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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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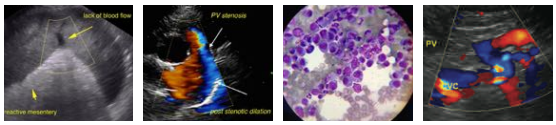


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Mo Bennett

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
14 years

WEIGHT
6.38 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Reid VH

REFERRING VET
Dr. Reid

DATE
3/31/22

Invoice
97967

PRESENTING CLINICAL SIGNS

History: HX - new p to RVH 3/23, losing weight rapidly for the last month - last known weight ~10lbs - p has been eating less and less food over time per o. No VCSD. Ur/BM WNL. Lethargic per o - Indoor mostly, previously indoor/outdoor, lives with 5 other cats. No vx hx. PE - grade 2/6 R parasternal heart murmur - unkept coat, prolonged skin tent, generalized sarcopenia
Abnormal PE/Chem/CBC/UA Results: - borderline anemia (28.7%, Hgb 8.2), stress leukogram, mild inc. SDMA 20, hypocalcemia 7.1, hypoproteinemia 5.2 (hypoalbuminemia 1.6), TT4 WNL, no fPL performed

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney revealed multiple infarcts and cortical collapse. The left kidney measured 2.9 cm and is slightly subnormal in size. Cortical infarcts were noted in the right kidney with irregular contour.

Adrenal Glands

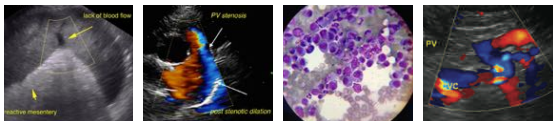
The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.46 cm. The right adrenal gland measured 0.86 cm.

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 was noted.

Liver

The **liver** revealed slight coarse architecture with irregular contour. There was no evidence of passive congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic



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and common bile ducts were normal. Pleural effusion was noted through the diaphragm given the intestinal mass.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed undifferentiated, hypoechoic mass with wall thickness that measured up to 1.0 cm. Hyperechoic remodeled omentum was noted associated with the intestinal mass.

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 mild amount of free fluid was noted likely owing to lymphatic obstruction, paraneoplastic effusion. Regional lymph nodes were also enlarged and distorted.

ULTRASONOGRAPHIC FINDINGS

Abdominal neoplasia involving the intestines, omentum, likely liver and possibly spleen and right kidney. Metastatic pattern to the chest.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytospin of the chest fluid as well as FNA of the intestine and liver would all be indicated for staging purposes followed by immediate chemotherapy. However, given the extent of the pathology the prognosis is poor.

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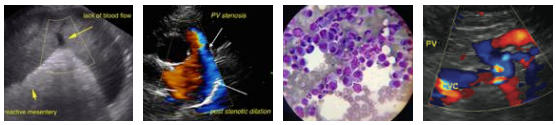

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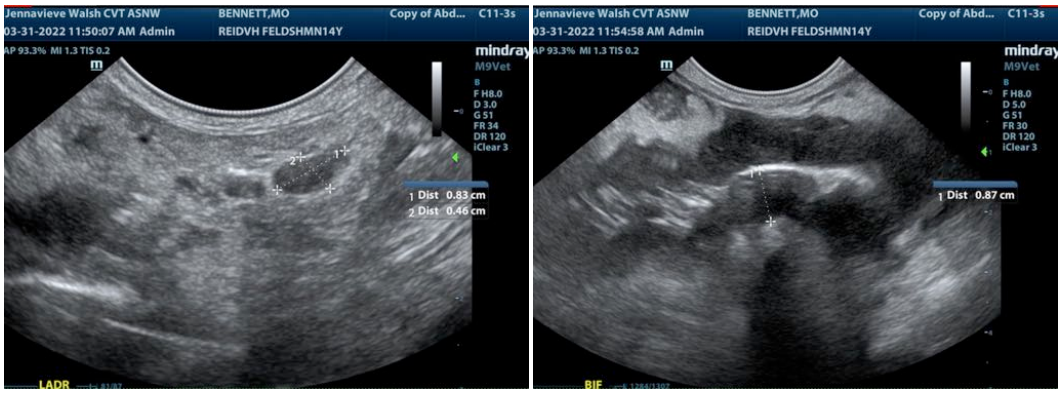

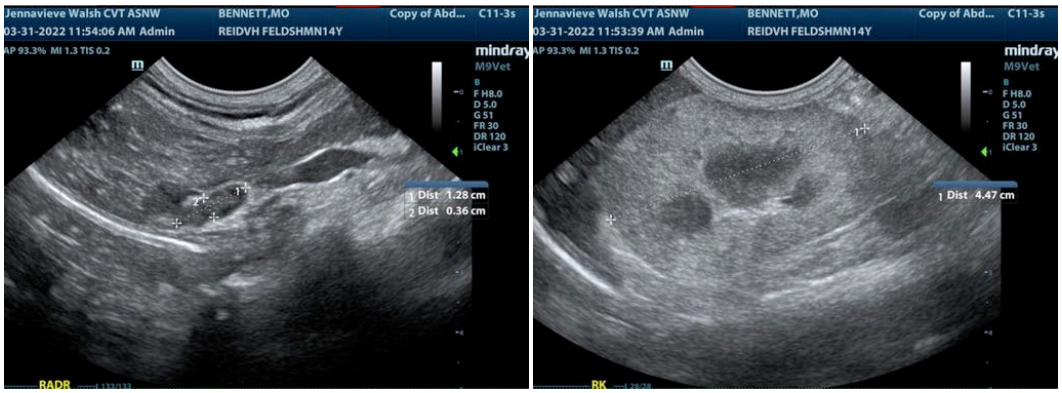

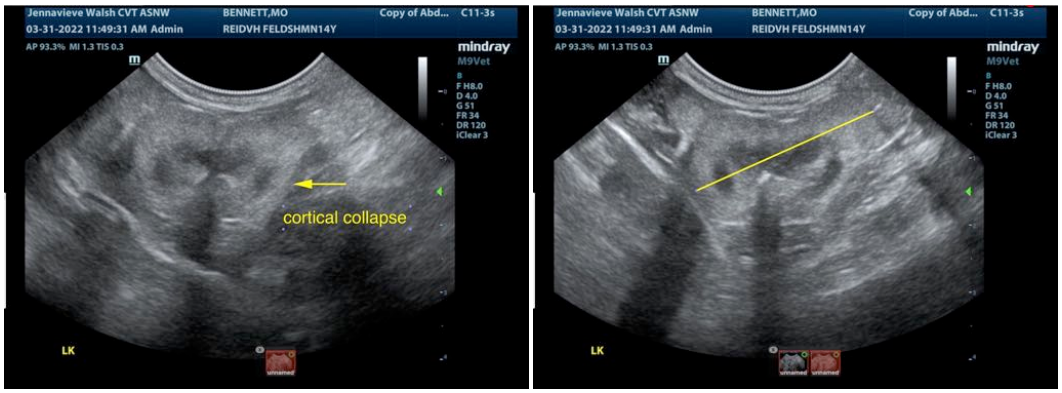

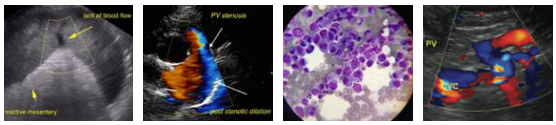

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS

CEO of Sonopath.com

Eric.Lindquist@SonoPath.com