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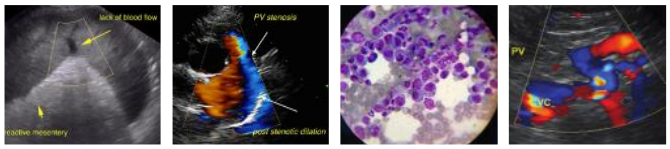
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Willamina Kaeser

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

5.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly O'Malley, DVM

HOSPITAL NAME

Willamette VH

REFERRING VET

Kayla Piskorowski, DVM

INVOICE

17219

DATE

9/9/22

PRESENTING CLINICAL SIGNS

History: Patient poorly appetant, losing weight, lethargic and weakly ambulatory; Anemia (non reg., microcytic) HCT 20%; afebrile; under treatment with Veraflox for UTI; Neutrophilic, monocytic leukocytosis, (25K); elevated SDMA 24; with USG 1.014; BUN 27; Creat 1.4; hypoalbuminemia 2.3; Has been on Prednisolone 5 mg PO sid x 1 yr (has not received dose in 3 days)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented apical dorsal wall thickening. Given the global presentation, bladder lymphoma is a likelihood. Transitional cell carcinoma is possible. Dorsal, apical and ventral wall thickening was noted.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Slight pyelectasia was noted. The left kidney measured 3.0 cm. The right kidney measured 4.0 cm.

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 left and right adrenal glands measured 0.3 cm each.

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 mildly enlarged with slight coarse architecture. The gallbladder wall was slightly echogenic and thickened.

Gastrointestinal

The **stomach** itself was unremarkable. A 2.0 cm wide intestinal mass was noted with loss of mural detail. Regional free fluid was noted. The intestinal mass extended for at least 5.0 cm in length. Variable areas of intestinal thickening with loss of mural detail noted, meeting neoplastic criteria.

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.

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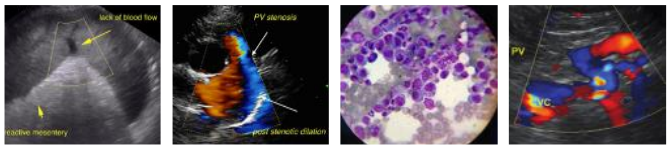

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Free Abdomen

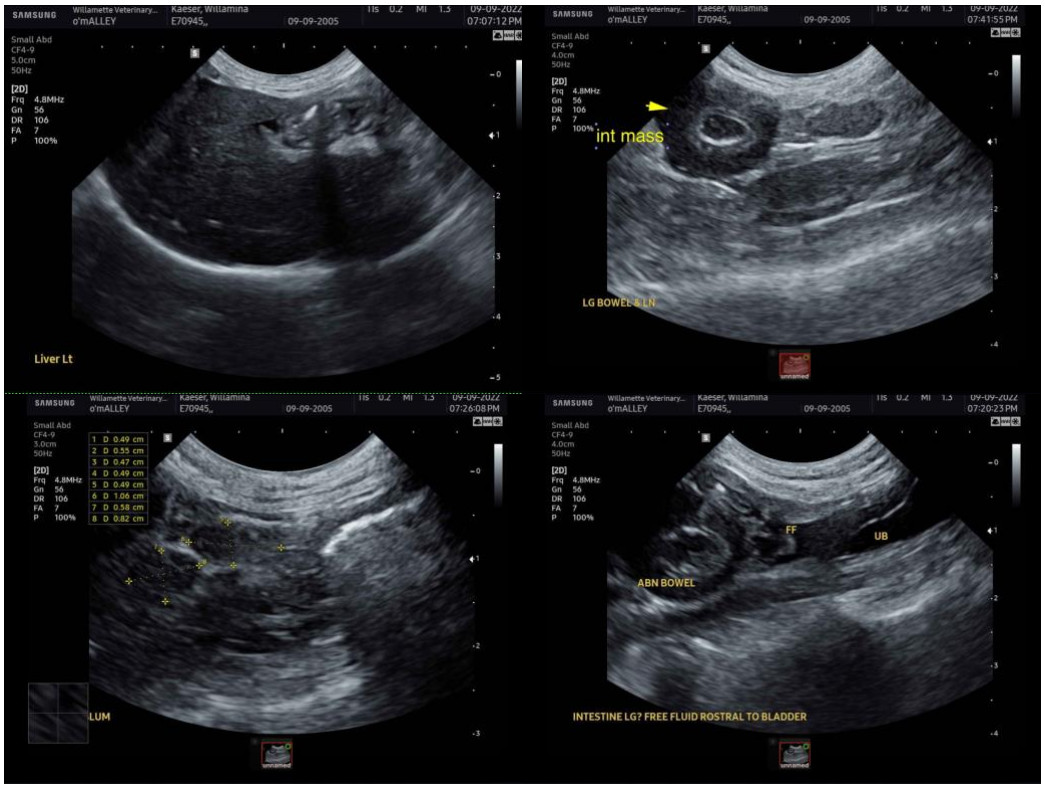
A minor amount of free fluid was noted in the abdomen. The mesenteric lymph nodes were rounded, measuring up to 1.06 cm x 0.58 cm.

