



PATIENT PRESENTING CLINICAL SIGNS

Ginny Allen had lost 1kg in 2 months - originally seen Nov 2021 for drinking more and eating less -unable to palpate specific abdominal structures due to weight. No meds currently. Belly had been licked of most of her fur. Abnormal PE/Chem/CBC/UA Results: Please see attached lab work results. Has had a UTI in past few months also which responded well to Clavaseptin. -borderline anemia -SDMA 15 but was up to 17, CREA WNL, UREAa bit low

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

15 years

WEIGHT

5.62 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Yenssen

INVOICE

95770

DATE

2/2/22

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 right **kidney** revealed a cortical infarct and dystrophic changes. The right kidney was subnormal in size and measured 3.05 cm. The left kidney revealed similar changes and measured 2.89 cm. The left kidney revealed corticomodullary mineralization, remodeling and infarcts.

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 adrenal gland measured 0.35 cm. The right adrenal gland measured 0.3 cm.

Spleen

The **spleen** revealed minor, heterogenous parenchymal changes. The spleen was normal in size and contour.

Liver

The **liver** in this patient was enlarged and irregular with a hypoechoic mass of the caudate process with enhanced surrounding mesentery. The mass measured 4.0 x 3.0 cm. This does not appear resectable and impinges upon the portal hilus. It occupied most of the caudal right liver. The left lateral liver also presented a separate mass. Other areas of nodular changes were noted throughout the liver with capsular expansion and irregular contour and coalescing hypoechoic target nodules. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to



PATIENT

malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Ginny Allen

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Pancreas

Feline

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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Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Multi-focal hepatic neoplastic pattern with caudate liver mass as well as diffuse nodular changes. Separate liver mass.

Spayed Female

Dystrophic kidneys with infarcts and regional inflammation.

AGE

15 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of various echotexture in the liver presentation is recommended. Hepatic sarcoma is suspected.

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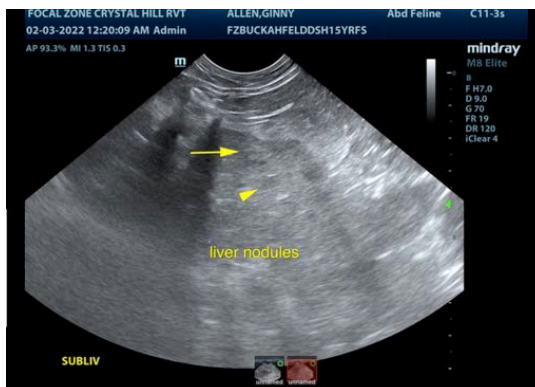
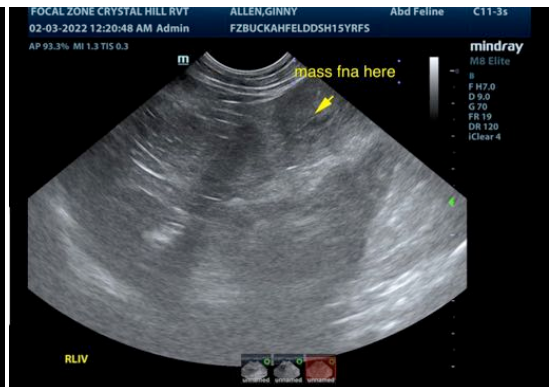
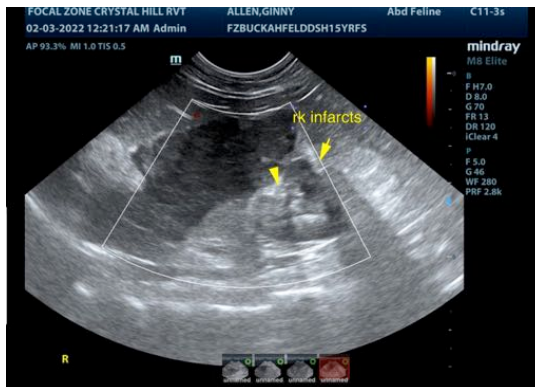
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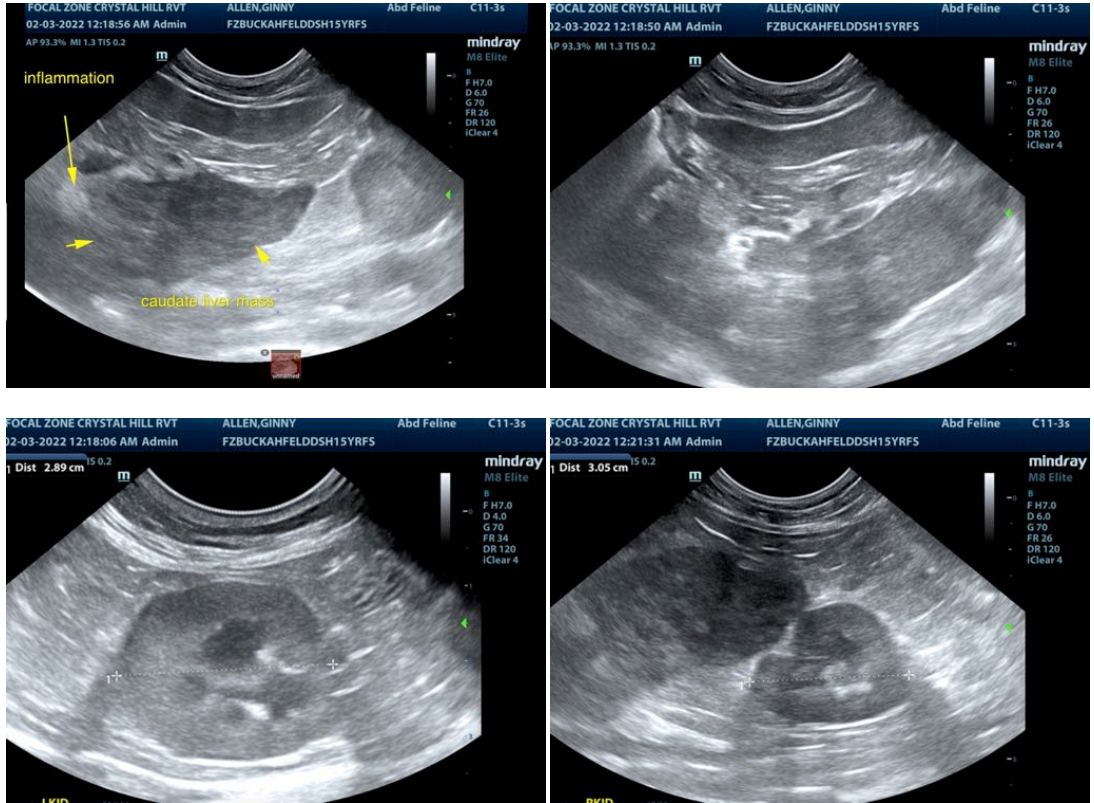
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

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