

**DATE**

10/31/22

**PRESENTING CLINICAL SIGNS**

History: Pet has been lethargic on and off for 2 weeks. Decreased appetite and weight loss. On PE grade 3/6 heart murmur, muscle wasted, dental calculus.

**PATIENT**

Midnight  
Scarborough

Current Medications: None.

Lab Results: Cbc: neutrophilia: 11,650, lymphopenia: 540, eosinopenia: 50, platelet: 117,000 - aggregates confirmed. Chem- creatinine: 0.6, ggt: 5, T4:1.4

Ua- blood present (cysto sample)

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

DSH

Imaging Performed By: Rachel Brilhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**Urinary System**

The **urinary bladder** revealed ventral wall thickening, measuring approximately 2.0 cm. Some loss of detail was noted- this may represent hematoma.

**AGE**

9/6/07

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.23 cm. The left kidney measured 4.1 cm.

**WEIGHT**

9.4 Pounds

**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 right adrenal gland measured 0.65 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** revealed an expansive parenchymal mass, measuring 2.36 cm x 1.76 cm. Other heterogenous changes were noted in the spleen.

**HOSPITAL NAME**

Perry Hall AH

**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.

**REFERRING VET**

Dr. Aleman

**INVOICE**

17923

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

### **Pancreas**

The **pancreas** was enlarged and irregular with undulating contour, measuring up to 1.44 cm. The irregular contour was particularly in the left limb with expansive capsule.

### **Other**

The transdiaphragmatic view revealed a large amount of **pleural effusion**. Areas of lung consolidation were noted in the caudal thorax surrounded by a large amount of effusion.

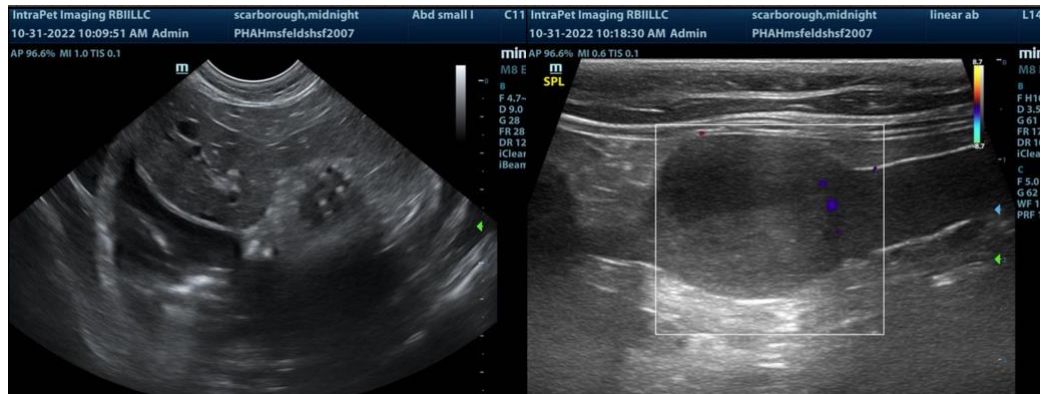
A rapid view of the heart revealed a volume contraction. No evidence of cardiac disease.

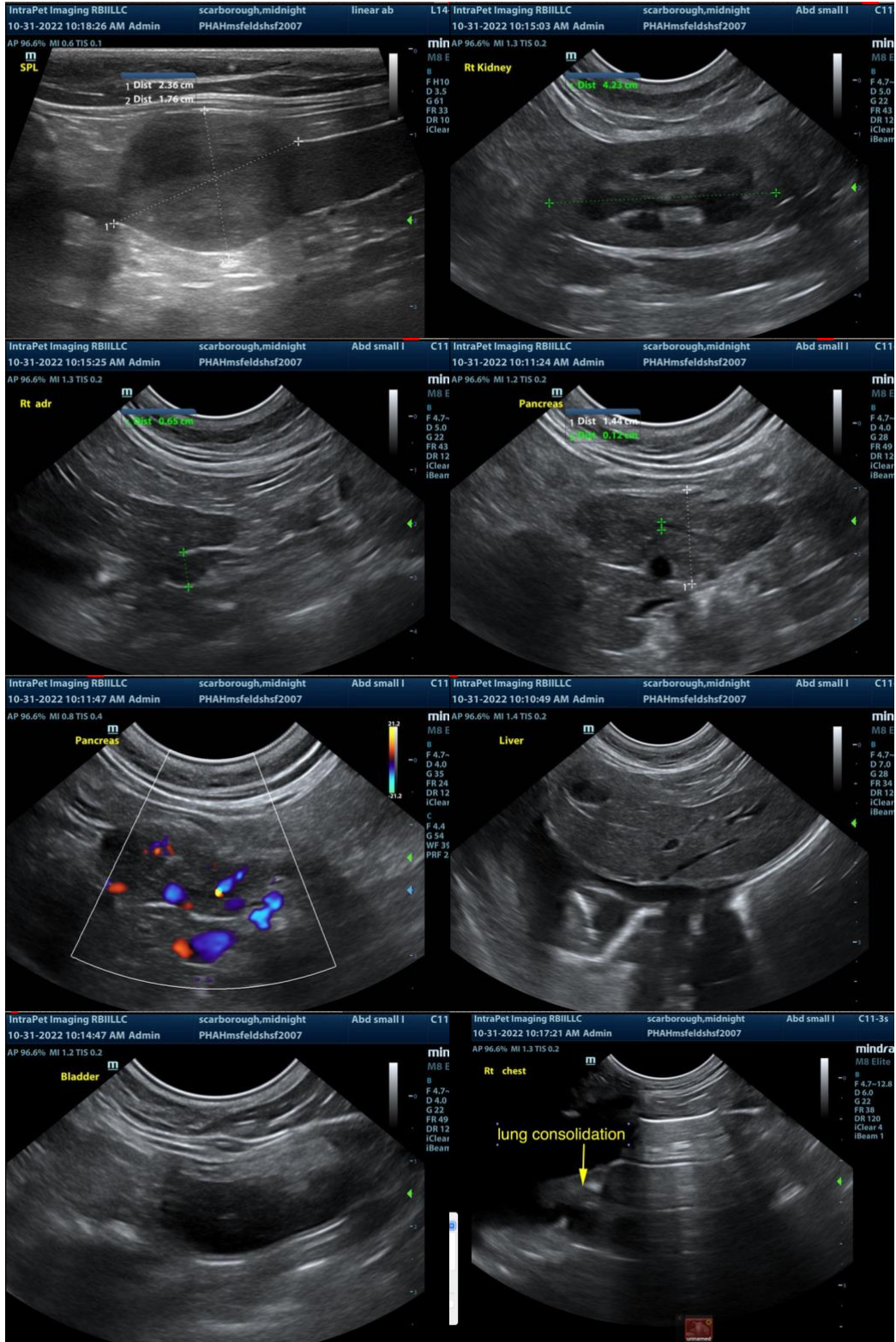
## **ULTRASONOGRAPHIC FINDINGS**

- Suspect multicentric neoplasia involving the spleen, thorax, and potentially pancreatic involvement
- Bladder wall hematoma
- Age-related renal changes
- Volume contracted heart

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the splenic and pancreatic presentation, neoplastic spread is suspected. FNA of the spleen +/- pancreas is indicated for further definition. The lung presentation would strongly suggest thoracic neoplasia/carcinomatosis or similar.







**The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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