



PATIENT

Mickey Buscemi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

8.4 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Silver

INVOICE

30807

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Staple ingestion - in distal ileum at time of radiograph, possible pendulous kidney. R/O renal lymphoma vs. other. Current meds: IVFs, Cerenia, famotadine, unasyn.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL.

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.16 cm. The left kidney measured 4.0 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. The left adrenal gland measured 0.35 cm.

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.

Liver

The **liver** revealed a 2.0 x 1.25 cm cystic lesion in the left cranial liver. This is consistent with cystadenoma. The remainder of the liver revealed mild coarse architecture with mildly increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic duct was tortuous, yet not pathological. The common bile duct was 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 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 malassimilation of nutrients if any weight loss is present. The mesenteric lymph nodes were reactive and measured 1.5 x 0.5 cm.

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Pancreas

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A mixed hypoechoic 3.5 x 3.0 cm nodular and parenchymal **pancreatic** mass was noted. The mass appears to be occupying the left limb. The mass appears to be resectable. The mass was poorly vascular on power Doppler assessment.

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ULTRASONOGRAPHIC FINDINGS

Left pancreatic mass, potentially resectable with left pancreatic lobectomy.

WEIGHT

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There are no visible foreign bodies, obstructive pattern or evidence of intestinal perforation. However, diffuse intestinal thickening was noted without neoplastic criteria.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreatic mass could be considered for further definition. Pancreatic necrosis versus carcinoma are the primary concerns. Stromal tumor or other neoplasia is less likely. If surgical intervention upon the mass is to be performed then intestinal and liver biopsies are indicated to rule out micrometastasis.

IMAGING PERFORMED BY

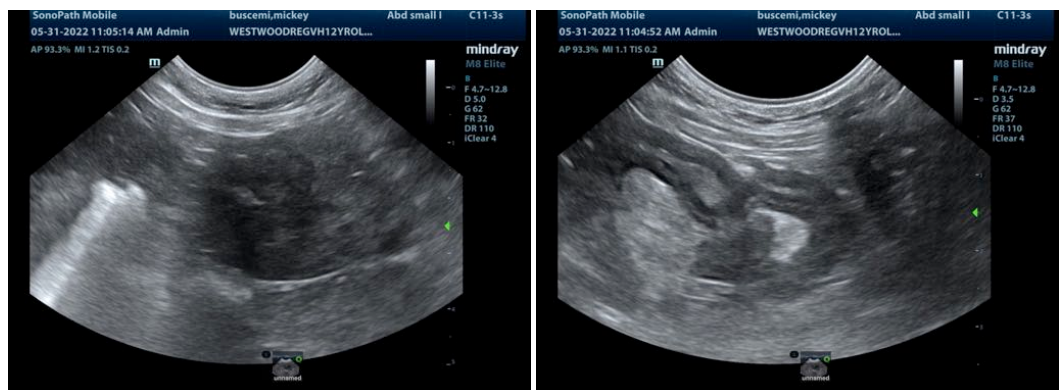
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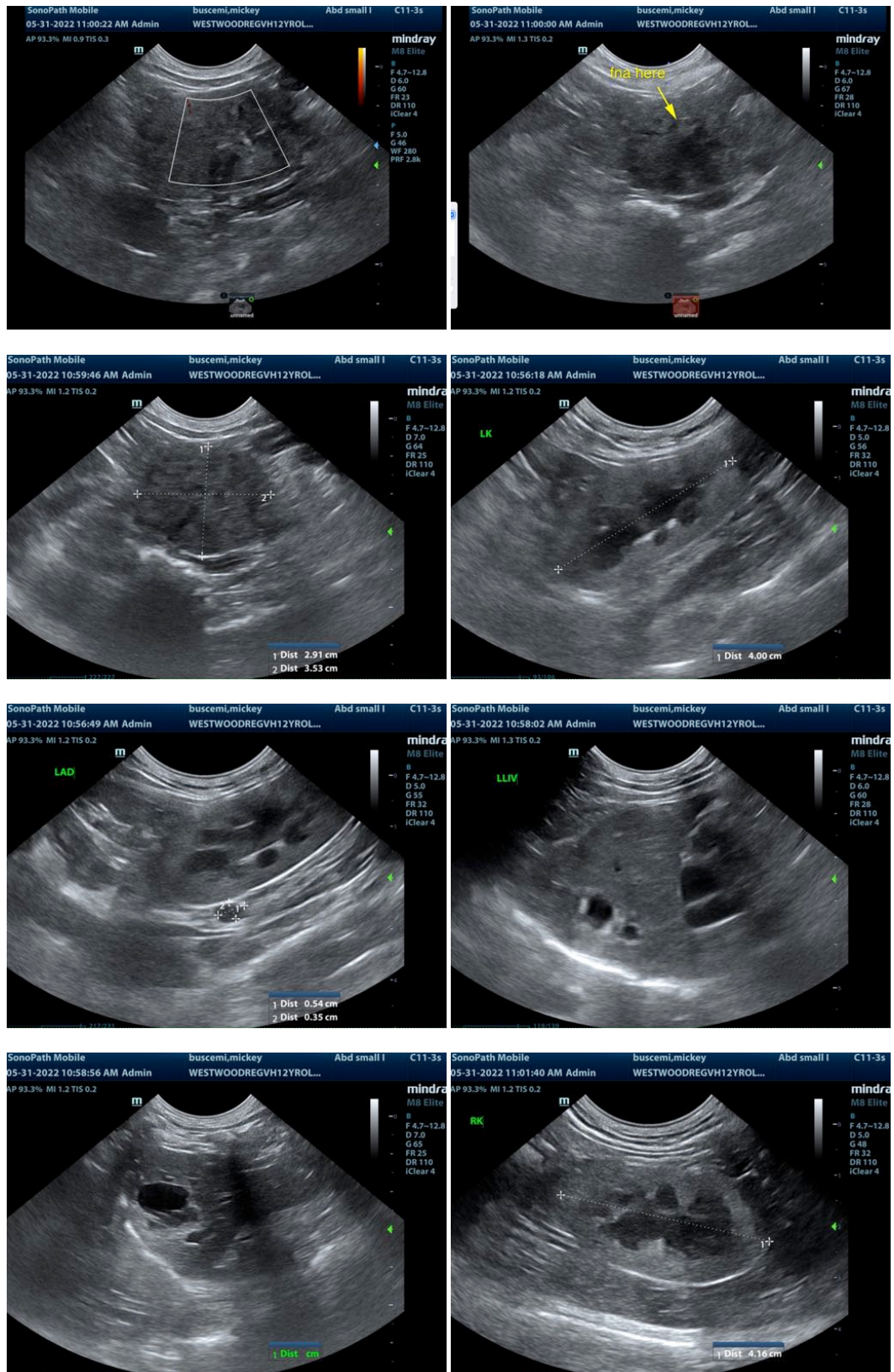
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Info@SonoPath.com

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