ULTRASONOGRAPHIC FINDINGS

- Multicentric lymphoma pattern, but likely partially suppressed from prednisone therapy.
- Bladder wall thickening
- Enlarged liver
- Age-related renal changes with pyelectasia
- Intestinal mass with intestinal thickening
- Free fluid
- Rounded mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA or core biopsies could be considered for further definition.



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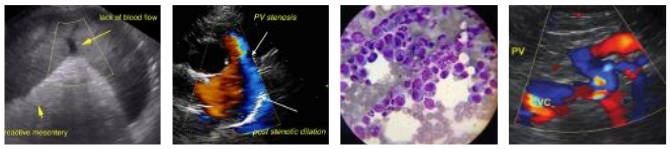

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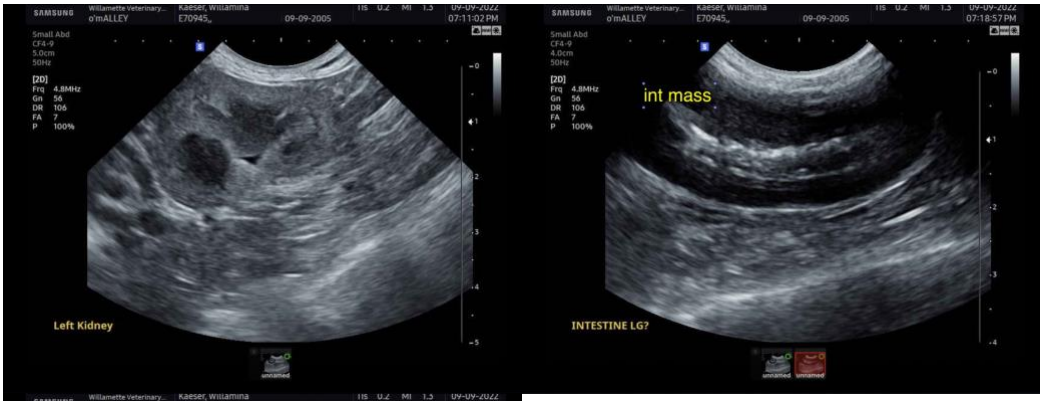

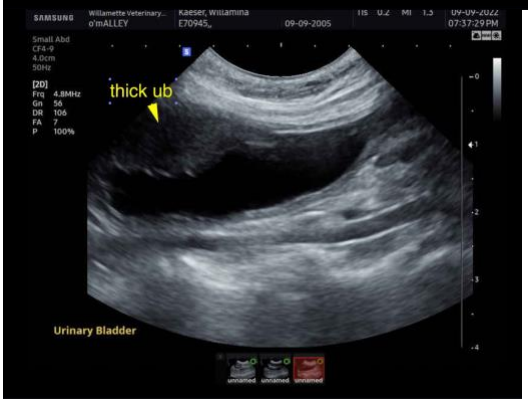

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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