



**PATIENT**

Chipper McGowan

**PRESENTING CLINICAL SIGNS**

Acute elevation of liver enzymes with decreased appetite and V+ (hairballs). No current meds.  
Abnormal PE/Chem/CBC/UA Results: ALT 687 (H100); AST 379 (H100)

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

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.

**SEX**

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.7 cm. The right kidney measured 4.46 cm.

**AGE**

13 ½ years

**WEIGHT**

10.5 lbs

**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 0.34 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**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.

**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

Dr. Blackman

**Liver**

The left **liver** in this patient presented a cystic 3.8 cm moderately complex mass occupying the right medial liver and encroaches upon the portal hilus and diaphragm. The mass does not appear overtly resectable and is most consistent with cystadenoma. However, biliary carcinoma cannot be completely ruled out. The liver was otherwise coarse in architecture. The gallbladder and common bile duct were unremarkable.

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**DATE**

1/18/22



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**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. The epigastric lymph nodes were slightly enlarged and reactive.

**Pancreas**

Coarse **pancreatic** architecture was noted and ill defined.

**Free Abdomen**

Trace amounts of free fluid were noted. This may be owing to leakage from the mass.

**ULTRASONOGRAPHIC FINDINGS**

Cystic right medial liver mass. Inflammatory hepatopathy pattern otherwise.

Chronic pancreatic changes, suspect low-grade pancreatitis and history of pancreatitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver mass is not likely a clinical issue. FNA of the liver can be considered for further definition of inflammatory cell type. A clinical trial of the following may prove effective. Recheck sonogram is recommended in a week mainly due to the free fluid.

**Triaditis/Pancreatitis protocol**

Part or all of this protocol may be considered based on your clinical impression of the patient:

Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), **novel-protein or hydrolyzed diet** (*Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets*) or the **magical Purina DM** (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.



