

PATIENT

Mojo Wadewitz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

12.68 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Zulauf

DATE

3/6/23

Invoice

43113

PRESENTING CLINICAL SIGNS

History: Abdominal mass in cranial abdomen. Current Medications Methimazole Primary Question/Differential to Be Answered in This Exam What is the mass associated with in the abdomen and potential differentials

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 was enlarged and mildly irregular in contour measuring 5.23 cm, yet was largely structurally conserved. The right kidney measured 4.49 cm with pyelectasia that measured 1.5 cm. The right kidney had a subcapsular halo.

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 0.4 cm. The left adrenal gland measured 0.43 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. Hyperechoic, lipogranulomatous nodules were noted in the spleen.

Liver

The **liver** revealed heterogenous parenchymal changes with an echogenic cyst in the right cranial liver. Minor heterogenous parenchymal changes were noted elsewhere with other microcystic changes. The gallbladder was deviated, which is an incidental finding.

Gastrointestinal

The **stomach** revealed a concentric mass that measured 5.0 cm with wall thickness of 3.0 cm. There was loss of structural detail. The small intestines and colon were unremarkable.



PATIENT *Pancreas*

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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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ULTRASONOGRAPHIC FINDINGS

BREED

Gastric mass with hepatic cyst or abscess.

Domestic Shorthair

Large left kidney. Potential emerging renal lymphoma. Pyelectasia with potential emerging renal lymphoma. Minor inflammatory pattern around both kidneys.

SEX

Minor intestinal thickening.

