



DATE PRESENTING CLINICAL SIGNS

1/19/26 Patient History: Pt presented on 1/19 in acute respiratory distress for the past 12 hours. On PE - heart murmur 3/6 (noted previously), increased respiratory effort with abdominal breathing. Mild pleural effusion noted on tFAST. Hx of chronic ALT elevations >1 yr

PATIENT

Norman Higgins

Current Medications: Furosemide 1 mg/kg given 9:45 am, denamarin
Labwork Results: Radiographs attached. Labwork not attached, reported as ALT ~220.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Echo STAT, Abdomen routine at this time.
Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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 were noted. Ureteral papillae were normal.

AGE

7/1/13

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 right kidney measured 4.75 cm.

WEIGHT

13.34 Pounds

The **left kidney** revealed a pericapsular inflammatory pattern; nephritis or emerging neoplastic event deriving from the left kidney is possible. The left kidney measured 4.43 cm.

INTERPRETED BY

Eric Lindquist, DMV,
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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 right adrenal gland measured 0.36 cm. The left adrenal gland measured 0.32 cm.

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Menefee

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 were noted.

INVOICE

35501

Liver

The **liver** revealed an expansive hypoechoic 2.6 cm x 1.6 cm mass deriving from the left medial liver. The liver mass also revealed multiple hyperechoic nodules consistent with lipid plaques. Isoechoic nodular

changes were noted in the liver. The gallbladder and common bile duct were unremarkable. Ringdown artifacts were noted through the diaphragm, as well as pleural effusion.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Intestinal wall thickness measured 0.3 cm.

Pancreas

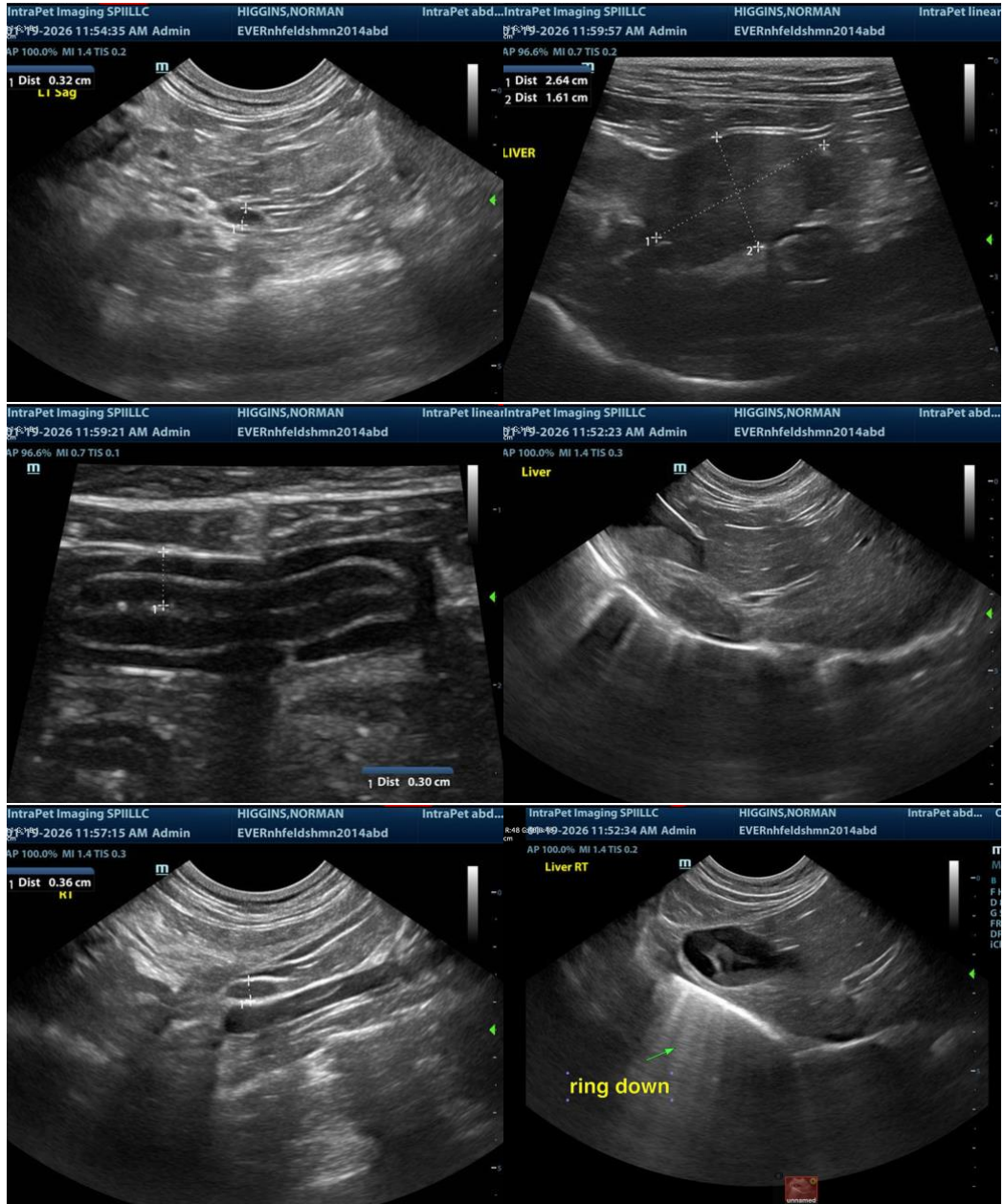
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

