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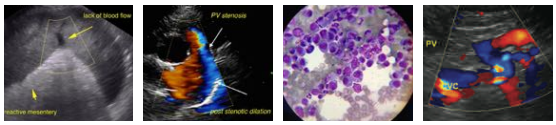

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Kiera Adams

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

5.7 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretchneider

DATE

1/19/22

Invoice
95405

PRESENTING CLINICAL SIGNS

weight loss, intermittent vomiting/ diarrhea
Abnormal PE/Chem/CBC/UA Results: very high WBC 56 thousand on 1/17/22 was 36 thousand a month ago. HCT = 22% now, had been 34% a month ago Current Medications Methimazole 2.5 mg SID

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 was noted. Ureteral papillae were normal.

The **kidneys** were both mildly enlarged with thickened cortices. There was some loss of corticomedullary definition. The left kidney measured 4.27 cm. The right kidney measured 4.51 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.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen measured 0.4 cm in width.

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.

Gastrointestinal

The **stomach** was over distended with chyme. Transit of chyme into the small intestine was evident with intestinal mural thinning. The mesenteric lymph nodes were enlarged and measured 3.16 cm.

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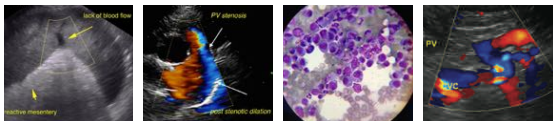

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Pancreas

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.

Free Abdomen

A moderate amount of free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

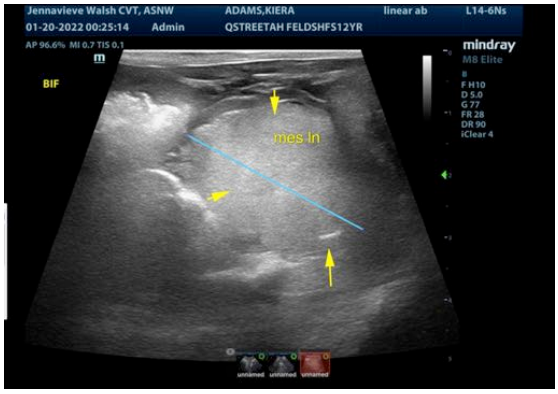
Mesenteric lymph node mass.

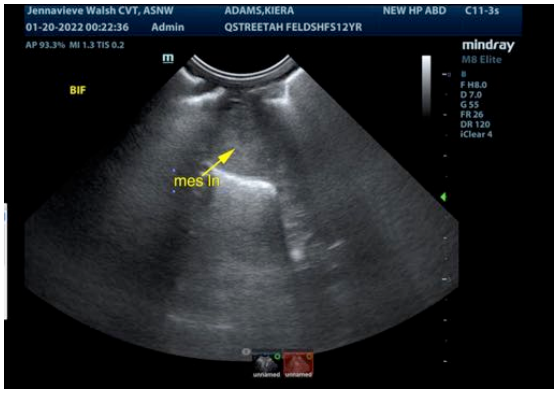
Mild degenerative renal changes.

Free fluid. Likely owing to lymphatic congestion given the mesenteric lymph node mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large amount of GI artifact interference was noted. Under sedation FNA of the mesenteric lymph node would be warranted as well as abdominocentesis and cytospin to assess for exfoliating neoplasia such as lymphomatosis or similar. CBC path review +/- bone marrow aspirates are warranted given the anemia. The excessive GI artifact may be obscuring some important, subtle views, yet the primary pathological organ is the mesenteric lymph node and ascites, both of which should be targeted for sampling. I suspect underlying lymphoma with potential bone marrow involvement.





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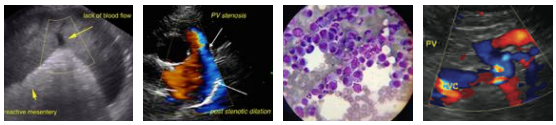

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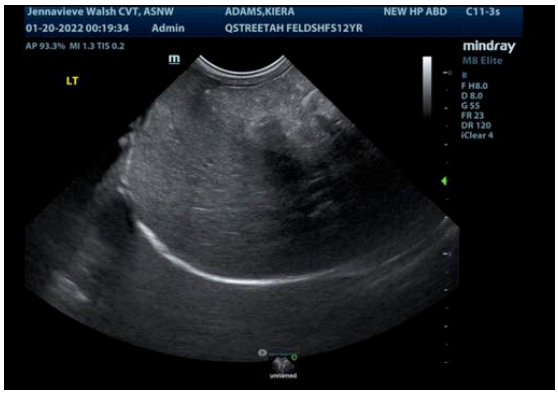

