



PATIENT

Bellatrix Wall

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Branchville County Vet

REFERRING VET

Dr. Talbot Valerio

INVOICE

91868

DATE

9/21/21

PRESENTING CLINICAL SIGNS

History: Abdominal mass, secondary UTI. Current meds: Orbax oral susp. 30mg/ml (will start today).
Abnormal PE/Chem/CBC/UA Results: Calcium 16.2, Na/K ratio 29, Neuts 8875, Mono 750, Eos 1250, USG 1.023, Prot 2+, Bld 3+, RBC >50, Cocc 26-50, PH 6, appear: red, turbid.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. Dependent debris was noted at the apex of the wall. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The iliac trifurcation was unremarkable.

The **right kidney** was irregular with pericapsular inflammatory pattern and loss of mural detail and hypoechoic nodular changes. An overt mass was noted at the cranial pole of the right kidney and measured 7.3 x 4.3 cm. Subcapsular halo and regional inflammation was noted. The right kidney measured 3.72 cm. The left kidney measured 3.9 cm with a hypoechoic nodular mass and loss of corticomedullary definition. This is strongly suggestive for infiltrative neoplasia. Given the intestinal presentation renal lymphoma is likely emerging.

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 0.3 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. Occasional, hyperechoic nodule was noted and appeared lipogranulomatous in nature.

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.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, acceptable curvilinear mural detail, and peristaltic activity. However, minor pyloric thickening was noted. 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.

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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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Right renal mass with early infiltrative left renal pattern. Renal lymphoma is likely.

Probable early intestinal involvement.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal lymphoma pattern with probable early GI involvement. FNA and immediate chemotherapeutic intervention is recommended.

INTERPRETED BY

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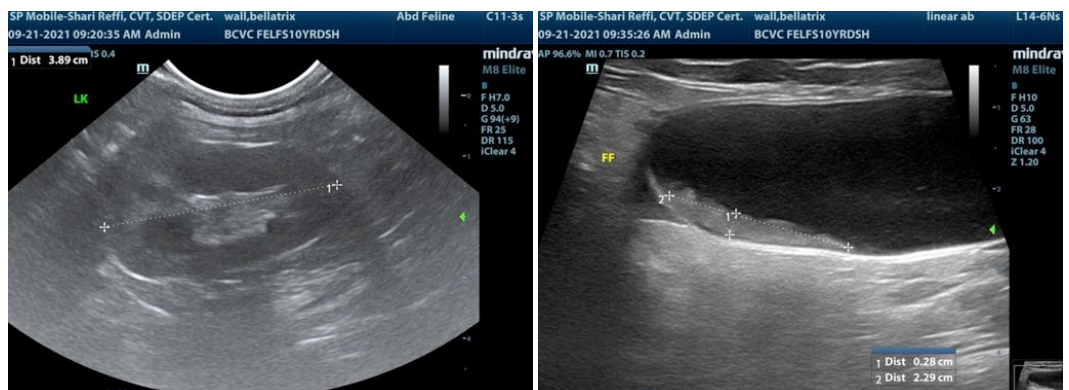
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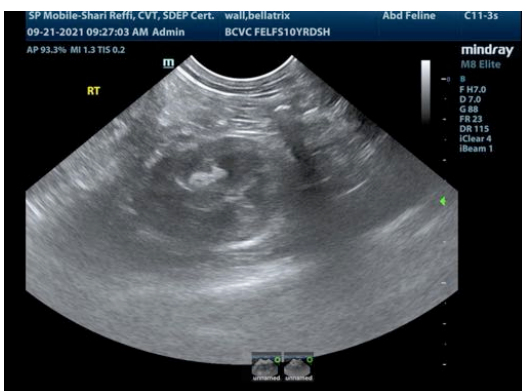
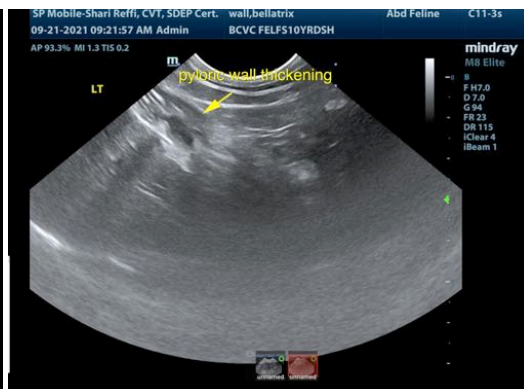
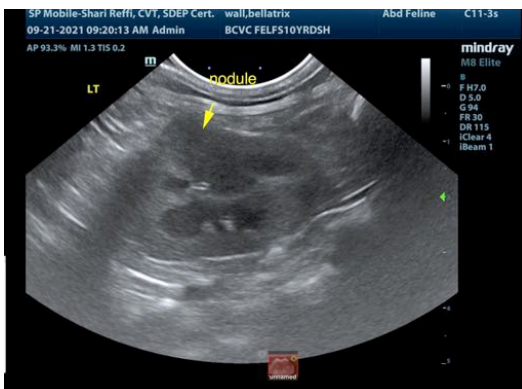
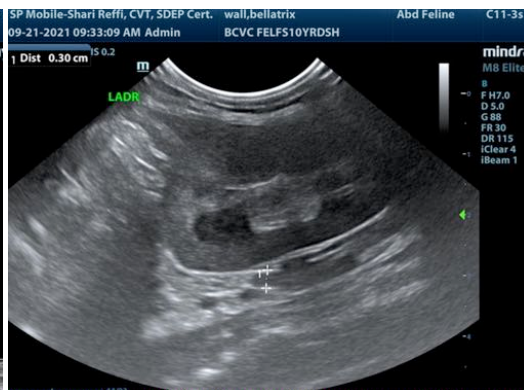
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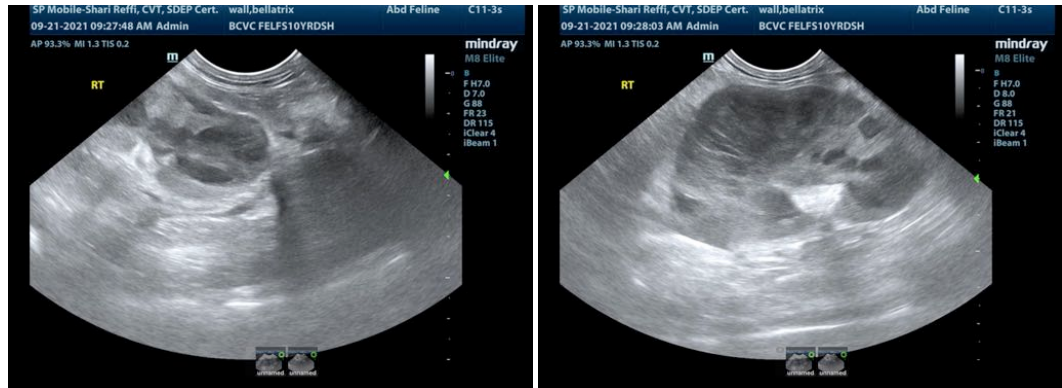
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com