

PATIENT

Olaf Weinstein

PRESENTING CLINICAL SIGNS

History: ADR
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Rex

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

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.78 cm. The right kidney measured 4.37 cm.

AGE

7 years

WEIGHT

11 lbs

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right kidney measured 0.58 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfied VS

Liver

The **liver** was mildly swollen, yet largely uniform. 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. Rodriguez

INVOICE

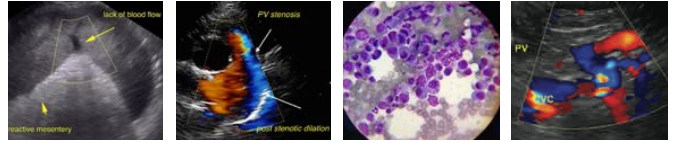
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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.

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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.

BREED

Rex

Free Abdomen

SEX

Neutered male

An undifferentiated, mixed, hypoechoic mass was noted in the midabdomen and measured approximately 6.0 cm with ill-defined margins and polypoid expansion into regional tissue. The regional lymph nodes were enlarged, hypoechoic and irregular. Reactive mesentery was noted in the mid cranial abdomen. Free fluid was noted in the abdomen as well.

Transdiaphragmatic view revealed pleural effusion with echogenic debris.

AGE

7 years

ULTRASONOGRAPHIC FINDINGS

Multi-centric lymph node masses, undifferentiated.

WEIGHT

11 lbs

Secondary ascites and pleural effusion along with dual cavity neoplasia is suspected.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for hepatic involvement. Pleurocentesis and cytospin +/- FNA of the lymph node masses and liver would be indicated along with immediate chemotherapeutic intervention. Round cell neoplasia is suspected.

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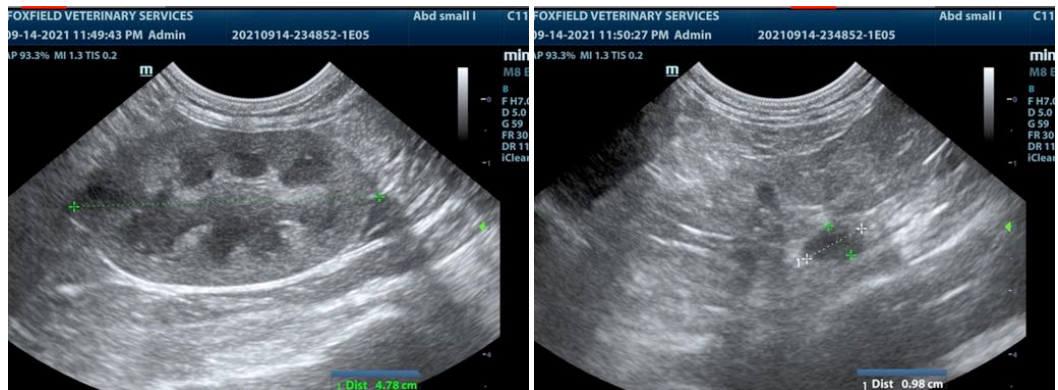
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HOSPITAL NAME

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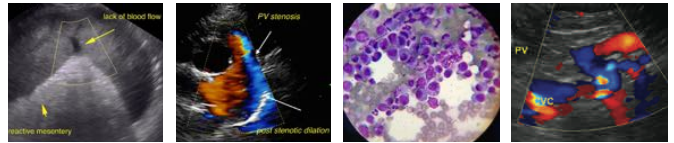


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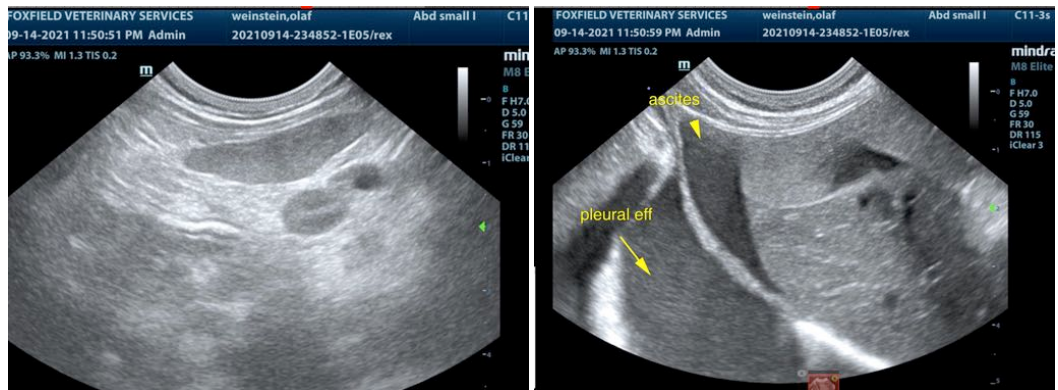
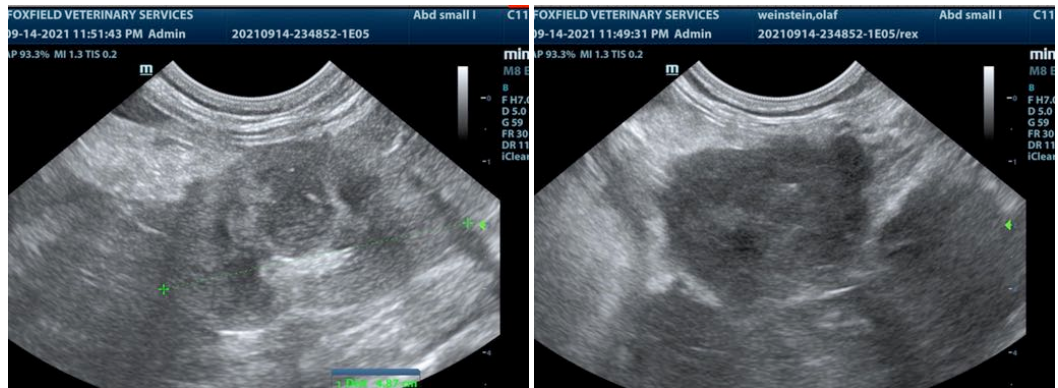
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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