



PATIENT

Lola ARSTH

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

9.39 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

44085

DATE

5/1/23

PRESENTING CLINICAL SIGNS

History: Hyporexia, lethargy, possible painful abdomen. Current meds: Ondansetron 4mg, Amoxi/Clav 200/28mg per 5ml; Mirtazapine 15mg, Hydroxyzine 2mg/ml liq.
Abnormal PE/Chem/CBC/UA Results: Mild erythrocytosis, low MCV/MCH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.43 cm and the left kidney measured 3.48 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** revealed hyperechoic lipomatous plaques.

Liver

The **liver** in this patient revealed multi-focal, mildly hyperechoic nodular changes that measured up to 2.5 cm with ill-defined margins that encompassed the vena cava dorsally. The nodular changes appeared to be entering the common bile duct as well. The mass impinged upon the common bile duct, yet it did not obstruct. The gallbladder, common bile duct and cystic duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

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The right limb of the **pancreas** was heterogenous and mildly irregular. This may be involved in the neoplastic process.

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ULTRASONOGRAPHIC FINDINGS

Liver mass and nodular changes.

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Domestic Shorthair

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

CT evaluation is necessary for further definition +/- FNA while the patient is sedated for the CT is recommended. Chronic inflammatory lesions are possible versus biliary carcinoma.

