



PATIENT

Alyssa Hatton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

14 years

WEIGHT

3.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

31311

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: azotemic on presentation, improved on IVF. Owner wants US to make sure there are no abnormalities before discharge. On mirtazapine, ICV P-lytes.
Abnormal PE/Chem/CBC/UA Results: admit BW 6/25: BUN 88.7, Phos 9.2, Na 171 high, K 6.2 high, Cl 126 sl high, neutrophils 16.56 high; recheck BW: BUN 38.9, Na 164

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 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.58 cm with pyelectasia and irregular contour and cortical infarcts. A focal, hypoechoic left renal nodule was noted and measured 1.5 cm at the dorsal caudal cortex. A slight amount of free fluid was noted adjacent to the renal nodule. The right kidney measured 3.2 cm with cortical infarcts and cortical collapse with mineralization.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.33 cm. The left adrenal gland measured 0.45 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 multi-focal, hypoechoic nodular changes. There was moderate disruption of architecture was noted throughout the liver. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The distal small intestine revealed a 2.0 cm mass with loss of detail. This is strongly suggestive for round cell neoplasia or carcinoma.



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Pancreas

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The pancreas was enlarged and irregular measuring 1.2 cm in the left limb.

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ULTRASONOGRAPHIC FINDINGS

Renal dystrophy with mineralization, potential emerging round cell neoplasia. Multi-focal, nodular hepatic changes were noted.

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Intestinal mass. Suggestive for round cell neoplasia or carcinoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the nodular changes noted in the liver and the GI mass are recommended. There is a strong concern for renal hepatic round cell neoplasia with the possibility of embolic disease, yet less likely. Pronounced nodular hyperplasia is possible, yet less likely the prognosis is guarded depending on FNA results.

AGE

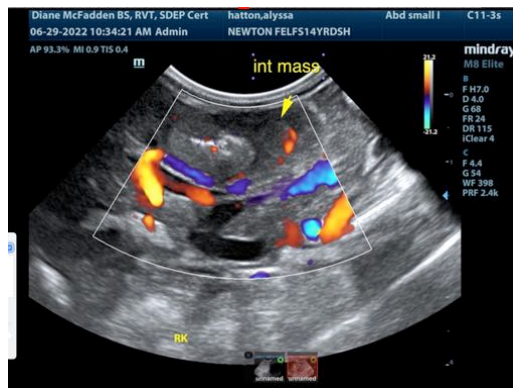
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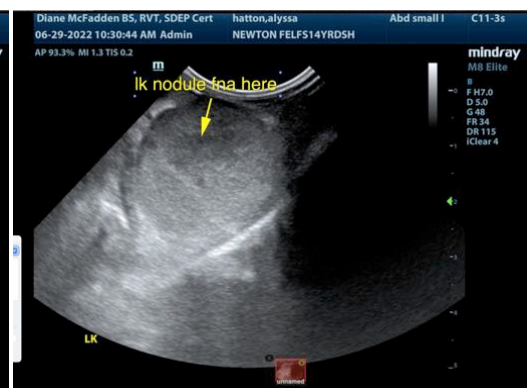
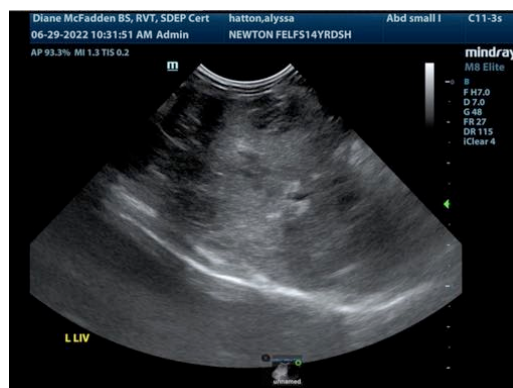