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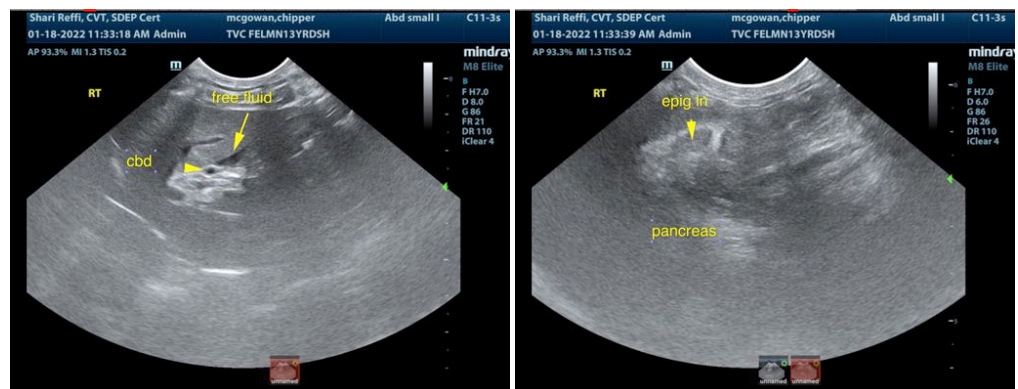
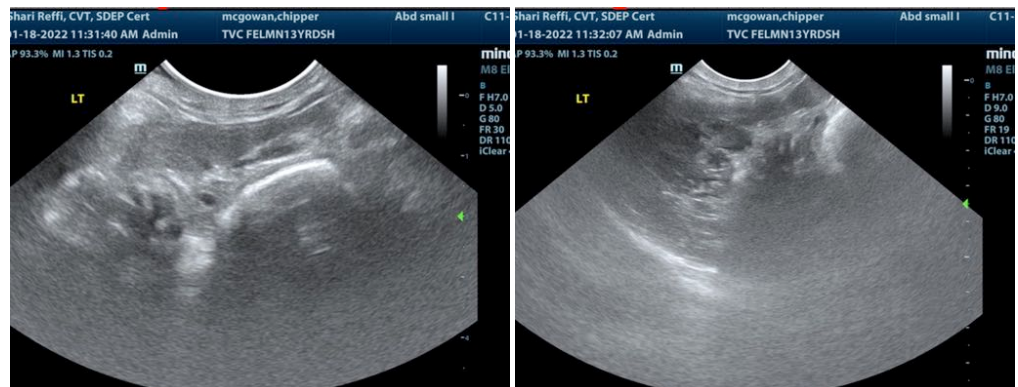
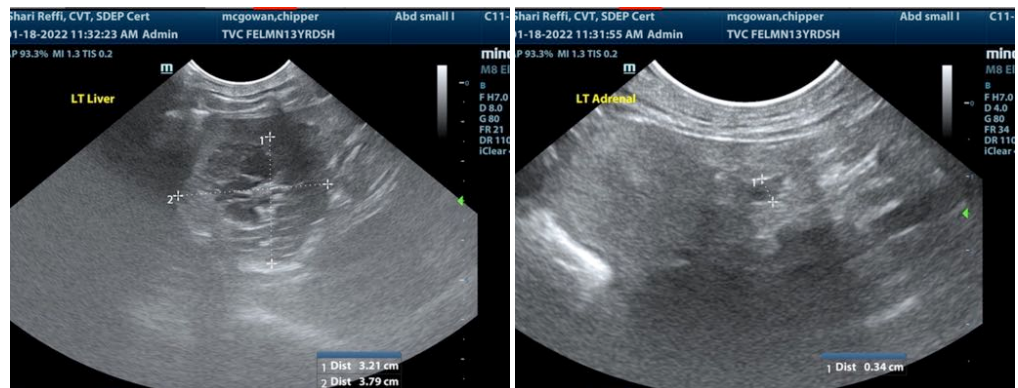
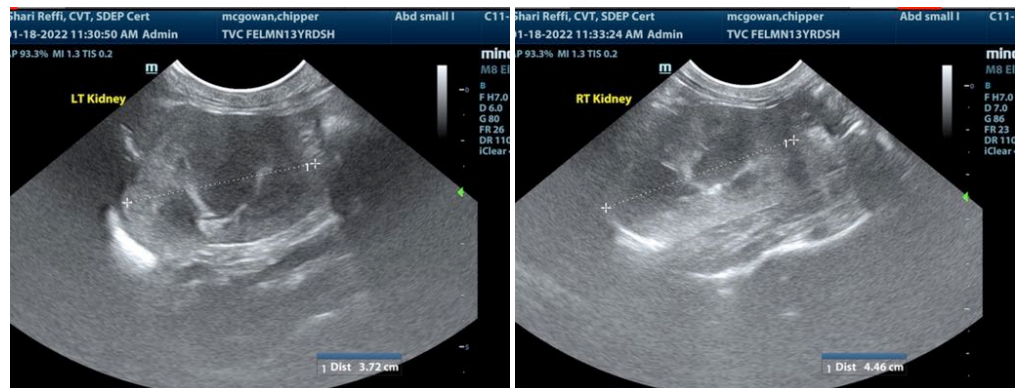
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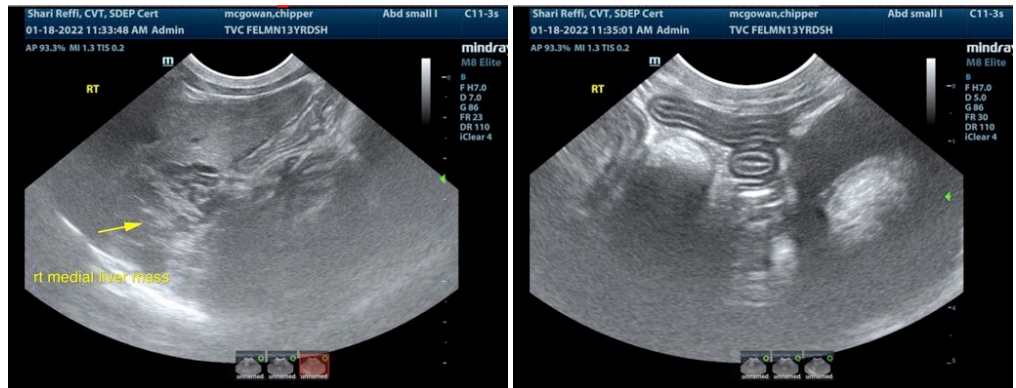
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**AGE**

13 ½ years

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.

**WEIGHT**

10.5 lbs

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Info@SonoPath.com

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