



**PATIENT**

Smokey Kilgore

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

7.62 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kayla Hanson

**HOSPITAL NAME**

Yorkville AH

**REFERRING VET**

Dr. Oedewaldt

**INVOICE**

95374

**DATE**

1/18/22

**PRESENTING CLINICAL SIGNS**

Presented for wt loss despite eating, as well as PU/PD and odd behavior.

Abnormal PE/Chem/CBC/UA Results: UA revealed isothermic urine that was otherwise (N). BW slowed mildly low phos, low potassium and severely elevated sodium(175/range 150-165). Labs otherwise (N), including T4. Therefore, workup is to assess for hypernatremia causes, neoplasia, etc

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection.

Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present.

The region of the trigone and visible pelvic urethra were normal.

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. Slight pyelectasia was noted in the left kidney. The left kidney measured 3.73 cm. A cyst was noted in the caudal pole of the right kidney. The right kidney measured 3.7 cm. Slight cortical mineralization was noted in both kidneys.

**Adrenal Glands**

The right adrenal gland was not visualized. The left adrenal gland was uniform and measured 0.5 cm.

**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.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.



**PATIENT**

**Gastrointestinal**

Smokey Kilgore

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.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**Pancreas**

The region of the right **pancreatic limb** revealed an undifferentiated 2.0 cm cystic structure that superimposed the vena cava and impinged upon the caudal liver. The exact origin of the structure cannot be ascertained. This is likely deriving from the pancreas; however, adrenal or hepatic origin cannot be ruled out.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 years

Cystic mass in the area of the right pancreatic limb may be benign, possible adrenal or hepatic origin.

Distorted and cystic hepatic lymph node is also a potential.

**WEIGHT**

7.62 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation with contrast would be ideal or direct exploratory surgery. Ultrasound-guided FNA of the parenchymal portion of the mass can be considered, but it carries some risk of complication. Given the PU/PD if the patient appears Cushingoid then work-up for Cushing's would be warranted assuming the urine specific gravity is less than 1.020 the mass may represent a right adrenal tumor and Conn syndrome. However, this would be an odd presentation. Aldosterone levels are warranted.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