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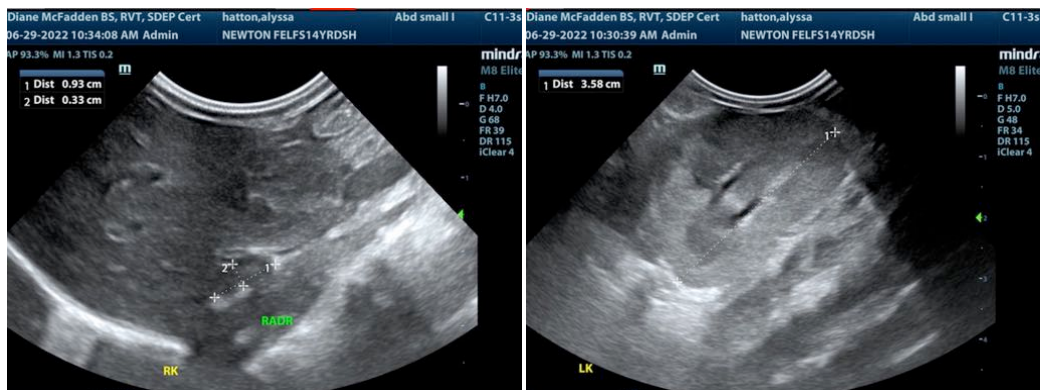
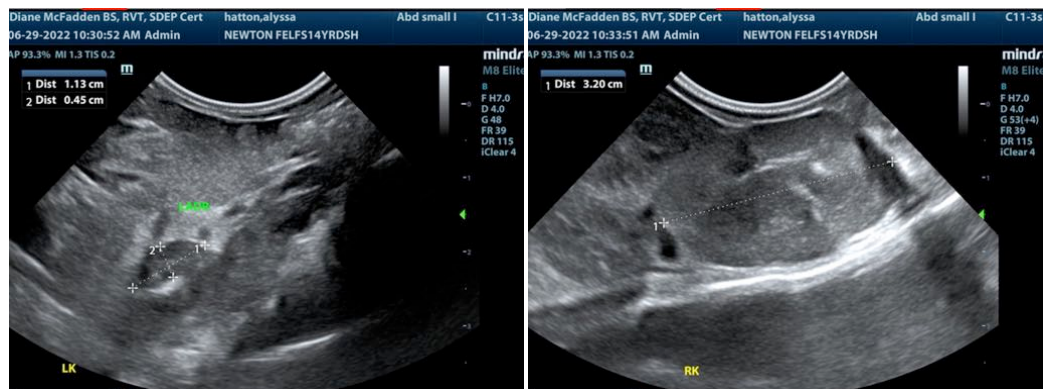
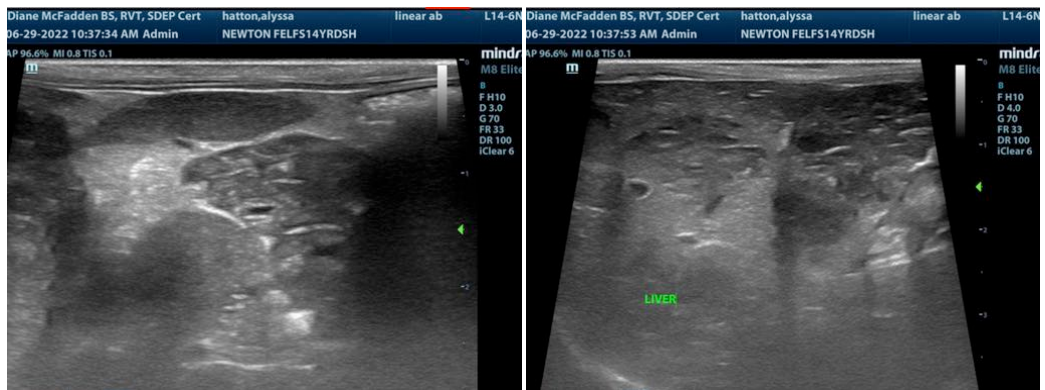
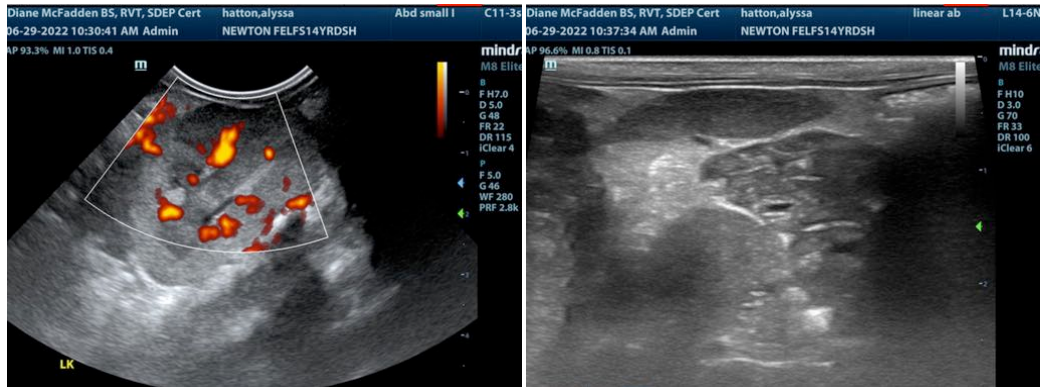
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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