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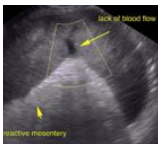

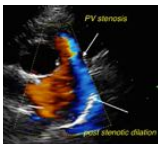

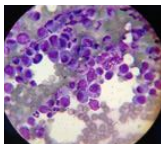
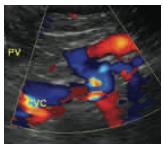

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1-800-838-4268 info@sonopath.com

PATIENT

Tango Chifamba

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

14 years

WEIGHT

5.44 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

91763

DATE

9/9/21

PRESENTING CLINICAL SIGNS

History: History-intermittent hematuria, currently no hematuria or straining. See attached u/s report from radiologist in April. Previous report from CARE uploaded with ultrasound files. Labwork (done March 2021) - Chem -SDMA 19, urea 14.4, creat 172, TP 95 --albumin 35, glob 60 TT4-normal CBC-NSF U/A- USG 1.020, 2+ proteinuria, sediment showed UTI which was treated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a dorsal mass that measured 1.5 cm as well as an apical polyp that measured approximately 0.5 cm. The cystourethral junction was unremarkable and appeared to be uniform. A third polyp was noted at the ventral caudal wall adjacent to the cystourethral junction.

The **kidneys** revealed moderate degenerative changes, infarcts and irregular. The left kidney measured 2.5 cm. The right kidney revealed similar changes to the left with cortical infarcts, remodeling and mineralization.

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** revealed a mass that measured 2.0 cm with a hyperechoic center measuring 1.0 cm.

Liver

The **liver** was largely normal with slightly coarse architecture and mildly increased portal markings. However, subtle, hypoechoic nodular changes were noted in the left cranial liver. 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.

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. The mesenteric lymph nodes are reactive and measured up to 0.8 cm in length.

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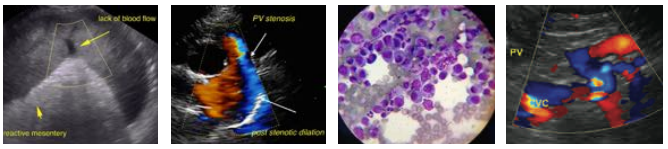

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Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

Moderate, degenerative, renal changes with infarcts and remodeling.

Bladder masses.

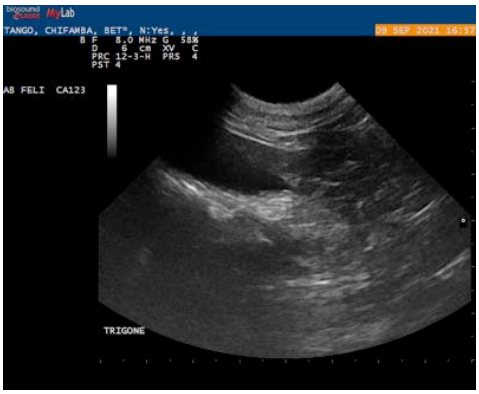
Splenic mass.

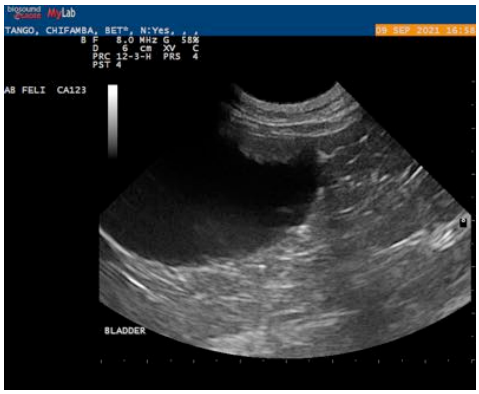
Subtle hepatic nodules.

Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend screening FNA of the liver lesions in this patient in the left cranial liver. The architecture is similar in both lesions. The bladder presentation is most consistent with transitional cell carcinoma. However, the multi-focal aspects of the lesions would not allow for clean resection. Two separate pathologies are likely in this patent round cell neoplasia or hemangiosarcoma of the spleen and liver. The bladder mass is consistent with transitional cell carcinoma. The mesenteric lymph nodes may be reactive or metastatic to the splenic/hepatic pathology.





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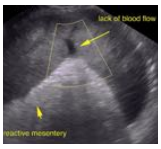
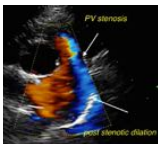
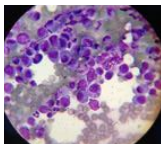
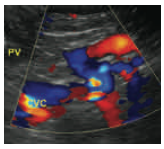

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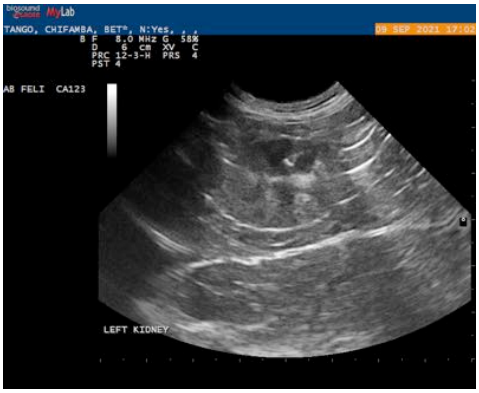

