



PATIENT

Kerry Binti

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

3.54 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Valentina Fresta

HOSPITAL NAME

The Vet Surgey

REFERRING VET

Dr. Valentina Fresta

INVOICE

41176

DATE

9/8/22

PRESENTING CLINICAL SIGNS

Kerra is DSH cat, 7 years old, male neutered. Presented for Recurrent vomiting and being severely Lethargic. Alert and responsive. MMC are pinkish. Heart and lung sound clear Crt, 2 percent. The CBC reveals arigenerative anemia. BUN, creatinine and phosphorus high. We would like to know if the patient is affected by renal failure due to a lymphoma. Therefore we can provide an accurate prognosis.

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 were noted. Ureteral papillae were normal.

The **left kidney** was enlarged (4.47 cm) with irregular contour and presented a chronic interstitial nephrosis pattern with pyelectasia and loss of corticomedullary definition. Areas of pinpoint mineralizations and microinfarcts also noted in the left kidney. Blood flow was subnormal.

The **right kidney** was enlarged at 4.4 cm with pyelectasia noted. Debris noted suggestive for pyelonephritis.

Adrenal Glands

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

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 were noted.

Liver

The **liver** was swollen and mildly irregular. Hyperechoic nodules noted. Gallbladder was deviated. The presentation is suggestive for infiltrative disease.

Gastrointestinal

Gastric fluid accumulation noted, likely owing to uremic gastritis. The small intestine and colon were unremarkable.

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

- Interstitial nephrosis renal pattern or possible emerging lymphoma less likely
- Swollen, irregular, nodular liver
- Uremic gastritis



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the renal and hepatic presentation, ultrasound guided FNA of either renal cortex and the liver recommended. Strong concern for underlying lymphoma, primarily in the liver. Carcinoma or granulomatous disease less likely. Prognosis is very guarded depending upon cytology results.

