



**PATIENT**

Kuko Hulsizer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Yrs 5 Mos

**WEIGHT**

8.62 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

95367

**DATE**

01/18/22

**PRESENTING CLINICAL SIGNS**

History: Chronic weight loss.

Increased renal values BUN 36/Crea 2.5

Evaluate for IBD, lymphoma, malabsorption/maldigestion

Labs + Radiographs attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

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.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.79 cm with a hyperechoic medullary rim sign noted. The left kidney measured 3.66 cm with trace pyelectasia.

*Adrenal Glands*

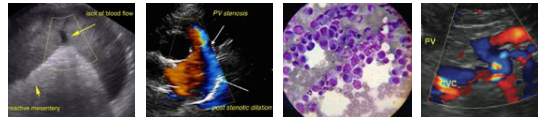
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.44 cm.

*Spleen*

The **spleen** revealed micronodular changes and was at the upper limits of normal in size with scalloping contour. The spleen measured 0.98 cm. Hyperplasia versus splenitis with a mild potential for round cell neoplasia.

*Liver*

A mildly echogenic cystic mass was noted in the left cranial **liver** adjacent to the diaphragm and measured 1.57 cm. Echogenic nodular changes were noted in the periphery of the mass. Separate, mixed echogenic, moderately complex 4.6 cm mass was noted with a cystic component in the left cranial liver deviating the gallbladder. The largest mass appears to be pedunculated and deriving from the caudal aspect of the left liver. Other cystic and nodular changes were noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.



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**Gastrointestinal**

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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. Intestinal wall thickness measured up to 0.37 cm. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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**Pancreas**

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.

**ULTRASONOGRAPHIC FINDINGS**

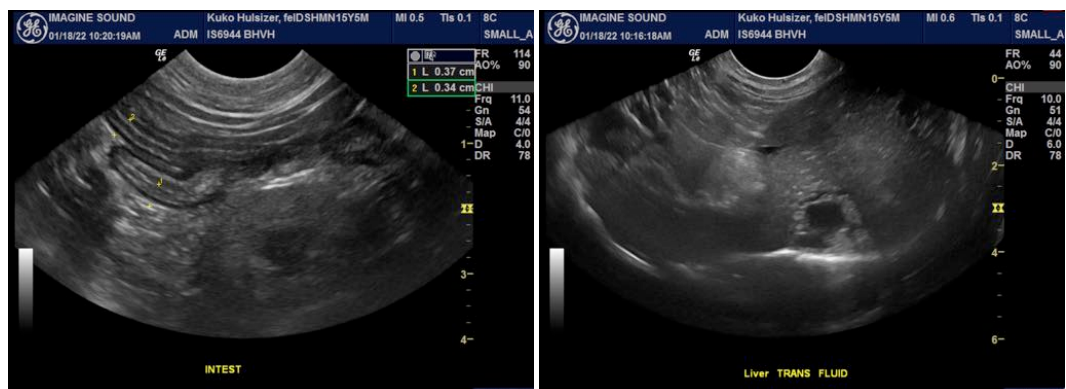
Multi-focal cystic hepatic masses. Biliary carcinoma versus complex cystadenoma.

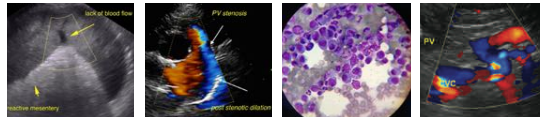
Interstitial nephrosis.

Micronodular spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Coagulation panel with FNA of the spleen and parenchymal portions of the hepatic mass is recommended. Exploratory surgery and debulking can also be considered as an option. The pedunculated mass is a concern for potential torsion or rupture.





