



PATIENT

Maya Miller

PRESENTING CLINICAL SIGNS

Presented at our hospital for 3 weeks ago not wanting kibble, been trying to entice with wet food, tonight laying by water bowl moaning, unsure last time P drank, >1 week since stool in litter box, has moved and lost 3 house mates Previous Health Concerns: 2 mo ago constipation- here Current Medications: 9-9:30p lactulose before coming in- from last visit

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Abdominal: gas distended stomach and empty small bowel; some dense stool in colon CBC: NEU#- 13.6 H; NEU%- 91.1 H; LYM%- 6.7 L; MON%- 0.5L; MCHC- 36.3 H; PLT- 89 L EPOC: pCO2- 52.1 H; HCO3-act- 34.1 H; mTCO2- 34.3 H; BE(ecf) 9.6 H; K+ 3.4 L; Cl- 106 L; GLu- 153 H Rads: gas/fluid distended stomach and thickened small bowel.

BREED

Siamese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Seal Pt

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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

AGE

11 Years

The **left kidney** revealed a 2.0 cm x 1.0 cm cyst at the medial cranial cortex. The left kidney was slightly heterogeneous and irregular with loss of corticomedullary definition. The left kidney measured 4.0 cm. Blood flow to the left kidney appeared to be adequate except for the cystic structure. The cystic structure contained echogenic fluid as well.

WEIGHT

2.8 kg

The **right kidney** presented normal size and contour with mild hyperechoic medullary rim sign.

Adrenal Glands

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

Spleen

The **spleen** revealed an expansive hypoechoic nodule at the mid caudal body measuring approximately 1.0 cm.

Liver

The **liver** presented coarse architecture, irregular contour, and heterogeneous parenchymal changes, suggestive for metastatic disease. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** presented concentric wall thickening, creating a gastric mass. Loss of structural detail and enhanced surrounding mesentery noted. Multifocal lymph nodes were enlarged and irregular, particularly the epigastric lymph node.

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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

HOSPITAL NAME

Erin Wicks

REFERRING VET

Dr. Lupole

INVOICE

41068

DATE

9/6/22



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ULTRASONOGRAPHIC FINDINGS

- Gastric infiltrative pattern with multicentric lymphadenopathy
- Splenic nodule - likely related to the multicentric round cell pattern
- Heterogeneous liver
- Heterogeneous, irregular left kidney with cortical cyst
- Right kidney medullary rim sign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric, lymph node, and splenic FNAs recommended for further definition. Prognosis is poor. This is a multicentric and particularly aggressive presentation.

SEX

Seal Pt

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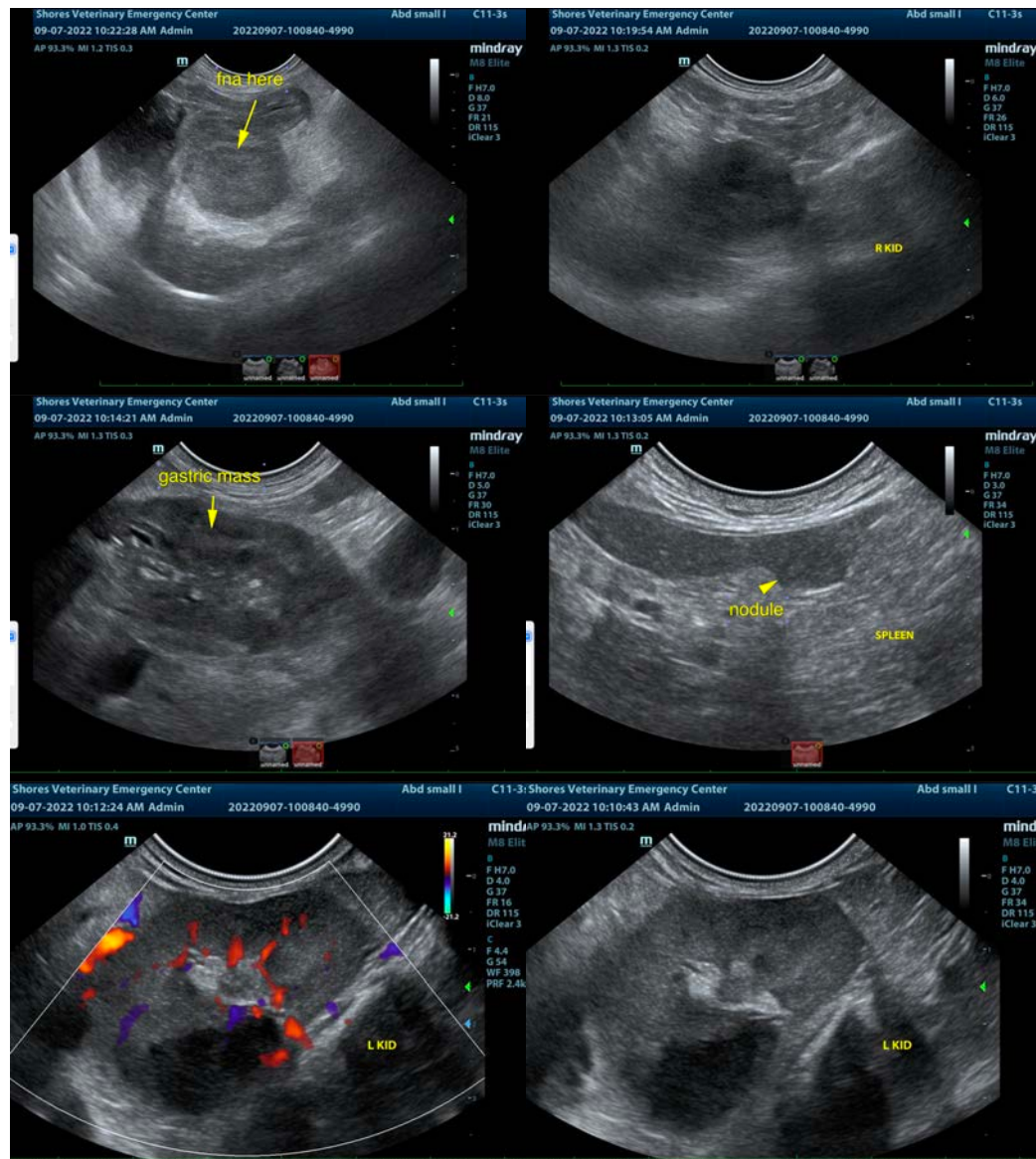
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SEX

Seal Pt

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.

AGE

11 Years

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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