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Given the gastric presentation there is a strong concern for emerging renal lymphoma. Pyelectasia likely in the right kidney and likely owing to pelvic scarring. I recommend addressing the gastric presentation first. I am presuming that early renal lymphoma is likely playing a role in this patient. Eventual ultrasound-guided drainage of the hepatic cyst could also be considered with culture to assess for potential abscessation. Ultrasound-guided FNA was performed without complication. Chest radiographs are recommended to assess for comorbidities.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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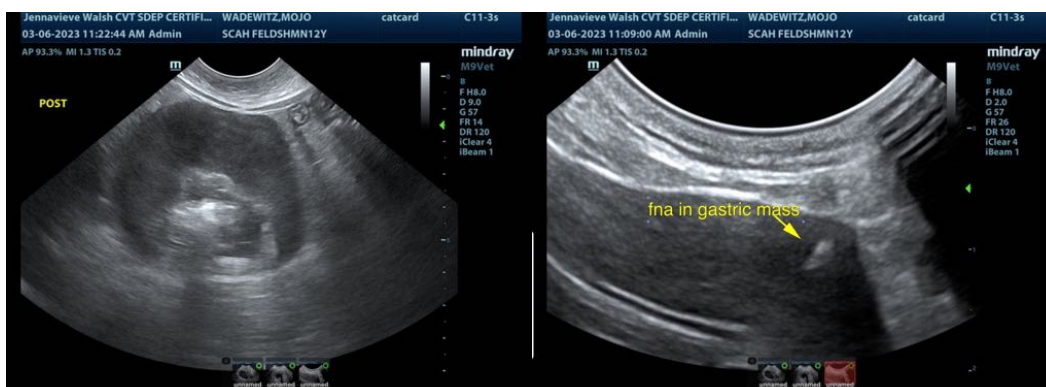
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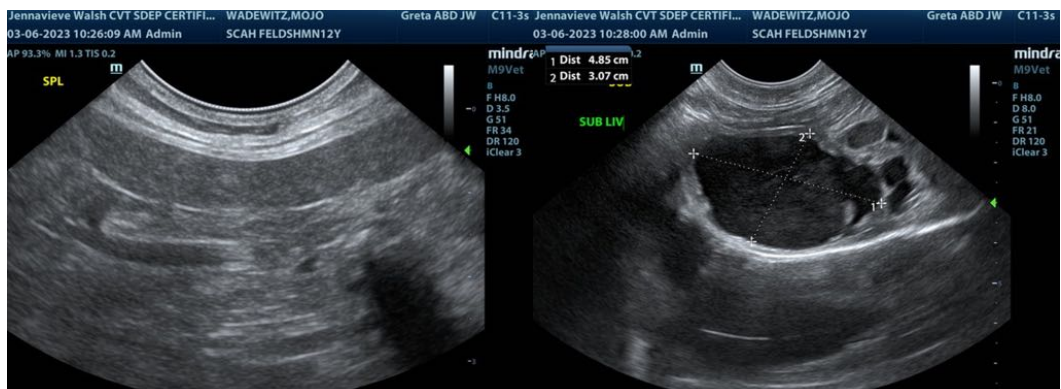
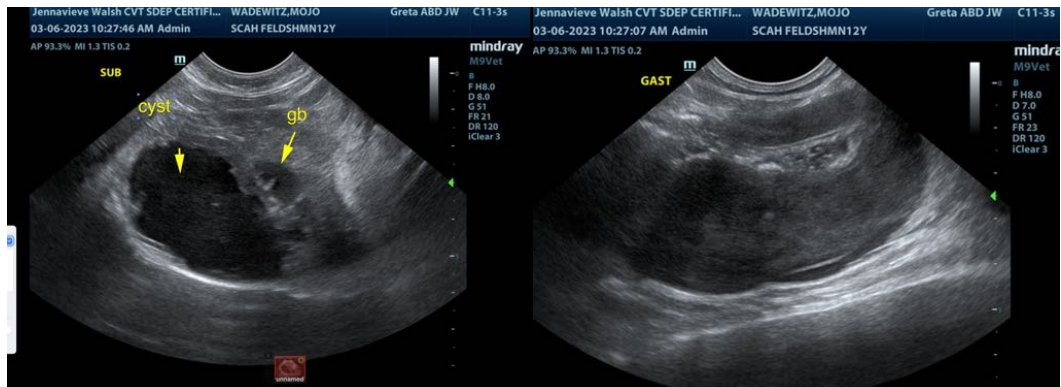
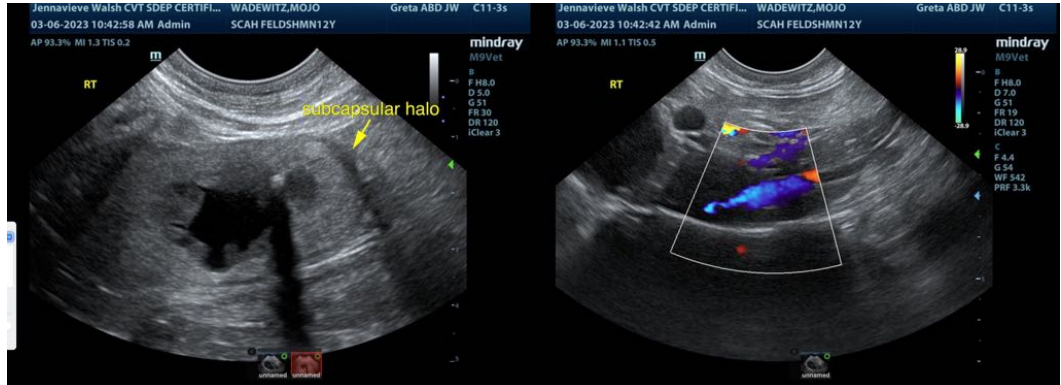
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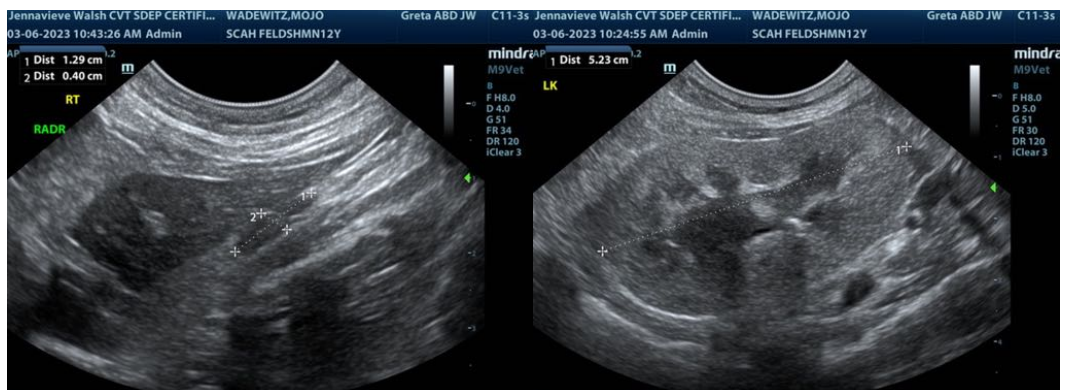
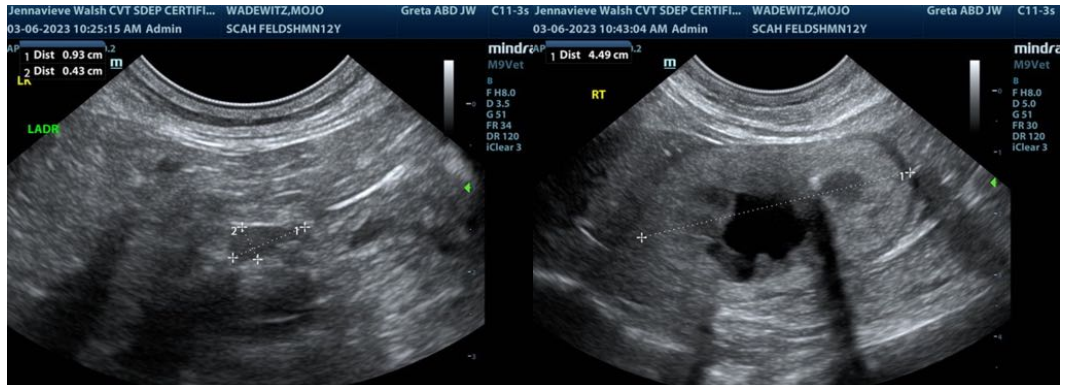
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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