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ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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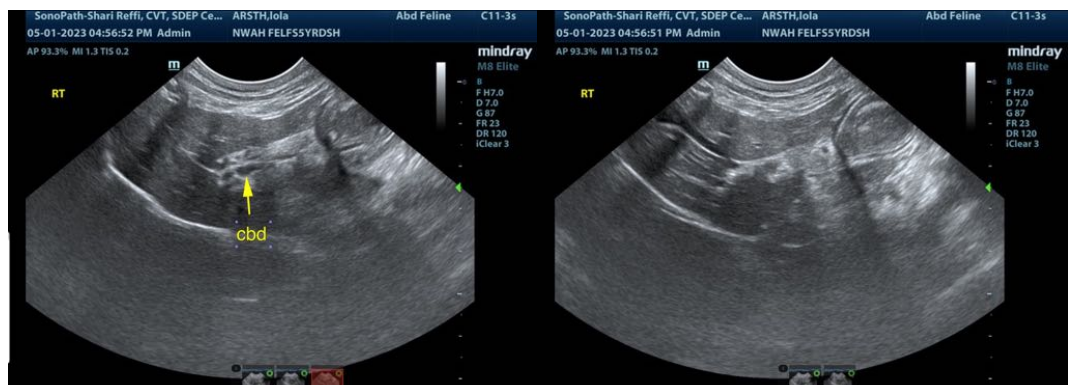
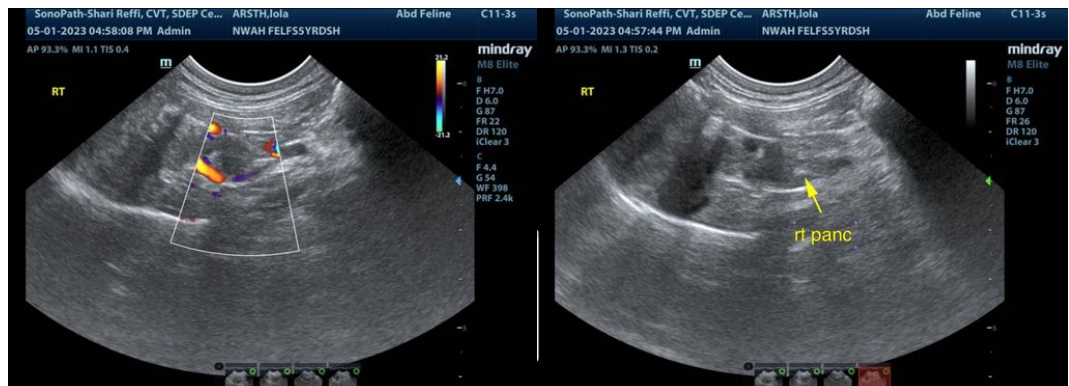
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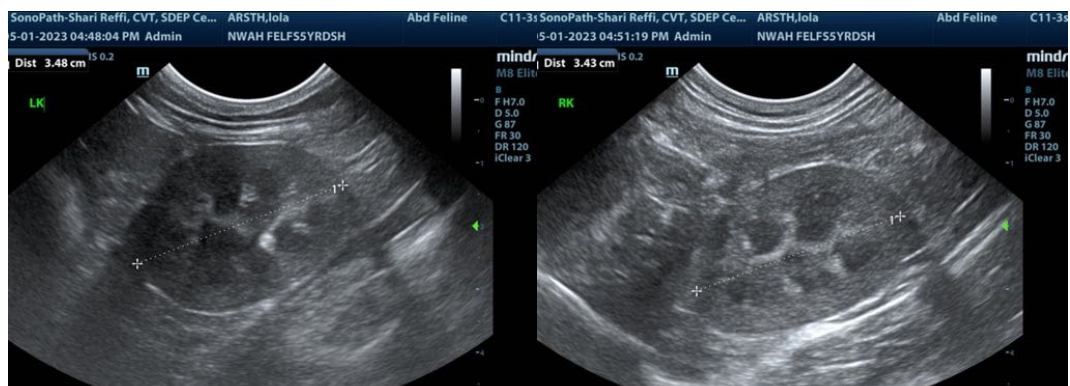
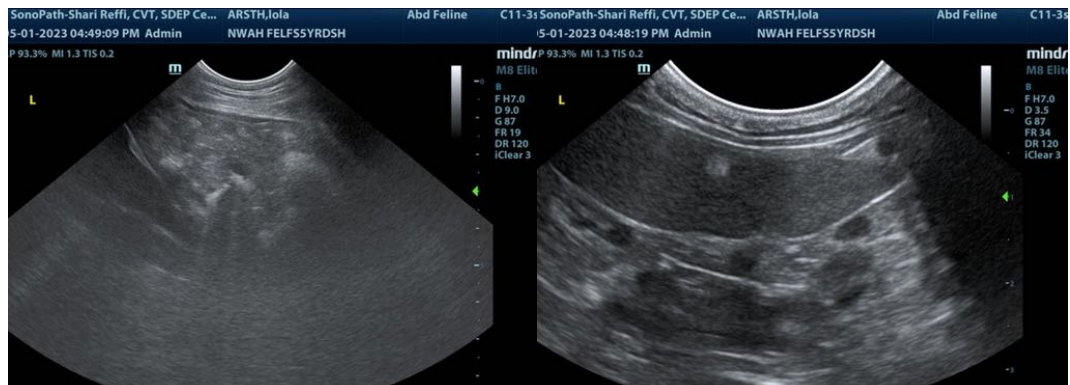
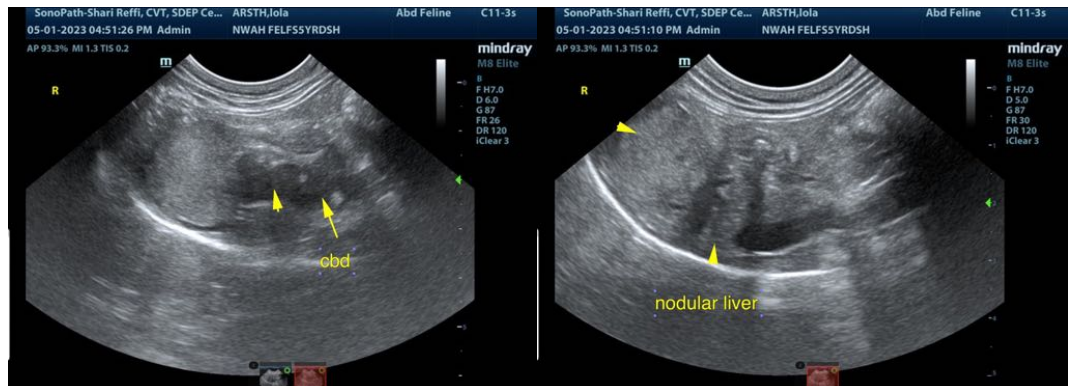
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com