



PATIENT

Carina Cantanno

PRESENTING CLINICAL SIGNS

History: Persistent weight loss

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The **urinary bladder** revealed a calculus that measured 0.6 cm and was non-obstructive at the time of the sonogram. The bladder wall and urethra were unremarkable.

SEX

Spayed female

The **kidneys** presented multi-focal infarcts with thickened, irregular cortices. Reactive mesentery was noted around the left kidney. This is likely owing to recent infarcts. The left kidney measured 4.09 cm and the right kidney measured 3.08 cm. Blood flow to the kidneys appeared adequate to slightly subnormal on power Doppler assessment.

AGE

13 years

Adrenal Glands

WEIGHT

10.02 lbs

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 0.29 cm. The right adrenal gland measured 0.29 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Animal Paradise
Hospital

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.

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Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel



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disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD. The mesenteric lymph nodes are mildly enlarged. Reactive mesentery was present.

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.

ULTRASONOGRAPHIC FINDINGS

Acute on chronic nephritis pattern on the left kidney with infarcts. Mild potential for emerging round cell neoplasia of the left kidney.

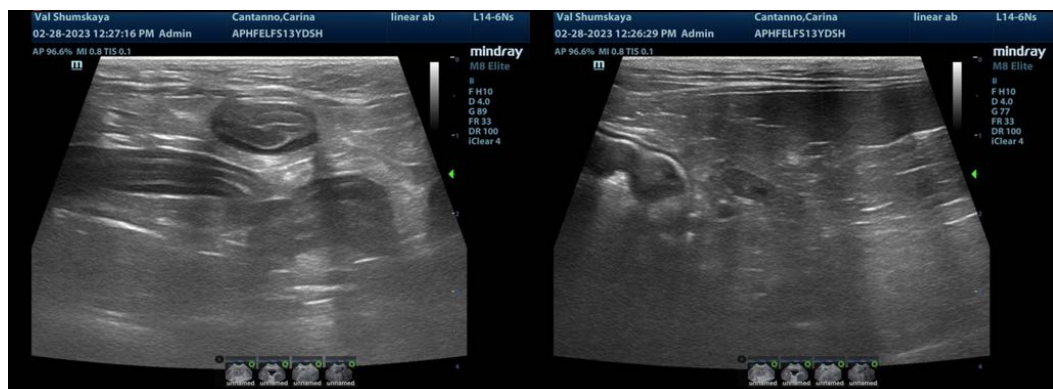
Bladder calculus.

Inflammatory bowel disease pattern with enlarged mesenteric lymph nodes and reactive mesentery.

Age related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the left kidney and largest mesenteric lymph nodes are warranted with cytology and culture of both samples would be ideal. There is no overt neoplastic criteria present; however, there is a possibility of emerging round cell neoplasia of both the left kidney and mesenteric lymph nodes. Otherwise, direct cystotomy, intestinal lymph node and left renal biopsies can be considered for more direct, yet somewhat invasive approach. Regardless cystotomy and stone analysis and culture is necessary.





