



**DATE PRESENTING CLINICAL SIGNS**

01/16/26 Patient History: Patient presented in November for lethargy, weakness, and muscle wasting in hind limbs. Blood work revealed hypercalcemia which was confirmed with a fasted ISTAT. He presented again on 1/2/26 for plantigrade stance- absent CP LH, delayed CP RH. Spinal rads WNL. Hip/knee rads also WNL. Checked ISTAT again to rule out diabetes and other electrolyte abnormalities- showed hypercalcemia but no other abnormalities.

**PATIENT**

Chester Keane

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

07/15/12

**WEIGHT**

9.5 pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**HOSPITAL NAME**

Chadwell Animal  
Hospital

**REFERRING VET**

Dr. Copes

**INVOICE**

13228

Current Medications: None listed.  
Labwork Results: Labwork attached.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed by: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Pelvic and corticomedullary nonobstructive mineralization was noted. The left kidney measured 3.42 cm in length with slight pyelectasia. The right kidney measured 3.12 cm in length. A left renal infarct was noted in the caudal pole. Blood flow was mildly subnormal in both kidneys.

**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 0.55 cm width. The right adrenal gland measured 0.48 cm width.

**Spleen**

Hyperechoic lipid plaques were noted in the **spleen**. The remainder of the spleen was uniform.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or

regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***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***

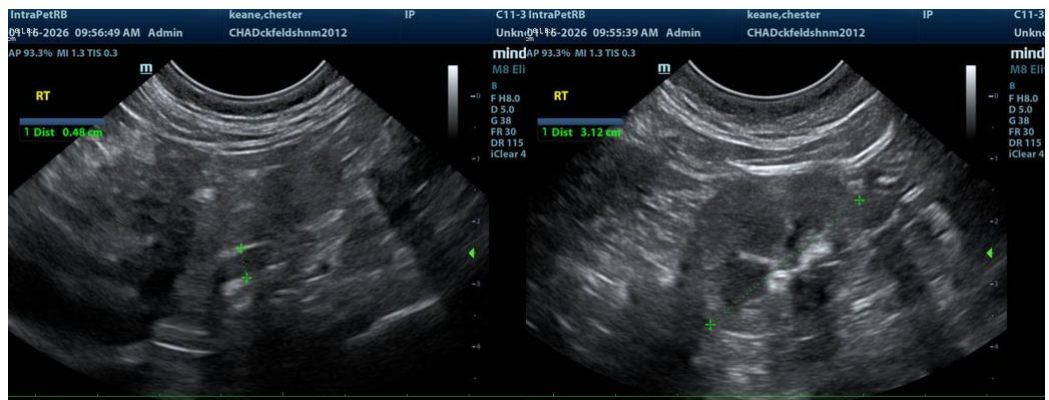
The right **pancreatic base** revealed a 1.7 cm x 1.6 cm iso- to hypoechoic nodular change impinging upon the portal vein.

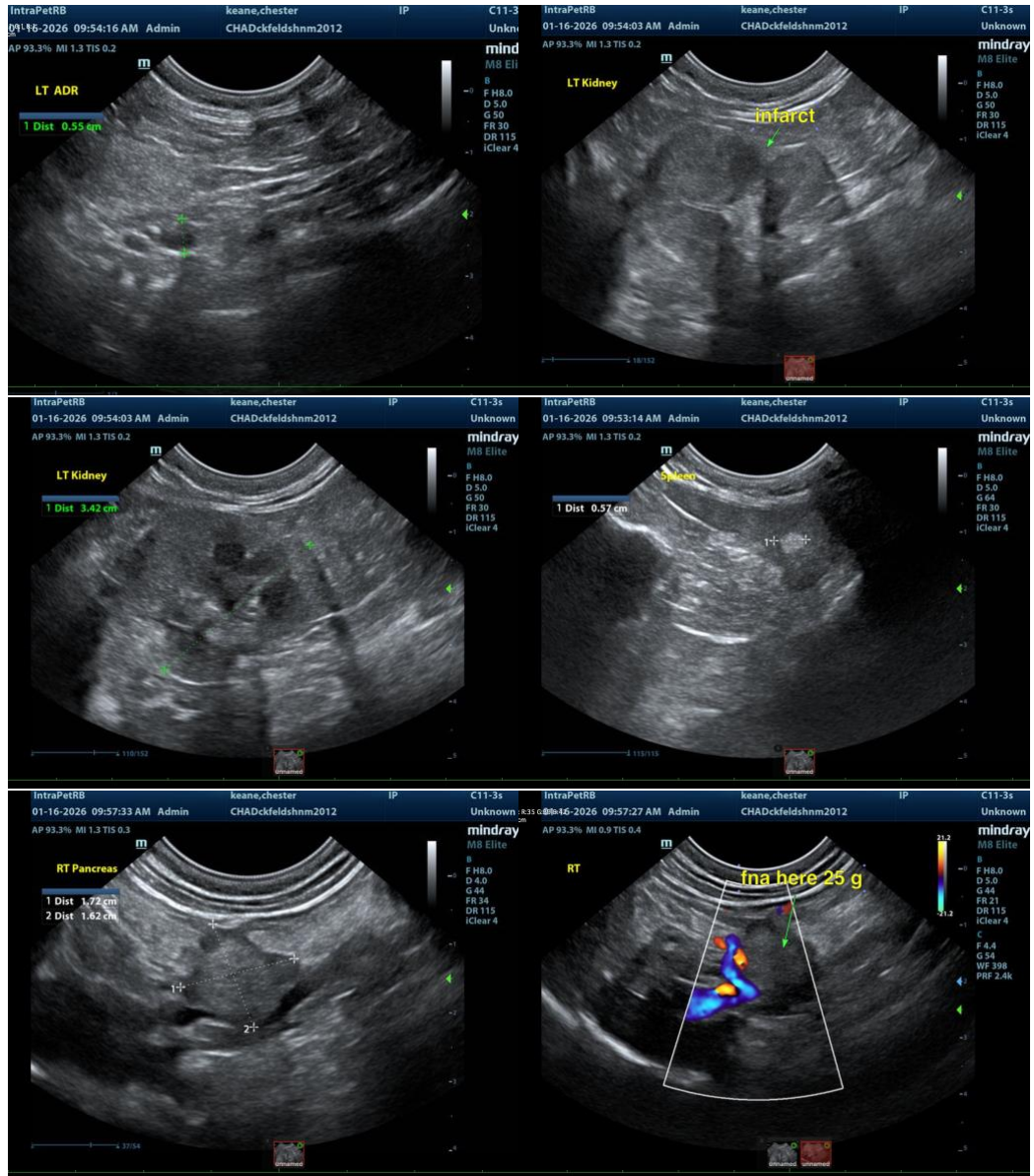
### **ULTRASONOGRAPHIC FINDINGS**

- Right pancreatic nodule- adenoma versus carcinoma or pheochromocytoma. Pancreatic necrosis is also possible as the lesion did not appear overtly vascular.
- Left renal infarct and moderate degenerative renal changes with dystrophy.
- Geriatric abdomen.
- Urinary bladder debris.

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

I am most concerned about long term viability of the kidneys in this patient. Ultrasound guided FNA of the pancreatic lesion is recommended. Prognosis is guarded depending upon cytology results and is possibly surgically resectable yet this is a difficult position for clean resection as far as the pancreatic nodule goes.





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.

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