



PATIENT	PRESENTING CLINICAL SIGNS
Church Olson	Not eating well. Suspected abd. mass (renal?). Abnormal PE/Chem/CBC/UA Results: BUN 59 CA - 12.7 Probably pulmonary metastasis Convenia - 0.5 mL Depomedrol - 1.0 mL SQ
SPECIES	
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	The urinary bladder , trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Minor amount of suspended debris present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.
SEX	
Neutered Male	The kidneys presented nodular irregular changes with subcapsular fluid accumulation and regional inflammation. Expansive irregular contour noted. The left kidney measured 4.9 cm. The right kidney measured 4.9 cm.
AGE	Adrenal Glands
10	The regions of the adrenal glands were unremarkable.
WEIGHT	Spleen
9.6	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 were noted.
INTERPRETED BY	Liver
Eric Lindquist, DMV DABVP, Cert. IVUSS	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.
IMAGING PERFORMED BY	
Torch River Mobile	
HOSPITAL NAME	
Jordan Valley AC	Multifocal comet tail lung pattern/b-lines noted through the diaphragm. Pulmonary disease/metastatic disease suspected, given the renal presentation.
REFERRING VET	Gastrointestinal
Dr. Powers	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.
INVOICE	
44419	
DATE	
7/27/23	



PATIENT *Pancreas*

Church Olson

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Renal infiltrative pattern – suspect round cell neoplasia.
- Comet tail lung patten/b-lines – suspect pulmonary disease/metastatic disease
- Partially full stomach

SEX

FNA of either kidney indicated after coagulation panel. Strong potential for metastatic disease to the lungs. Aggressive nephritis possible yet less likely. Sampling is essential.

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10

WEIGHT

9.6

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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HOSPITAL NAME

Jordan Valley AC

REFERRING VET

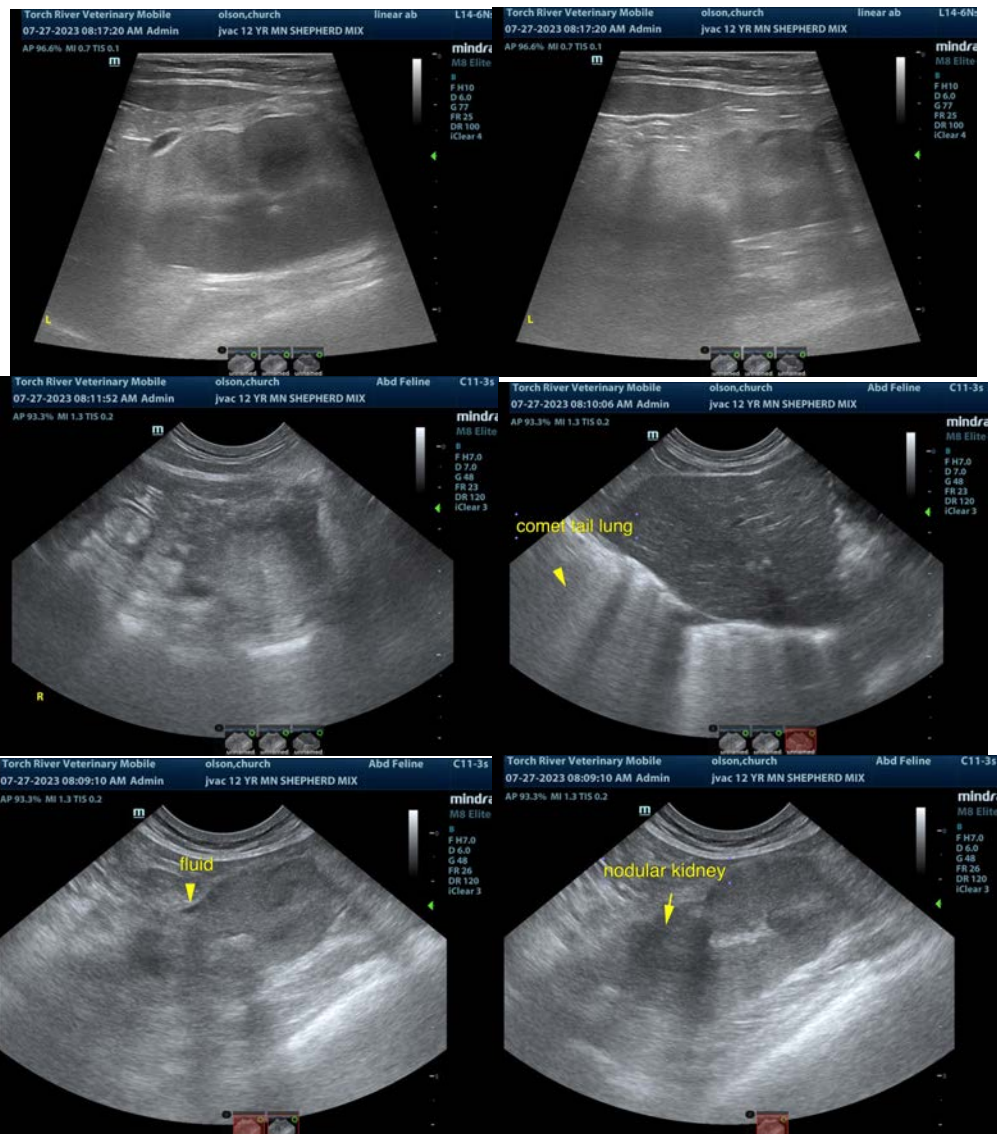
Dr. Powers

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PATIENT

Church Olson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

9.6

INTERPRETED BY

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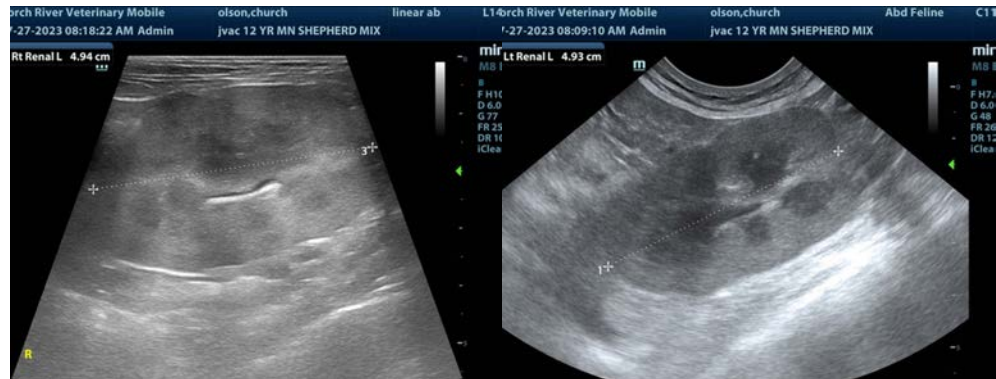
Dr. Powers

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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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