

PATIENT PRESENTING CLINICAL SIGNS

Ape Mego History: Weight loss, anorexia, dehydration, fever, lethargy. Squamous Cell Carcinoma Ear and Nose

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **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.

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

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. The left kidney measured 4.83 cm. The right kidney measured 5.23 cm with minor pyelectasia and pericapsular inflammation noted around the entire right kidney. Fresh infarct was noted in the dorsal cortex of the right kidney.

WEIGHT

14 lbs

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 right adrenal gland measured 0.61 cm. The left adrenal gland measured 0.34 cm.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed subtle micronodular changes. The spleen was at the upper limits of normal at 1.0 cm. Minor scalloping contour was noted. FNA of the spleen is indicated to assess splenitis, reactive spleen versus emerging round cell neoplasia.

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Faithful Friends AC

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

REFERRING VET

Dr. Rideout/Dr. Hiett

DATE

1/10/23

Invoice

42041



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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

The **pancreas** was hypoechoic and mildly irregular. The left limb measured 0.8 cm.

ULTRASONOGRAPHIC FINDINGS

Enlarged, irregular right kidney with perinephric inflammation and pyelectasia. Consistent with pyelonephritis; however, emerging round cell neoplasia versus lymphoma is a potential.

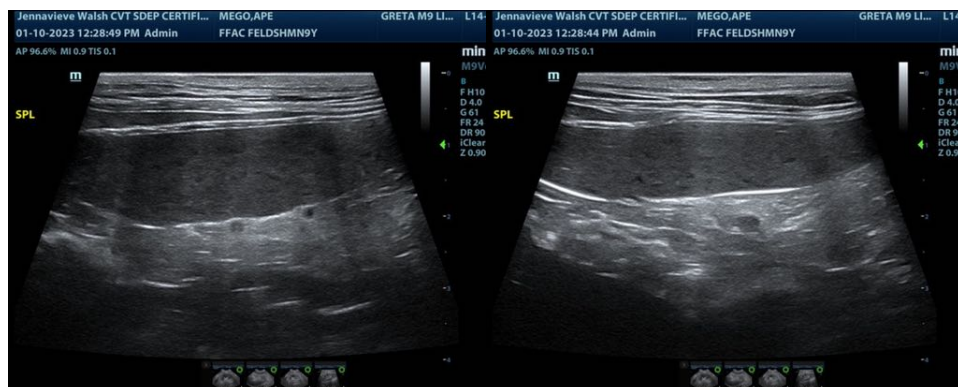
Splenitis pattern versus round cell neoplasia.

Hypoechoic, irregular pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended in this patient to assess for pain in the pancreas.

FNA, cytology and culture of the spleen and right kidney would be warranted.