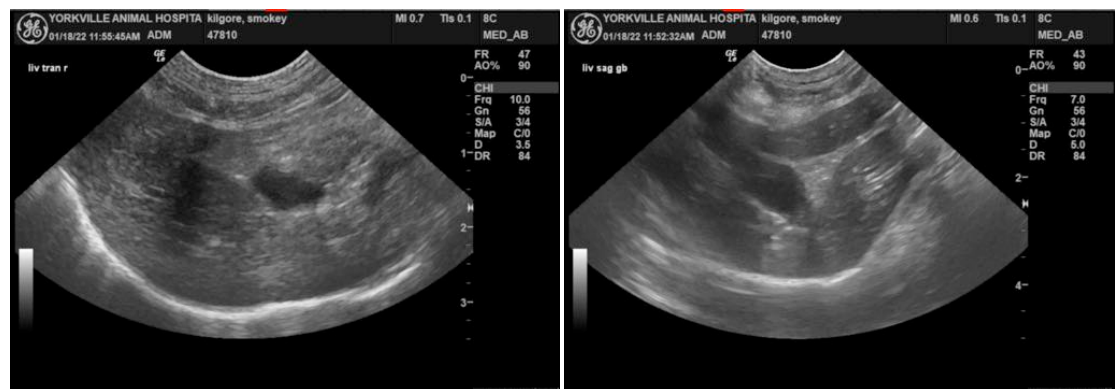
Kayla Hanson

**HOSPITAL NAME**

Yorkville AH

**REFERRING VET**

Dr. Oedewaldt



**INVOICE**

95374

**DATE**

1/18/22



**PATIENT**

Smokey Kilgore

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

7.62 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kayla Hanson

**HOSPITAL NAME**

Yorkville AH

**REFERRING VET**

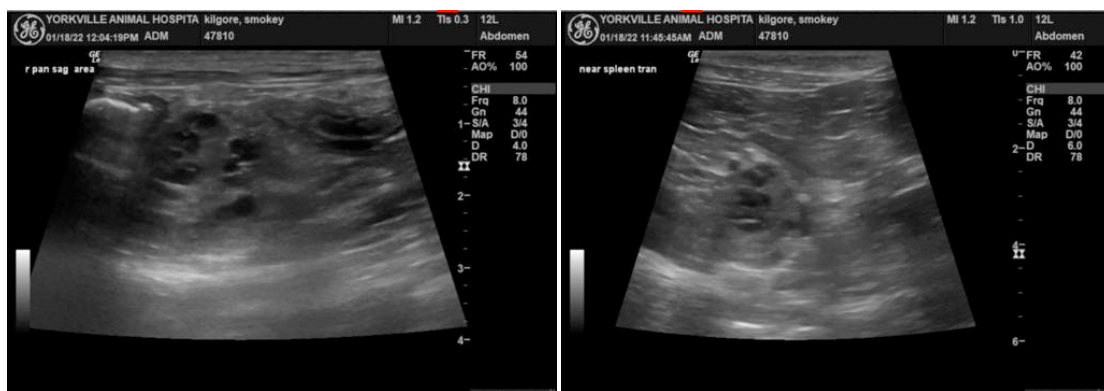
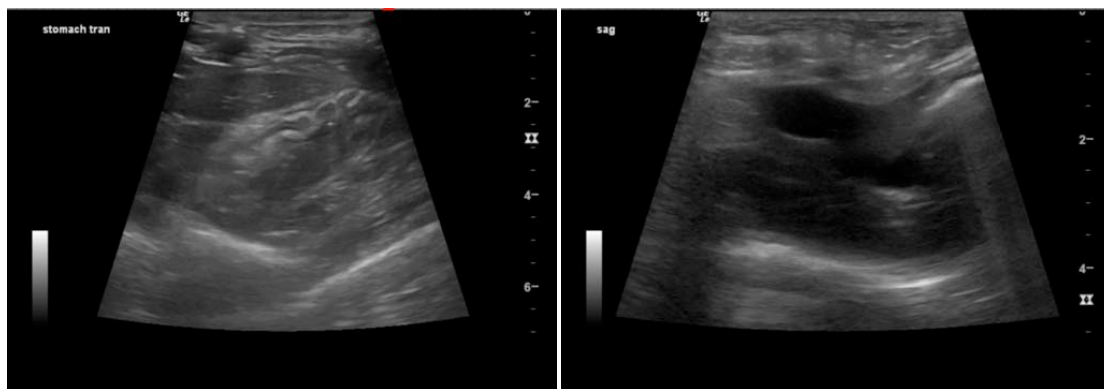
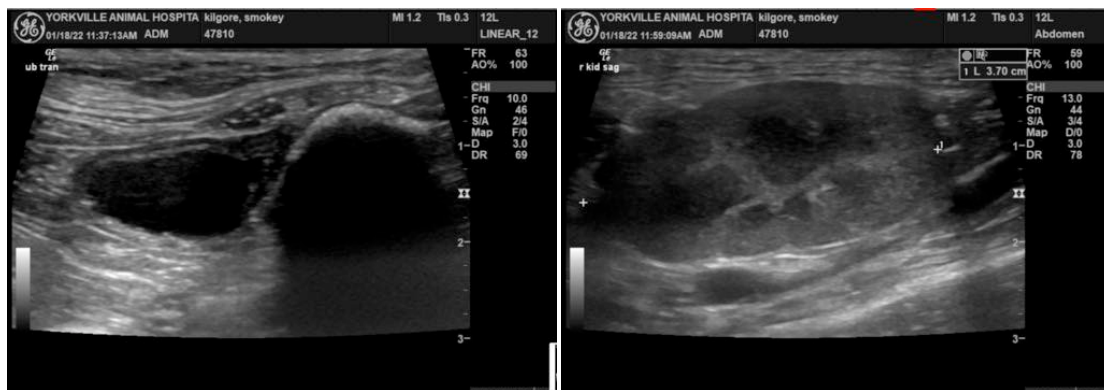
Dr. Oedewaldt

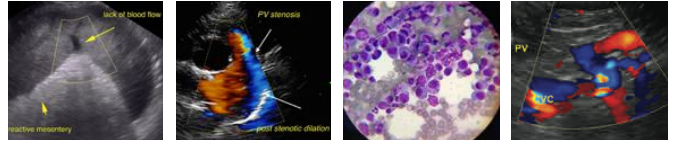
**INVOICE**

95374

**DATE**

1/18/22





**PATIENT**

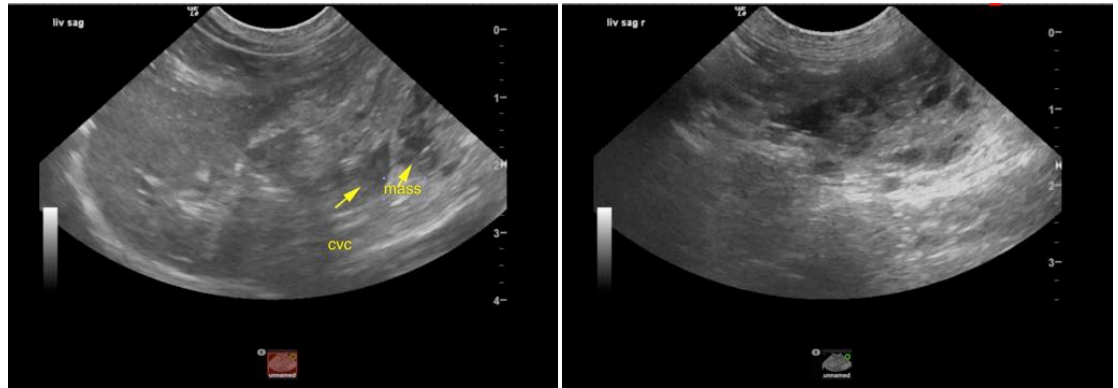
Smokey Kilgore

**SPECIES**

Feline

**BREED**

Domestic Shorthair



**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

7.62 lbs

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.

**INTERPRETED BY**

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

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**IMAGING PERFORMED BY**

Kayla Hanson

**HOSPITAL NAME**

Yorkville AH

**REFERRING VET**

Dr. Oedewaldt

**INVOICE**

95374

**DATE**

1/18/22