



PATIENT PRESENTING CLINICAL SIGNS

Jen Ciak pancreatitis, renomegaly

SPECIES Abnormal PE/Chem/CBC/UA Results: HCT 54.4 decreased platelets, Chor 108, ALT 159 U/A Protein 30 Glu 50 Blood/RBC's Cocci rods struvites SG 1.023

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 **left kidney** presented severely disrupted architecture with subcapsular halo and expansive irregular tissue. Regional free fluid and enhanced mesentery noted. The left kidney measured 4.13 cm. The mass extends into the retroperitoneal space and does not appear clearly resectable.

AGE

14 Years

The **right kidney** was enlarged at 4.94 cm with thickened irregular cortices.

Adrenal Glands

WEIGHT

7 Pounds

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Jenn

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

REFERRING VET

Dr. Bednar

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. No associated abnormal lymphatic activity was noted.

INVOICE

41305

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.

DATE

9/14/22



PATIENT

Jen Ciak

Free Abdomen

Reactive mesentery noted throughout the mid abdomen owing to primarily the left renal pathology.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Left renal mass, potential early right renal involvement – suspect renal lymphoma or less likely possible carcinoma.

BREED

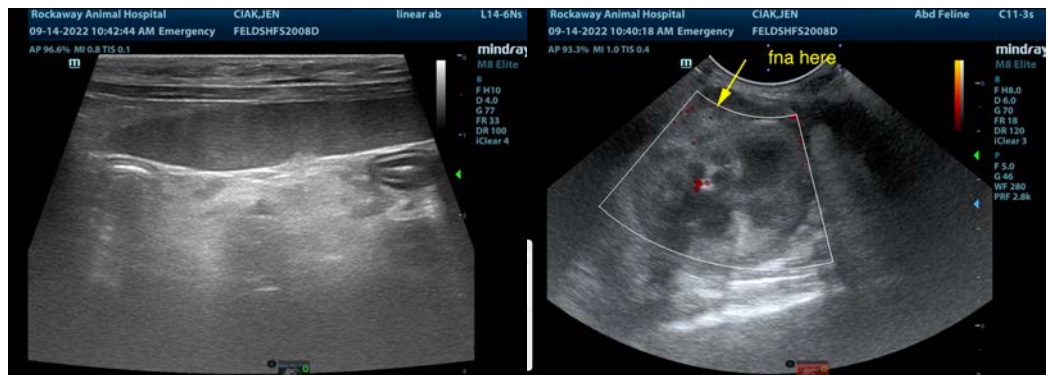
DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of both kidneys warranted. Chest radiographs warranted to assess for metastatic disease.

SEX

Spayed Female



AGE

14 Years

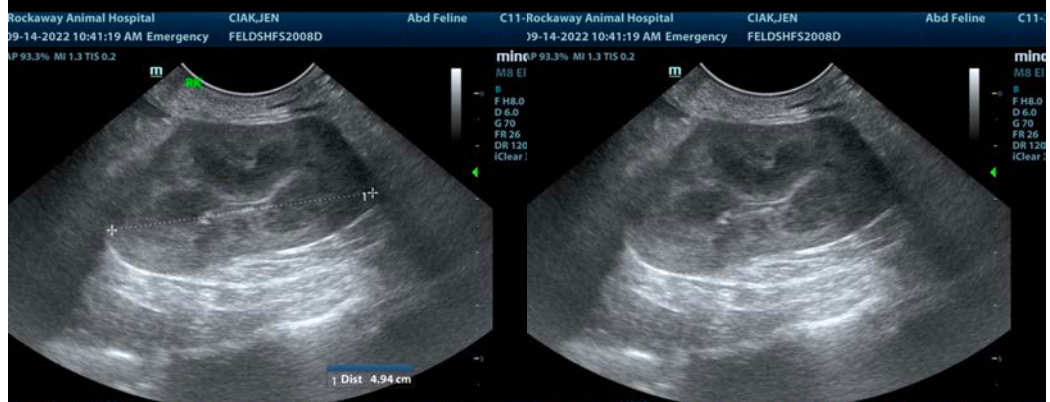
WEIGHT

7 Pounds

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PATIENT

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

SPECIES

Feline

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

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