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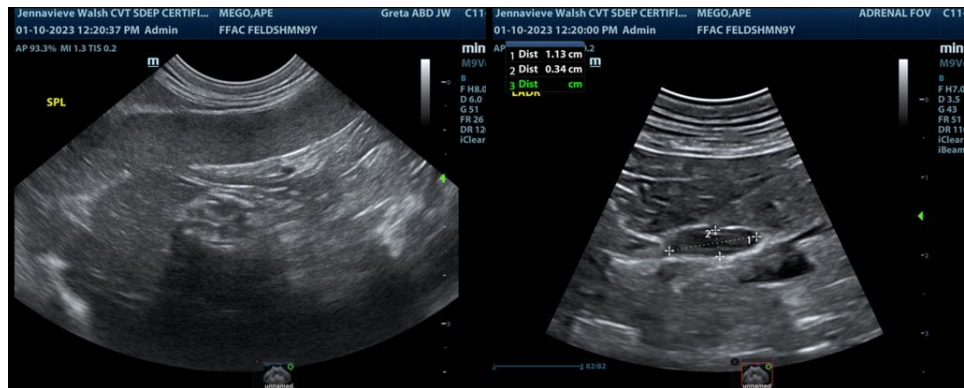
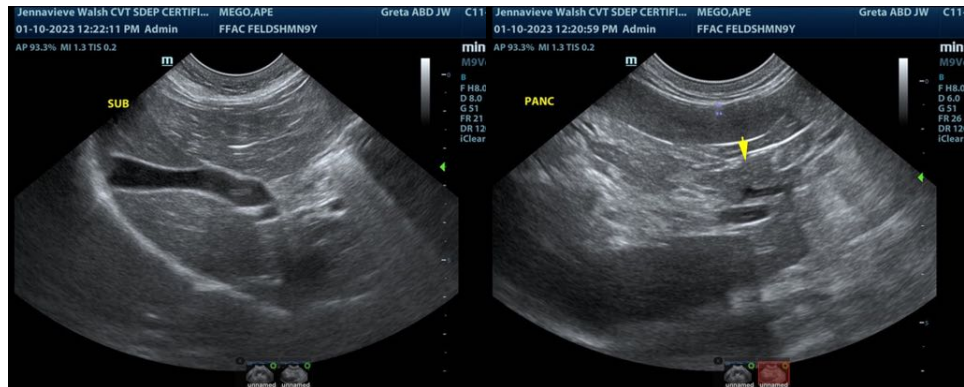
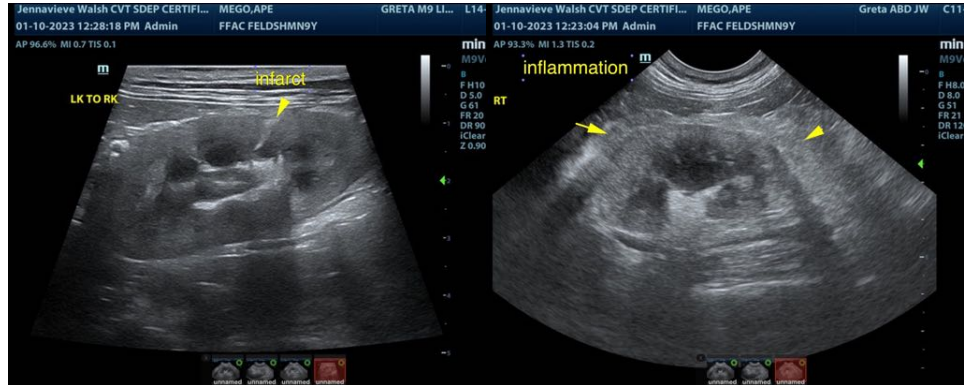
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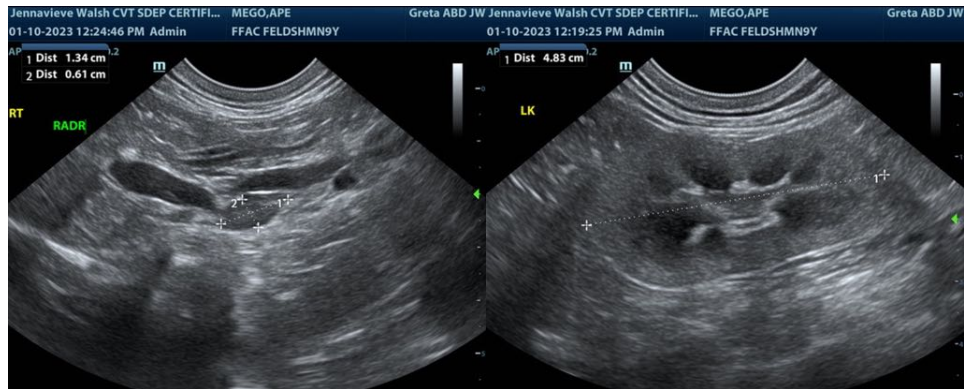
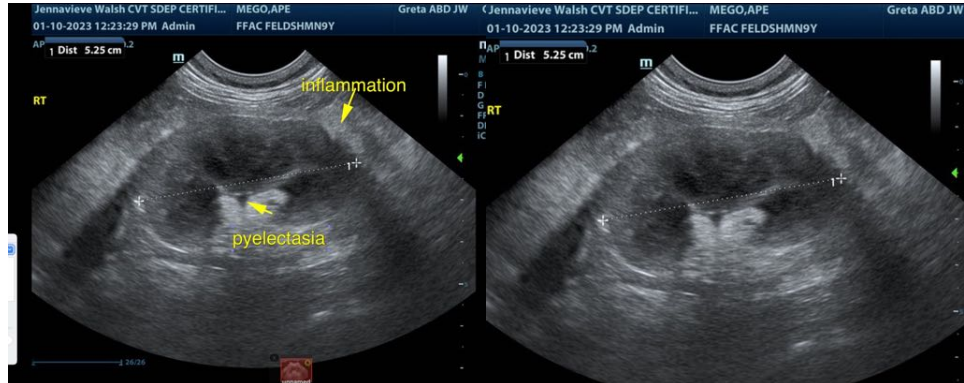
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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