



PATIENT

Winter Carter

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 years

WEIGHT

2.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary EC

REFERRING VET

Dr. Lupole

INVOICE

13352

DATE

2/16/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for declining. P received chemotherapy 2 weeks ago. P dx w/ lymphoma in Oct 21. P has existing mass on rear left hock/leg. At last chemo appointment O was told P was anemic. P is NE, lethargic, and collapsed at home then urinated on self. P drank small amount of liver juice. At previous vet visit O was told liver is swollen also and that there looks to be neoplasia in lungs. Previous Health Concerns: cardiomyopathy, hyperthyroid, lymphoma Current Medications: gabapentin, clopidogrel, pred, Mirataz, Cerenia, thyroid meds, furosemide Chemotherapy: Adriamycin Appetite/When did they eat last: NE/yesterday Abnormal PE/Chem/CBC/UA Results: Abdominal: Painful on palpation; hepatomegaly with nodules; abnormal GIT palpation – thickened with masses? Musculoskeletal: Cachexic; Severe firm swelling with pain and ulceration over left hock Integument: > 12% dehydration Bloodwork: extremely difficult blood draw, concerned about accuracy. Unable to obtain full BW CBC – RBC (4.32) HGB (5.5) HCT (15.2) PLT (35)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Several medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.9 cm x 1.3 cm.

Normal size and mild asymmetrical margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary border demarcation and reduced medullary volume. Focal areas of nonobstructive pelvic renoliths were present. An example of a left kidney renoliths measured 0.3 cm in diameter. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length.

The right kidney was borderline subnormal in size exhibited marked loss of corticomedullary border demarcation and asymmetrical margination. Mild pelvic mineralization was present in the right kidney. The right kidney measured 3.2 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

The spleen was borderline enlarged in size with mildly asymmetrical lateral and medial capsule contour exhibiting hypoechoic mildly nonuniform parenchyma. The spleen measured 1.0 cm in diameter.

Liver/ Gallbladder



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The liver exhibited generalized enlargement with swollen yet primarily symmetrical hepatic contour. Generalized increased hepatic parenchyma echogenicity with multifocal intra-parenchymal cysts were present. The cysts were thinly walled containing anechoic fluid. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic degenerative renal changes exhibiting nonobstructive pelvic mineralization / renolithiasis, more prominent in the right kidney
- Borderline splenomegaly exhibiting parenchyma hypoechogenicity
- Hepatomegaly exhibiting mild parenchyma hyperechogenicity with multifocal intra-parenchymal cysts
- Chronic pancreatitis pattern
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatosplenic and medial iliac lymph node FNA, if accessible, using a 25-gauge needle is warranted for screening cytology to assess for potential recurrent or relapse neoplasia.

Overt evidence of gastrointestinal masses or involvement was not definitively evident, yet cannot be definitively excluded.

Empirically, hospitalization with rehydration protocol with close monitoring of hematocrit level and as-needed gastrointestinal support could be considered. However, primary concern is for recurrent to relapse multicentric neoplasia, specifically lymphoma involving the spleen, liver, medial iliac lymph nodes, and potential bone marrow given the significant anemia. Oncology consultation could be considered. Three view chest radiographs are recommended.



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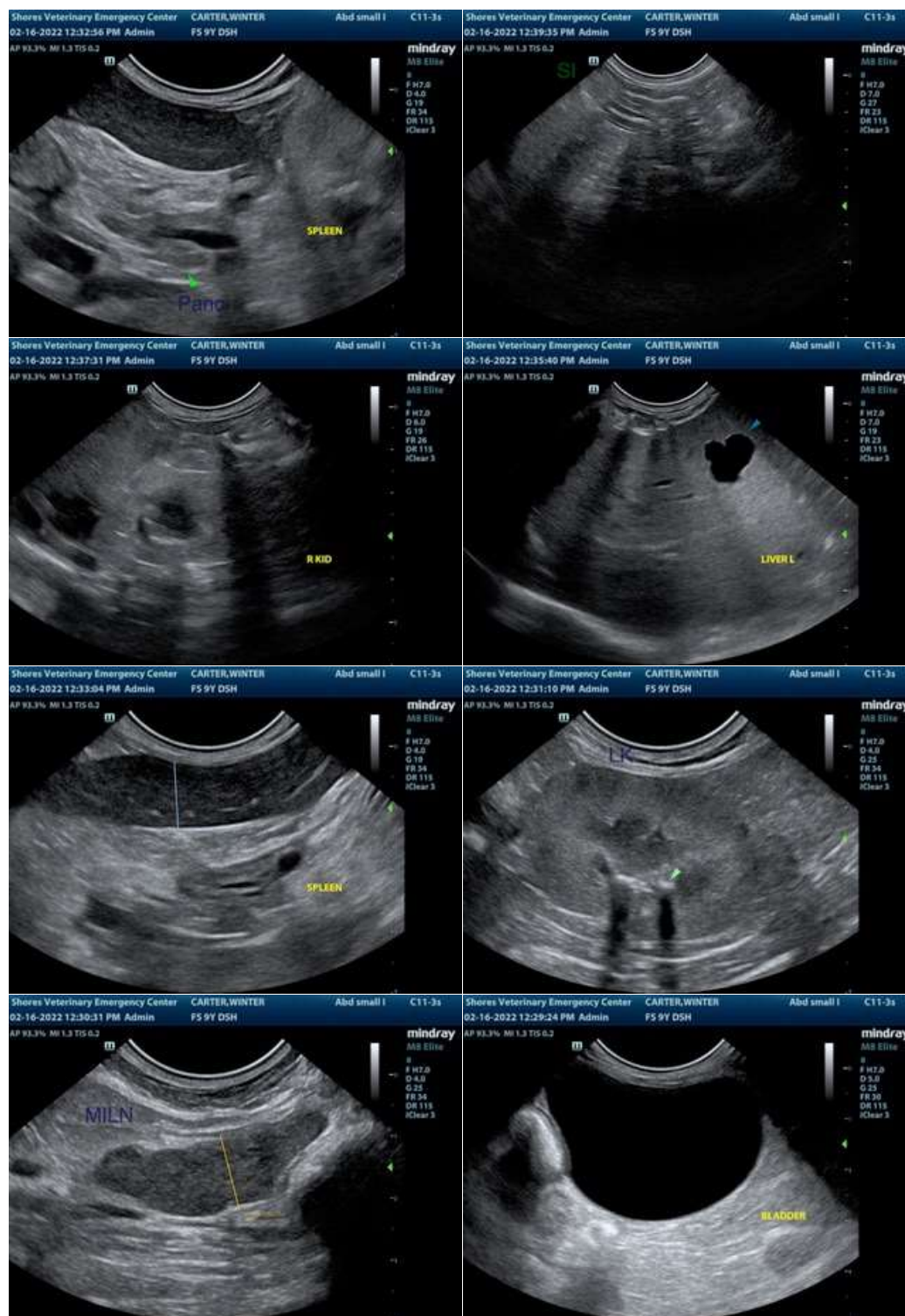
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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