



PATIENT

Lucy DeFabritis

PRESENTING CLINICAL SIGNS

History: weight loss, picky appetite
Abnormal PE/Chem/CBC/UA Results: creat 2.5, bun 45, alt 282, alp 187

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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.

SEX

Spayed Female

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 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 2.43 cm and was subnormal in size. The right kidney was subnormal in size with a cortical infarct at the caudal pole and cortical collapse. The right kidney measured 2.85 cm.

AGE

11 years

WEIGHT

7 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Michelle Roche

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.

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Nause

Liver

The **liver** revealed coarse architecture with mild, irregular contour particularly in the left lobe with mixed, coarse architecture. Increased portal markings were noted with irregular swelling with an isoechoic mass effect that occupied the left liver with nodular changes. Ultrasound-guided FNA is warranted. The mass measured approximately 4.5 cm. The margins were ill-defined. 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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PATIENT

Gastrointestinal

Lucy DeFabritis

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. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Feline

BREED

Domestic Shorthair

Pancreas

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Left-sided liver mass, potentially resectable.

AGE

11 years

Geriatric abdomen otherwise.

WEIGHT

7 lbs

Moderate, degenerative renal changes, subjectively near end stage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for azotemia is warranted as well as ultrasound-guided FNA of the left liver mass and right liver ideally to assess if the left liver is a focal manifestation of a diffuse process versus a lobar neoplasia such as round cell neoplasia or carcinoma. The prognosis is guarded long term depending upon cytology results.

INTERPRETED BY

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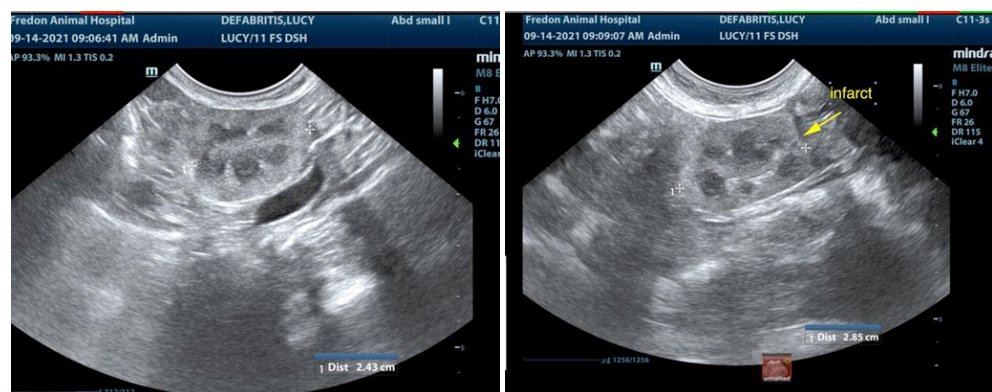
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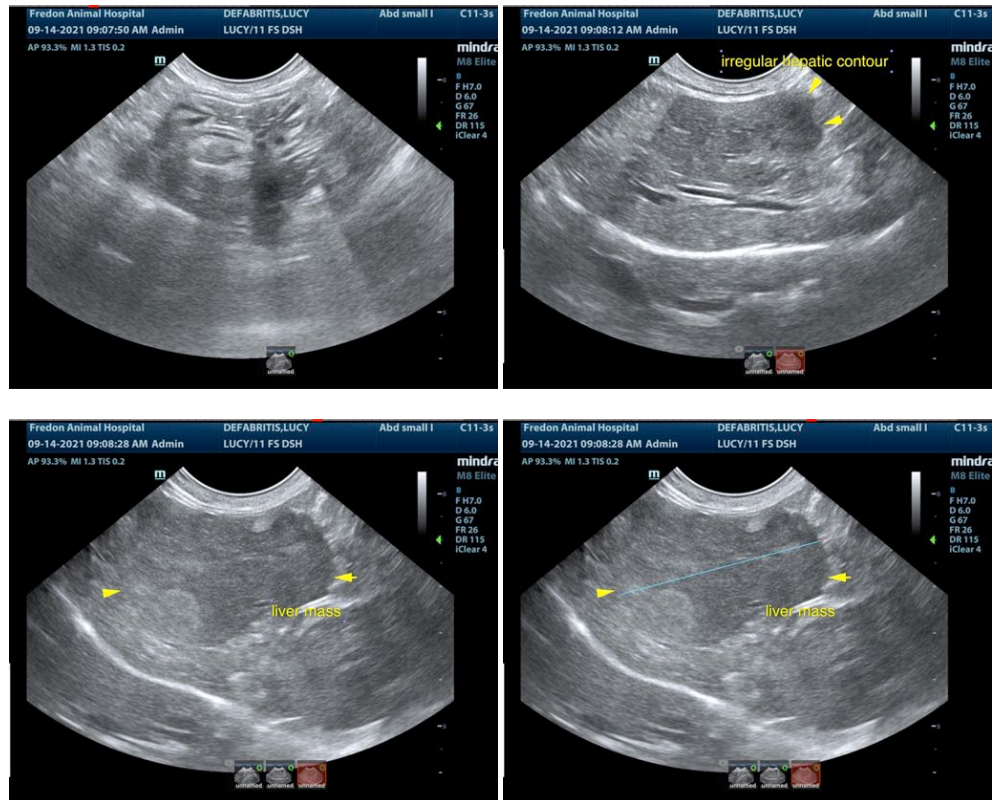
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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