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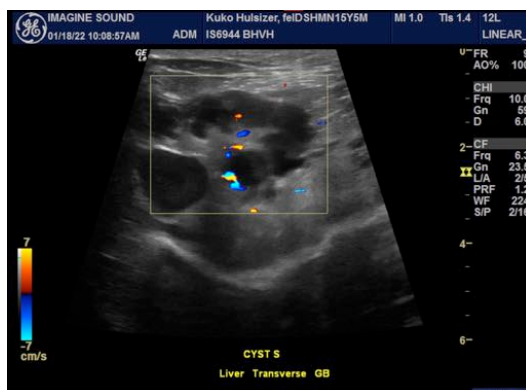
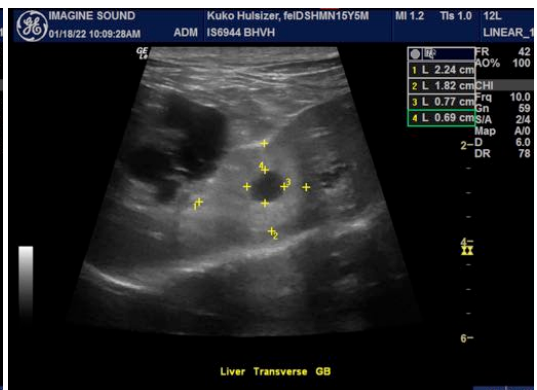
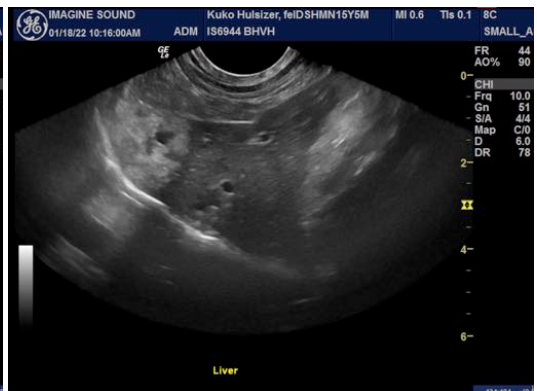
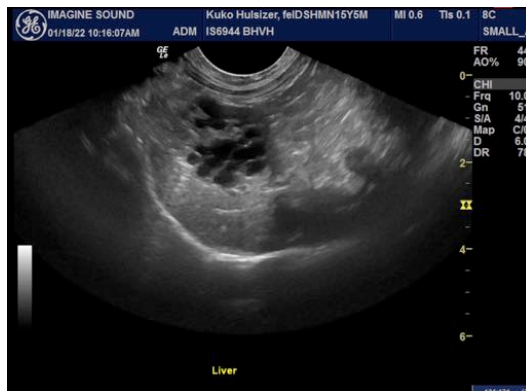
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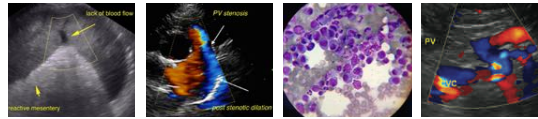
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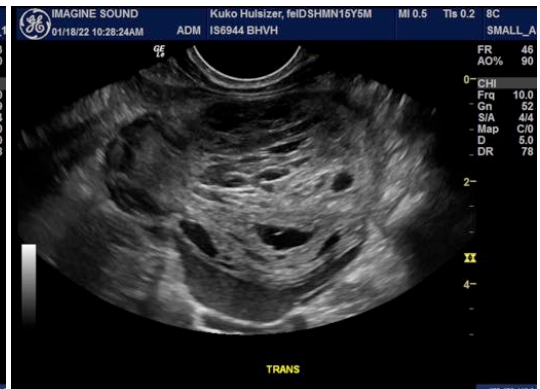
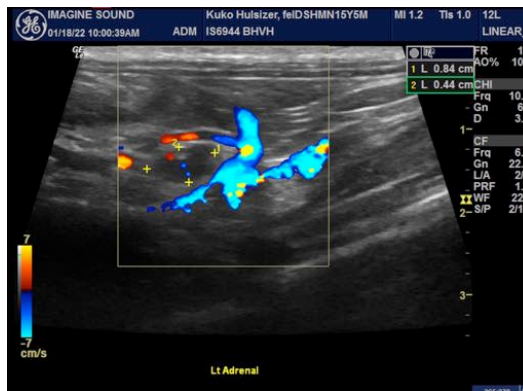
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
Eric.Lindquist@SonoPath.com