



**PATIENT**

Steve Lucero

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

9.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

East Plane AH

**REFERRING VET**

Dr. Rosen

**INVOICE**

42253

**DATE**

12/20/22

**PRESENTING CLINICAL SIGNS**

History: Lethargy, anorexia, weight loss. Very large L kidney.  
Abnormal PE/Chem/CBC/UA Results: Amylase 1235, WBC 20.9, RBC 11.1, PLT 637, Neut 93, Lymph 627, Mono 627

**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 recognizable portion of the left **kidney** in this patient was significantly enlarged measuring 4.46 cm. An expansive mass and pericapsular proliferative tissue was noted around the kidney and the entire proliferative process measured approximately 6.0 cm. A medial cortical nodule or mass was noted and measured approximately 2.0 cm. The right kidney was also severely enlarged and measured 6.37 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 mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** presented heterogenous nodular changes. This is suggestive for metastatic disease. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The **gastrointestinal tract** was structurally unremarkable, yet enveloped by the other pathologies.

**Pancreas**

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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**Free Abdomen**

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Free fluid was noted throughout the abdomen. Undifferentiated proliferative tissue was noted around the kidneys and in the omentum. Omental nodular changes were present. The omentum was also coalesced in the cranial abdomen around the pancreas and upper gastrointestinal tract.

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**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Diffuse abdominal neoplasia involving the kidneys, omentum and pancreas, probable spleen and liver. Consistent with lymphomatosis, carcinomatosis presentation.

Domestic Shorthair

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Abdominocentesis and cytospin of the free fluid and/or FNA of either kidney, spleen, or liver should prove definitive. However, the prognosis is poor.

Neutered male

**AGE**

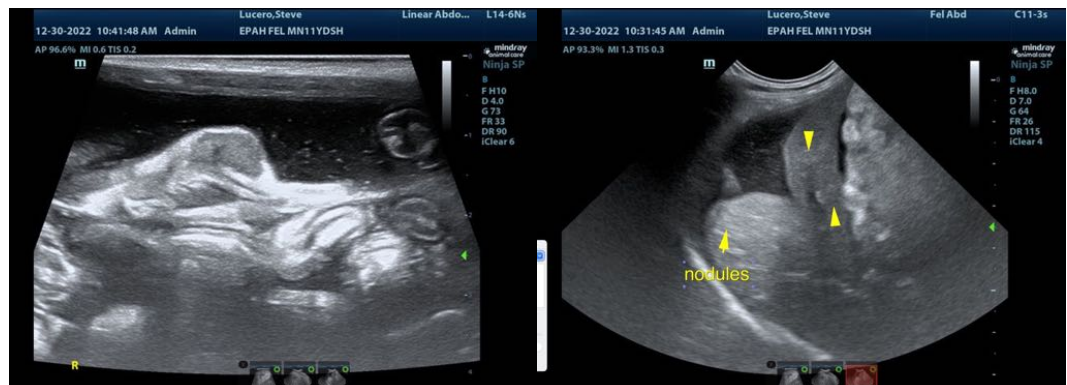
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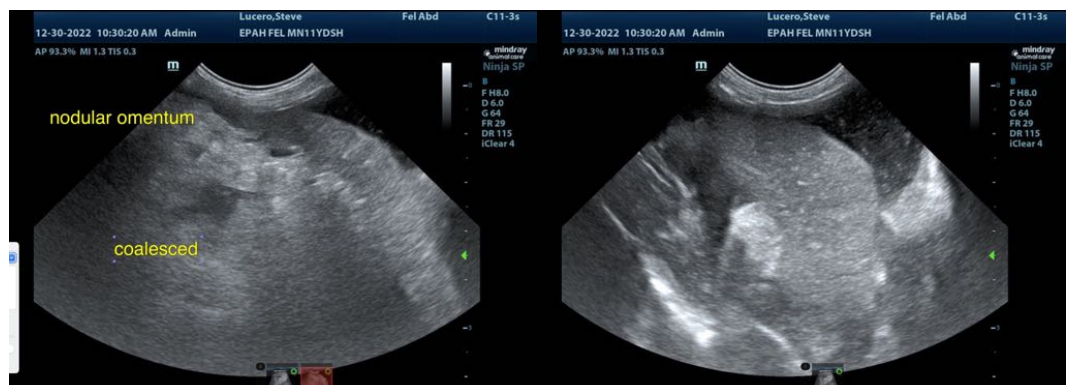
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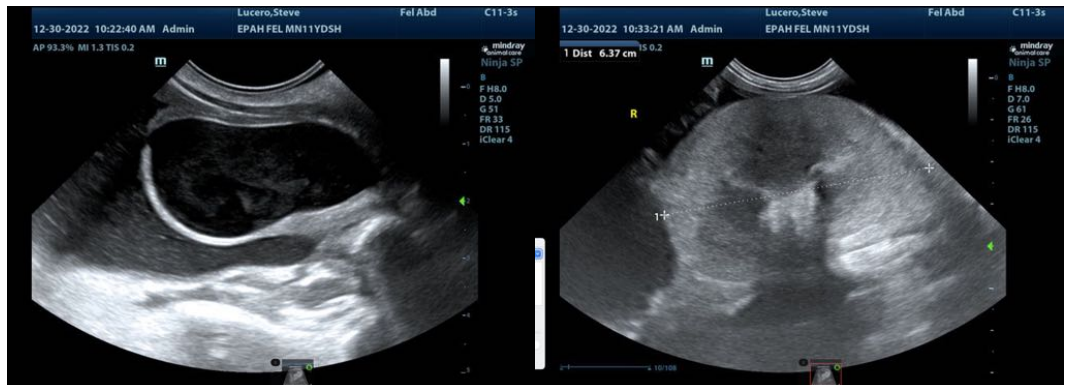
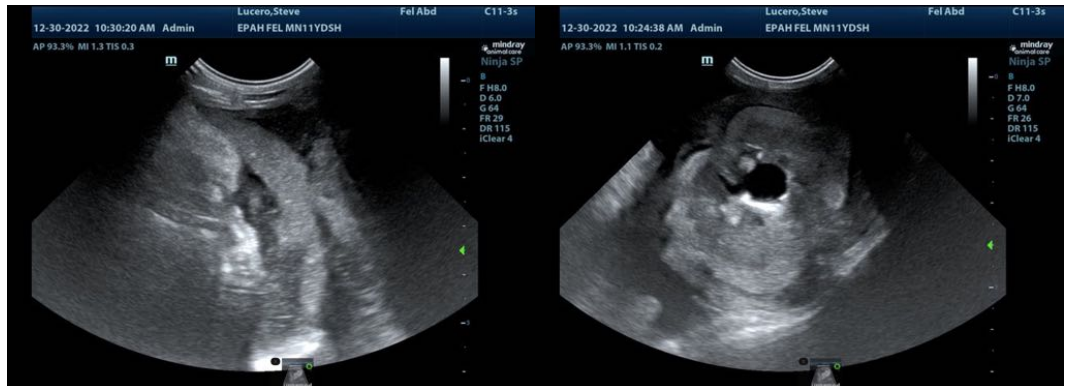
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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