



PATIENT

Shadow Thompson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

9.25 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr. Kitz

INVOICE

39522

DATE

9/21/22

PRESENTING CLINICAL SIGNS

History: Patient presented with history of lethargy, significant weight loss, decreased appetite, and straining to have a BM for a few days

Abnormal PE/Chem/CBC/UA Results: Exam revealed sl pale MM, dehydration, low-grade fever, and a descending colon filled with dry, hard stools Labwork showed elevated WBC at 24k with predominately neutrophils, mild anemia (28% HCT), sl elevated TBIL, normal renal values (creatinine 0.9, BUN 22, T4 normal at 1.1, Cpl snap abnormal His last weight was 12.44 back in June with his senior annual, and he had normal but sl higher BUN and Creatinine than now but his SDMA was sl increased. Radiographs showed decreased detail and possible mass effect near left kidney An aspirate of the fluid/tissue in the perinephric space was performed at the time of the ultrasound, and the results came back with "cystic and mineralized lesion with macrophagic inflammation and possible necrosis" but was otherwise inconclusive and showed no obvious neoplastic cells He is responding well to fluid therapy, antibiotics, and antinausea meds and is eating and drinking and eliminating fine currently, with no fever Repeat labs are pending this morning

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The right **kidney** measured 4.8 cm with slight pyelectasia and some loss of corticomedullary definition. The left kidney revealed free fluid and echogenic omentum. The left kidney revealed pyelectasia and subcapsular halo with significant disruption of architecture and loss of corticomedullary definition. This is strongly suggestive of a neoplastic process. Medially the proliferative tissue expanded beyond the subcapsular space into the regional omentum with surrounding free fluid.

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 right adrenal gland measured 0.35 cm.

Spleen

The **spleen** was folded upon itself with slight, heterogenous parenchymal changes with slight free fluid adjacent to the spleen.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. A hyperechoic, 1.0 cm nodule was noted in the dorsal liver adjacent to the diaphragm. Other separate nodules were noted throughout the liver and mildly disruptive. Some



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age-related parenchymal remodeling was noted but likely not clinically significant at this time. An overt, mildly hyperechoic mass was noted in the right liver and measured 4.0 cm with similar, hyperechoic echotexture. 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 common bile duct was dilated. A 1.07 x 0.56 cm echogenic tissue thickening was noted. this is consistent with polyp or mass noted in the common bile duct and approximately 1.0 cm from the duodenal papilla. Slight areas of free fluid was noted between the liver lobes. Some biliary congestion is present.

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. No associated abnormal lymphatic activity was noted.

Pancreas

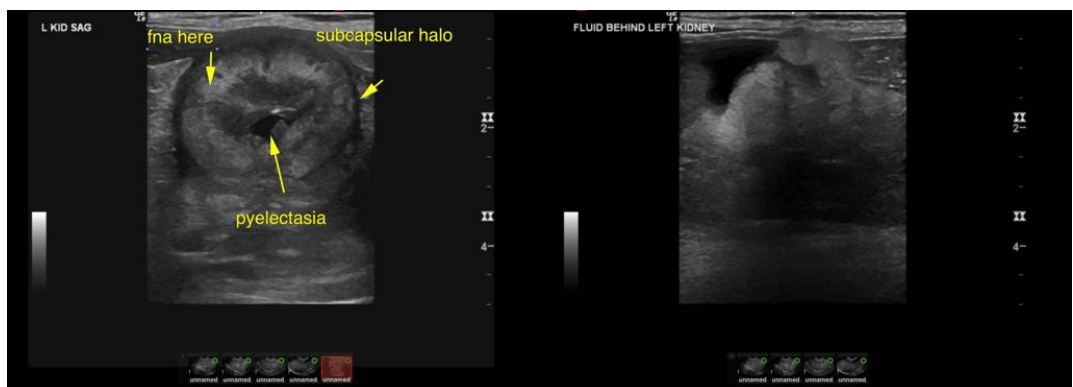
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Left renal mass with subcapsular halo and expansion into the regional tissues with metastatic hepatic pattern. Concurrent common duct tumor or polyp.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for multi-centric hepatic carcinoma as well as left renal neoplasia. Lymphoma versus carcinoma. FNA of the hepatic lesions and left kidney is recommended. The prognosis is guarded to poor. Given the anemia and free fluid hemorrhage is a potential. Coagulation panel is warranted prior to sampling.





