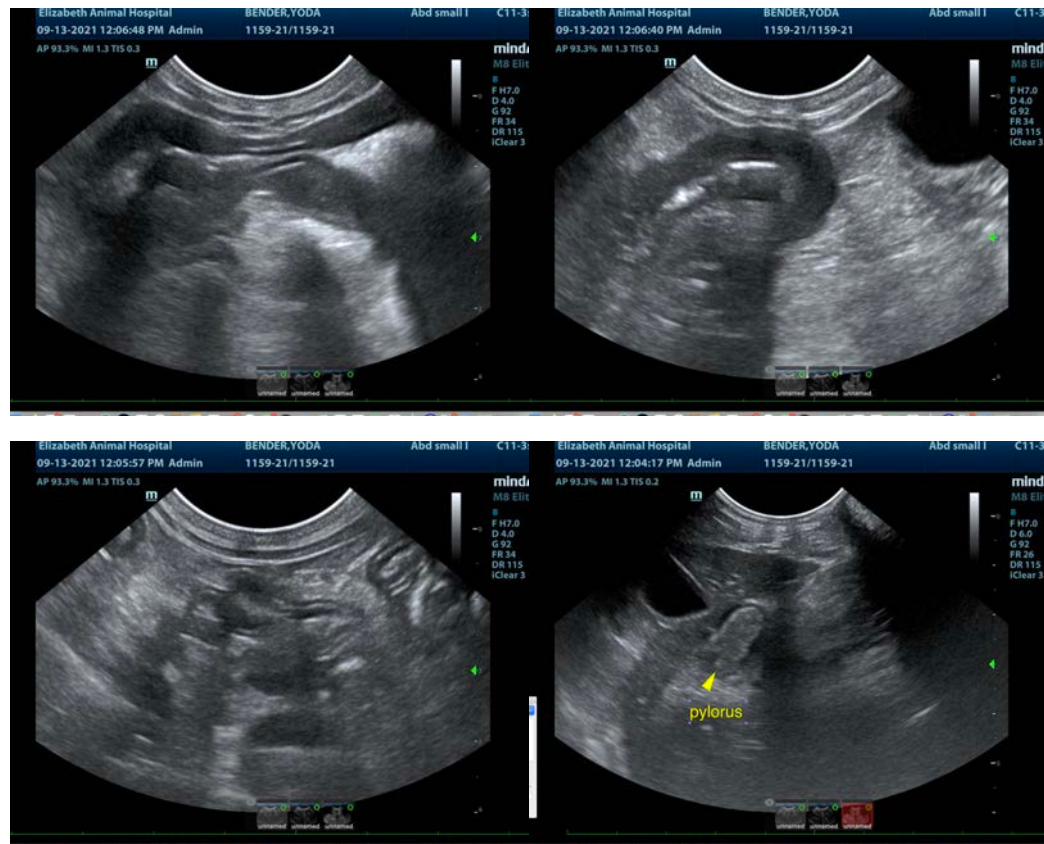
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PATIENT

Yoda Bender

SPECIES

Feline

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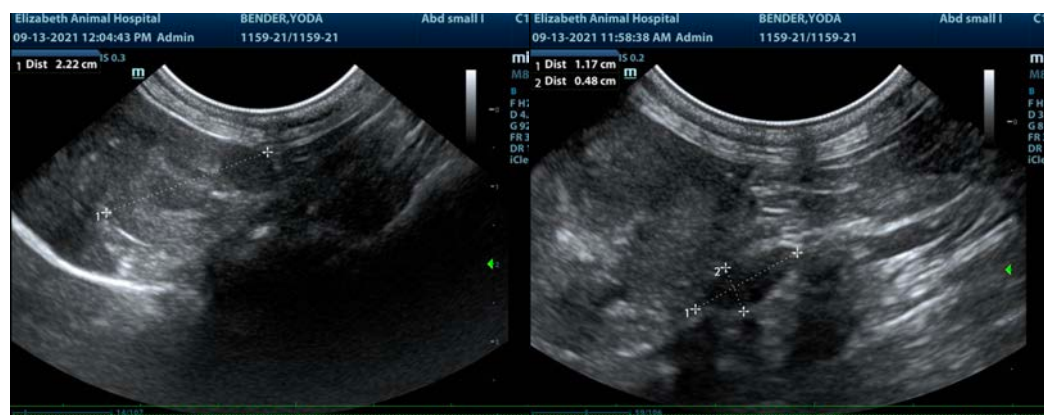
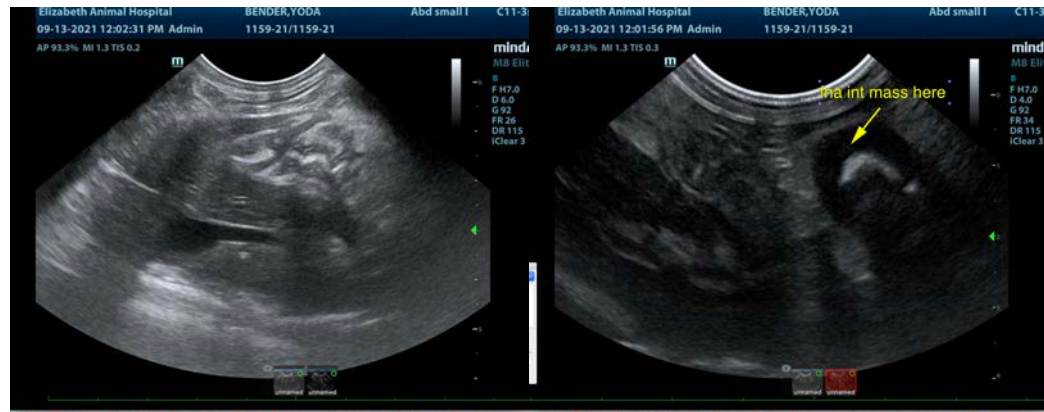
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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