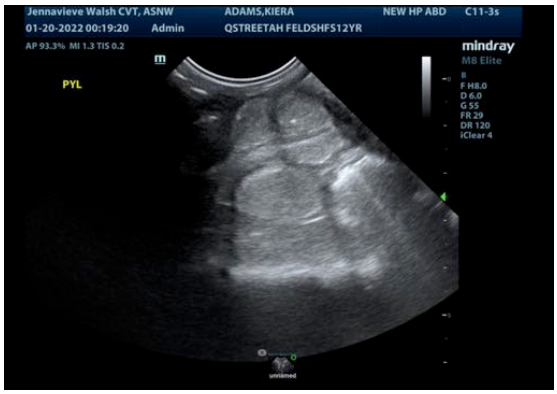

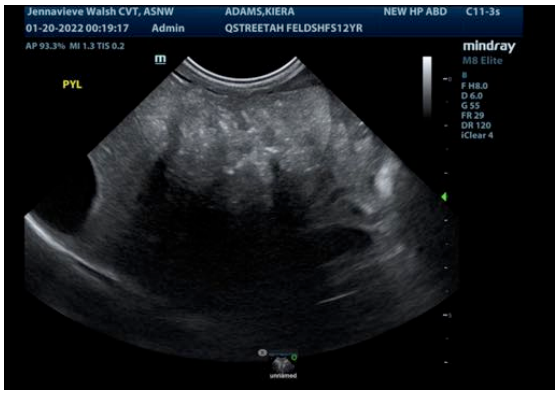

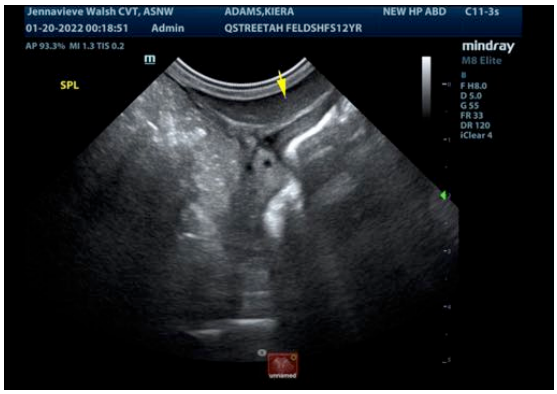

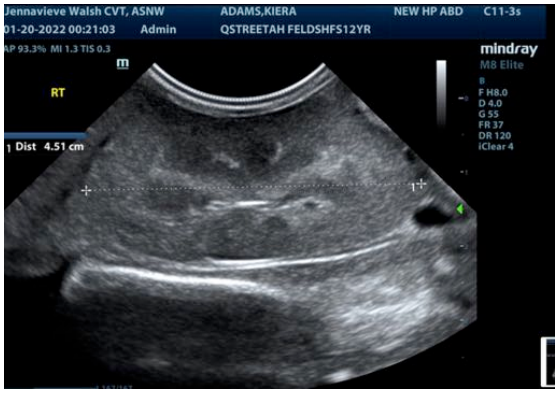

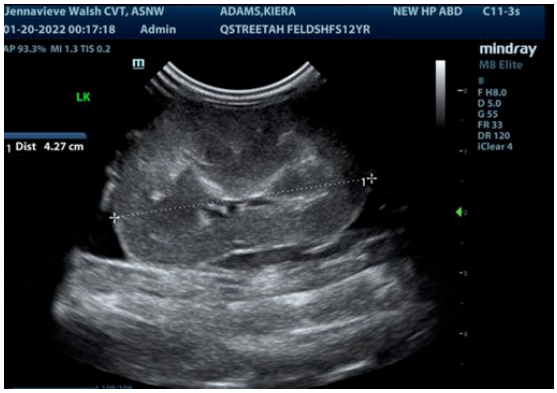

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com

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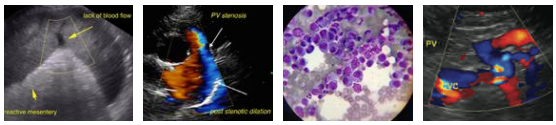

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