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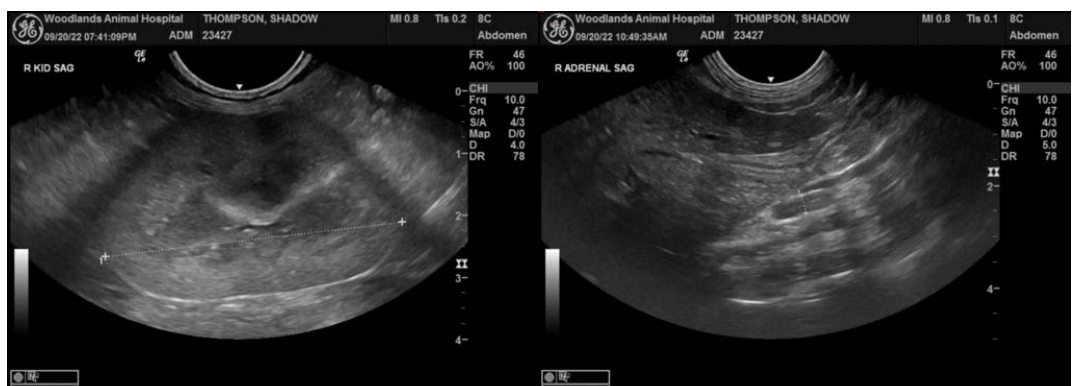
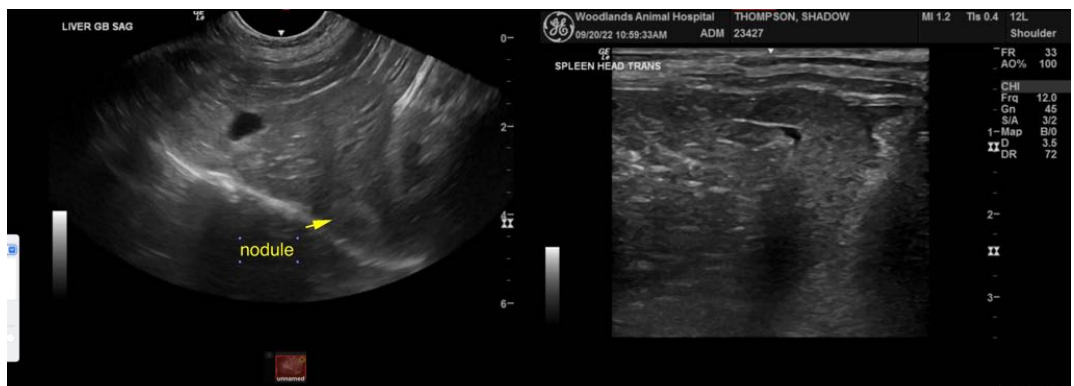
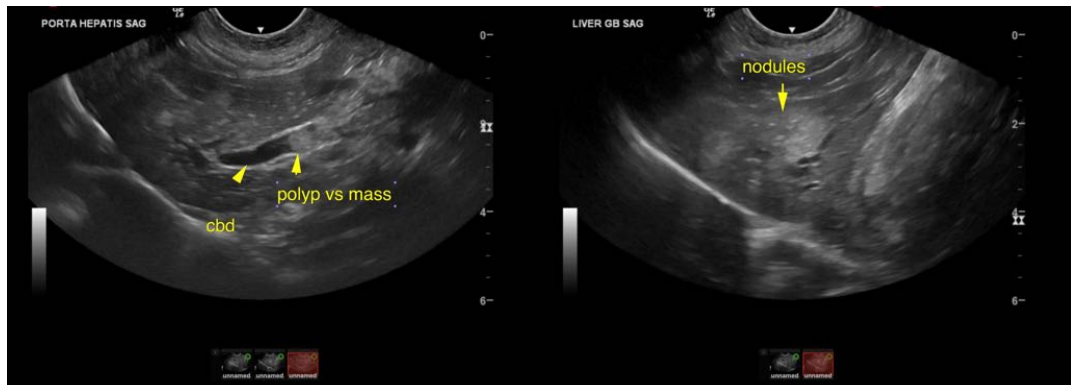
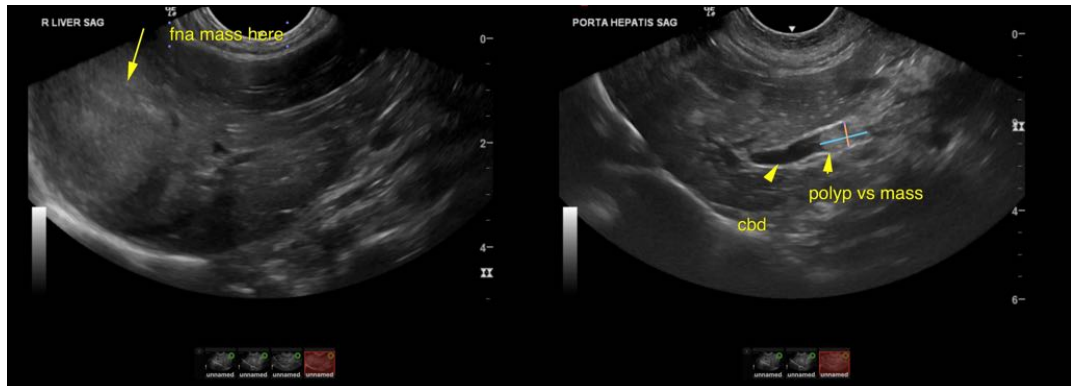
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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