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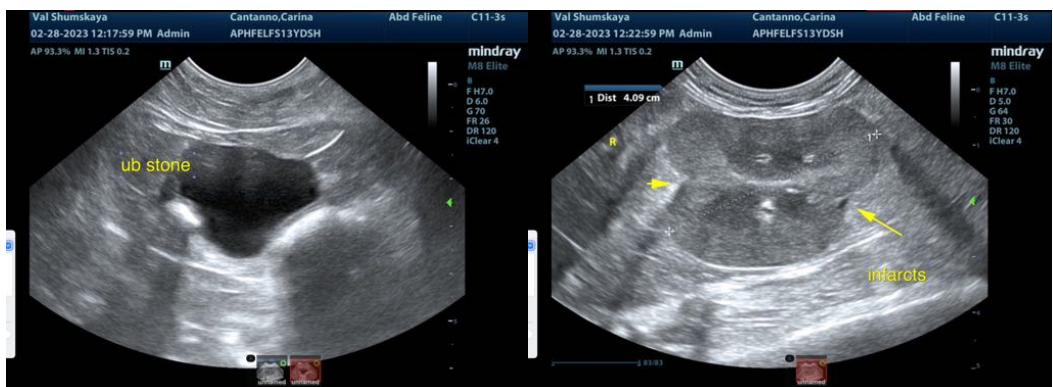
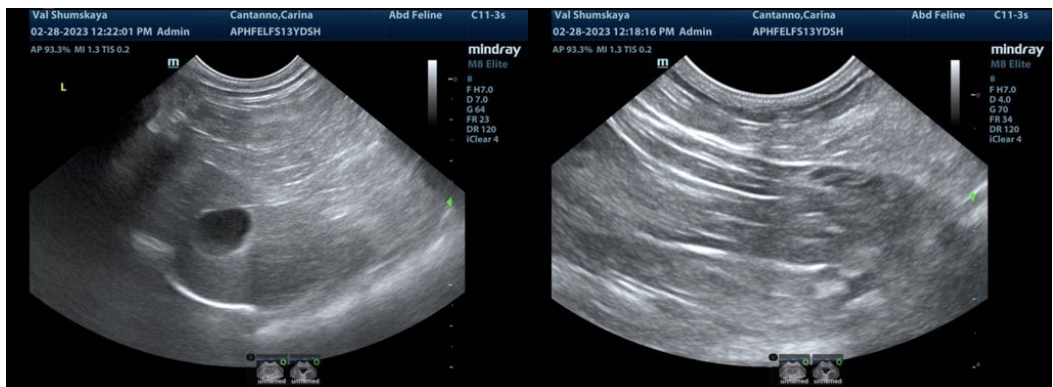
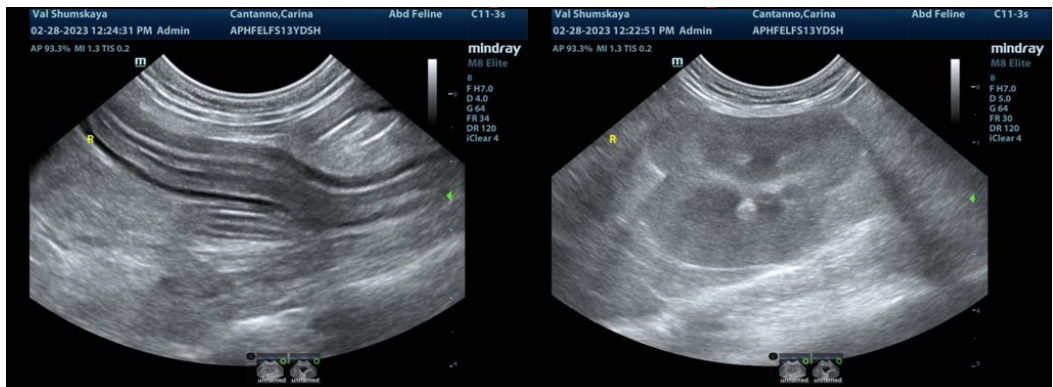
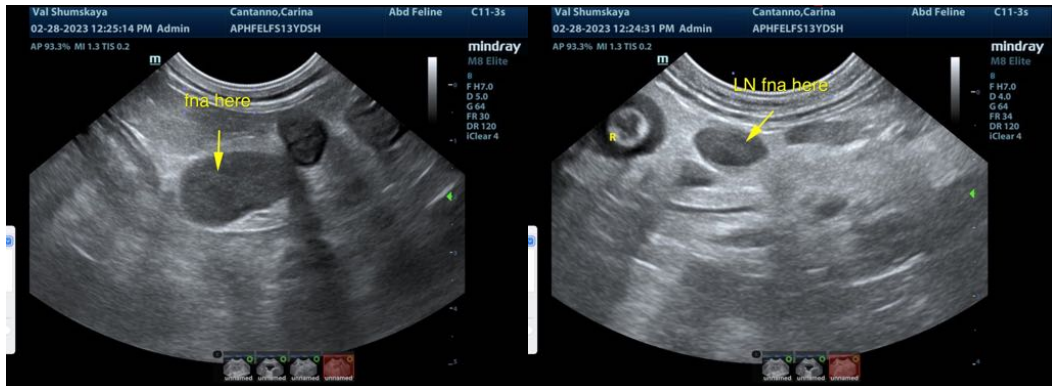
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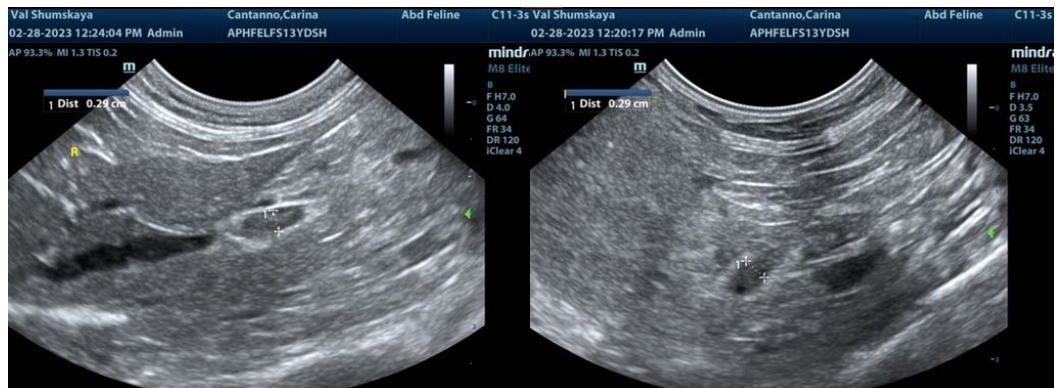
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com