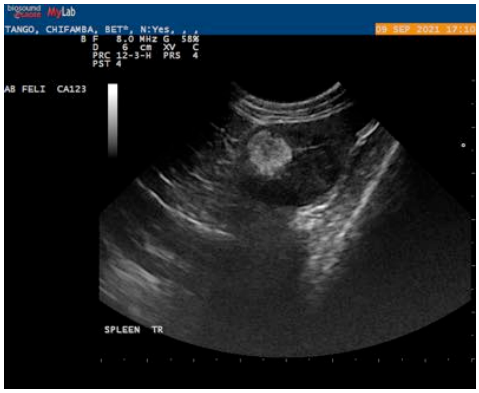

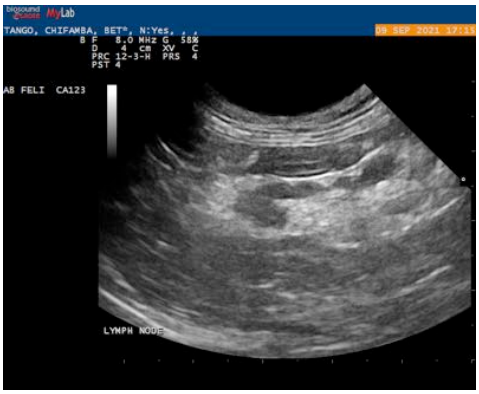

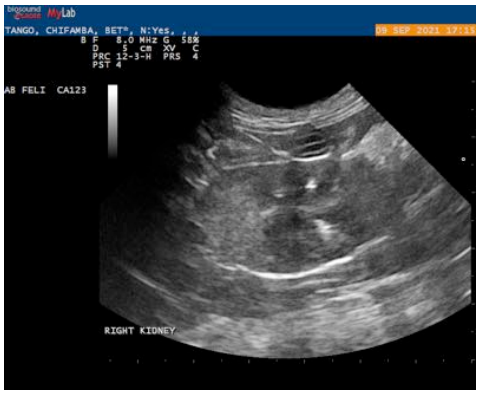

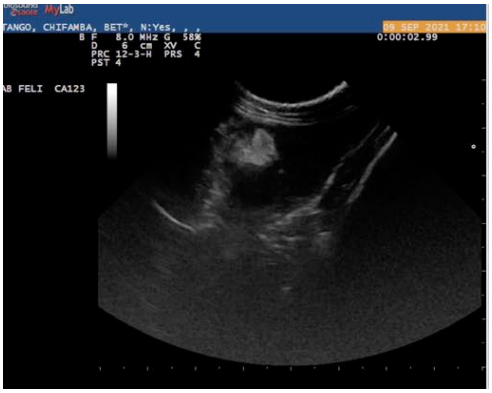
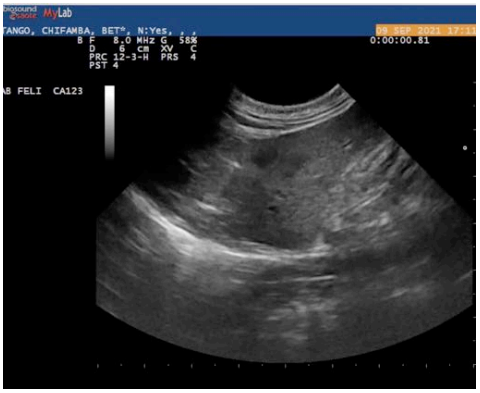
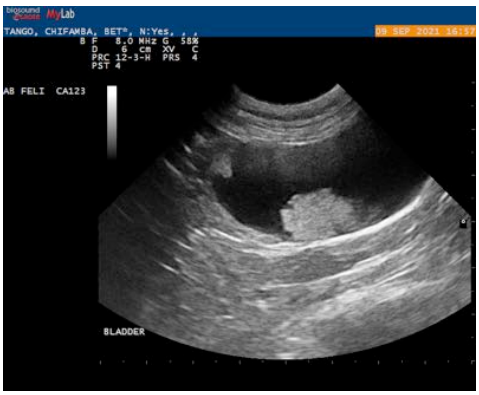

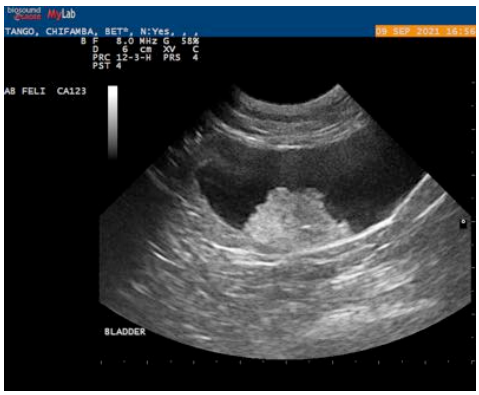

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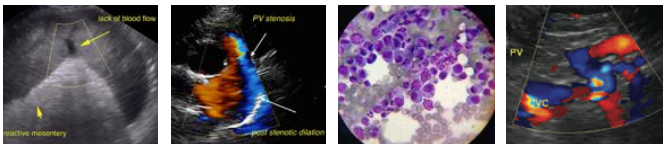

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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