



PATIENT

Tixie Mundhenk

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

7.94 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amy Priest

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

INVOICE

39811

DATE

9/29/22

PRESENTING CLINICAL SIGNS

History: Started with lethargy, hyporexia, and vomiting about 1 week ago. Has progressed to anorexia and weight loss for several days.

Abnormal PE/Chem/CBC/UA Results: CBC: RBC=12.01 WBC=13.2 (N); Monos=766 (High) Chem: GGT=7 U/L (High) All else WNL Electrolytes: Cl=110; all else WNL Thoracic x-rays (reviewed by SonoPath): 1. Bronchial lung pattern 2. Alveolar pattern cranial part of L cranial lung lobe with maintained volume.

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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight areas of dystrophic mineralization were noted. Both kidneys measured 3.0 cm. A cortical infarct was noted in the caudal pole of the left kidney with cortical collapse.

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.

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.

Liver

The **liver** was enlarged and swollen with irregular contour. The hepatic veins and vena cava were unremarkable. A hyperechoic nodule was noted in the right liver and measured 1.0 cm. The gallbladder wall was echogenic.



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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. No associated abnormal lymphatic activity was noted.

Pancreas

Heterogenous omental changes were noted throughout the cranial abdomen with nodules in the region of the pancreas.

Free Abdomen

Free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

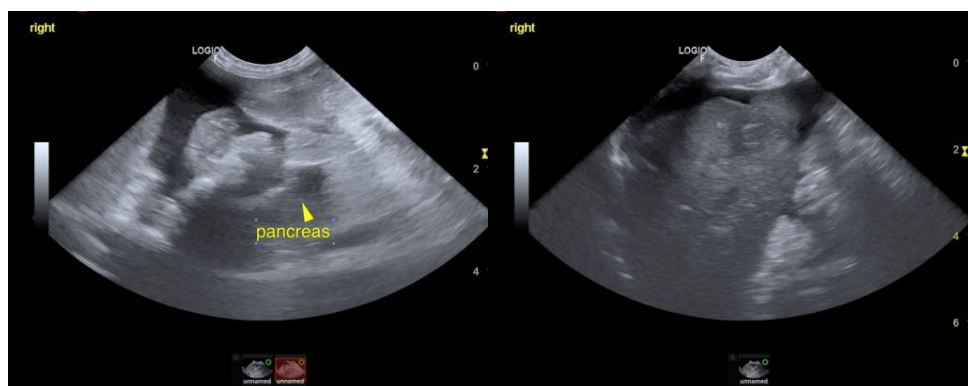
Ascites.

Swollen irregular liver with nodular changes.

Nodular omental changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for lymphomatosis or similar neoplasia. Abdominocentesis and cytospin is warranted with immediate slide preparation and FNA of the general liver and liver nodule. The prognosis is guarded to poor.





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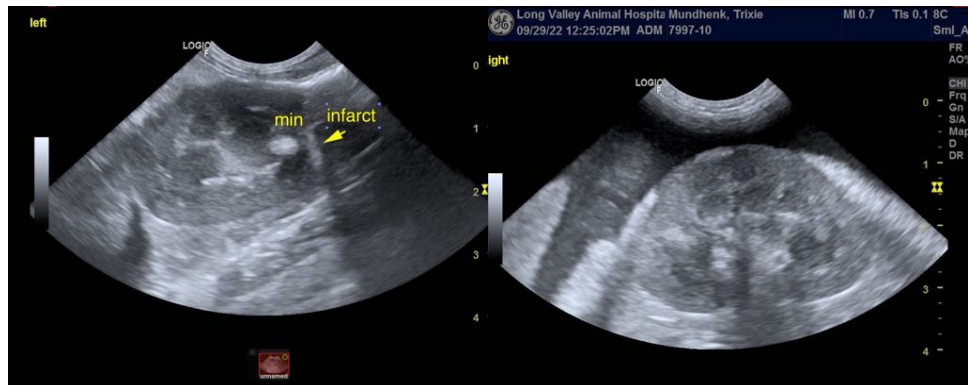
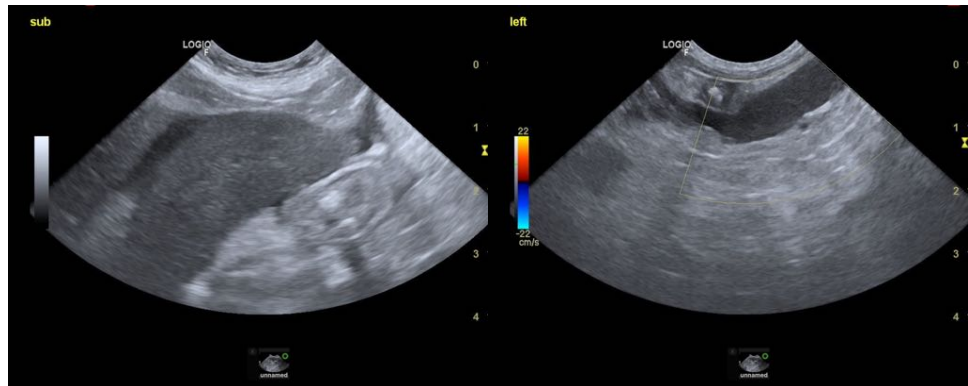
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com