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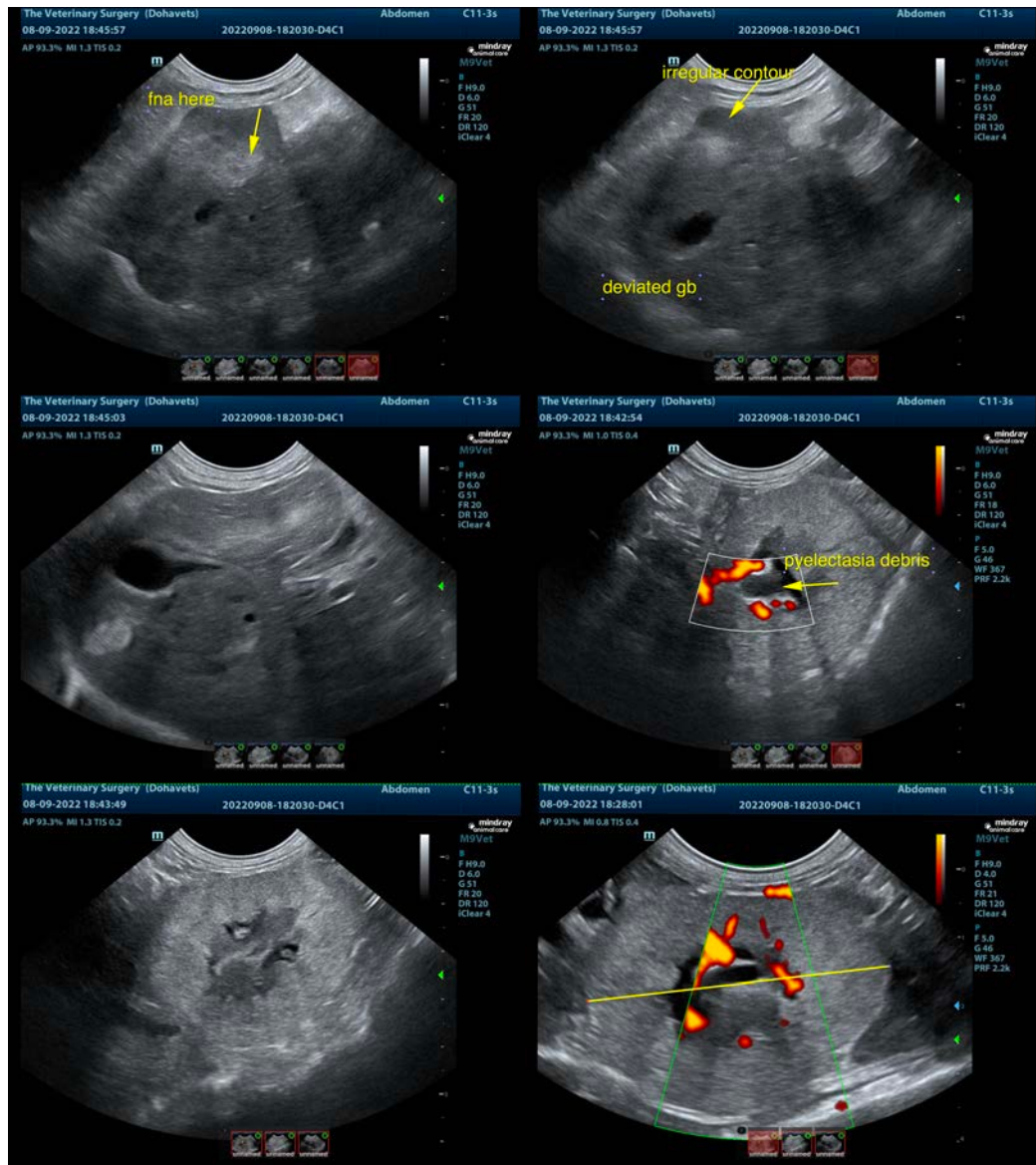
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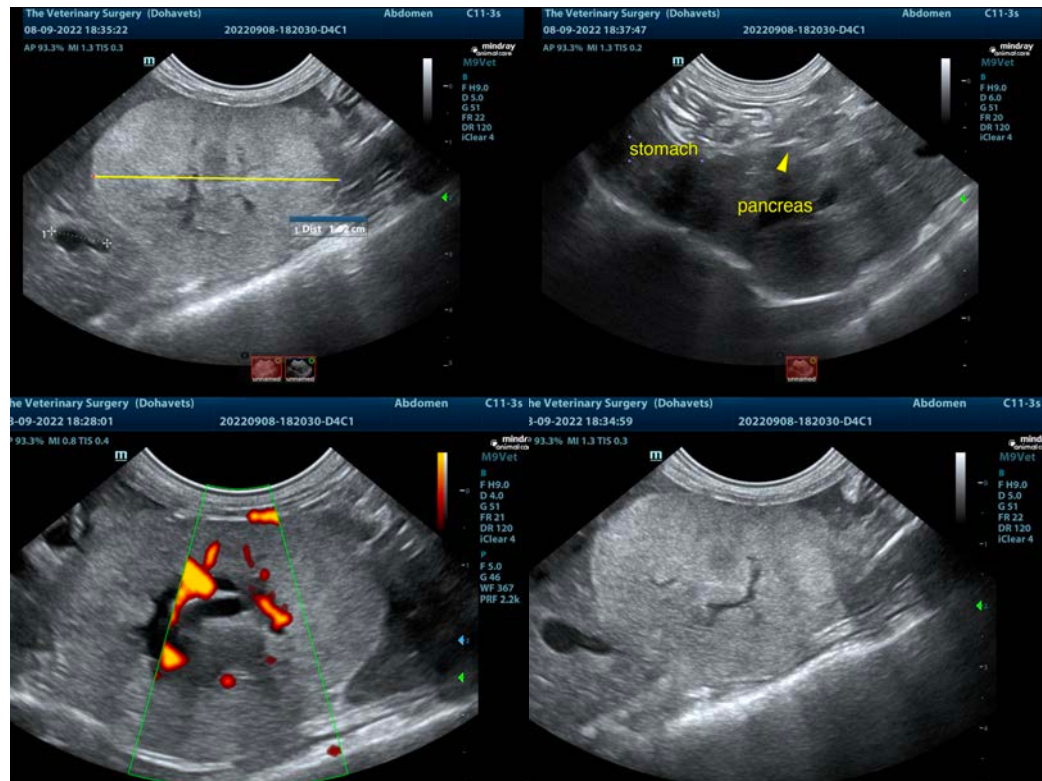
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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