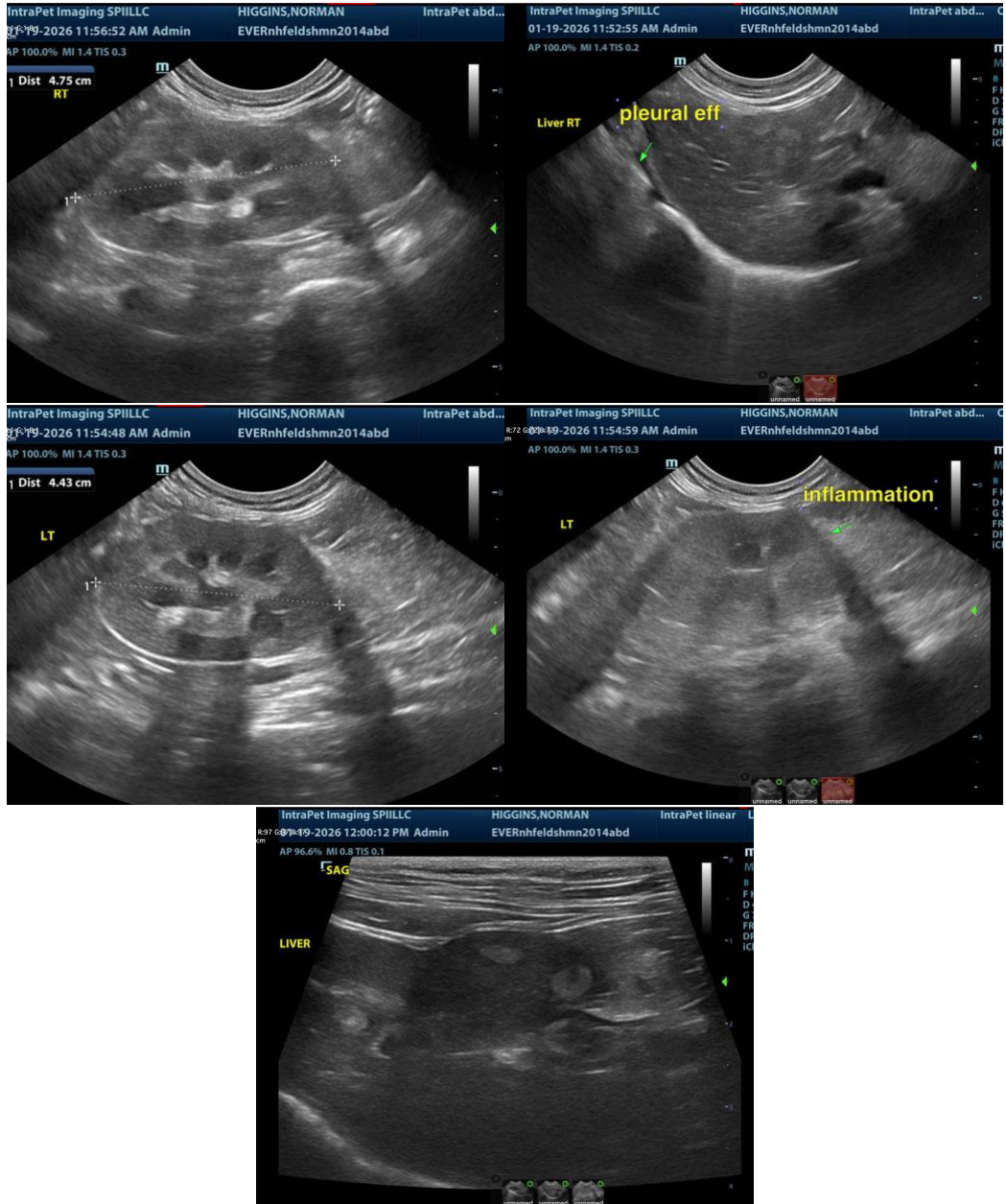
ULTRASONOGRAPHIC FINDINGS

- Liver mass and isoechoic nodular changes
- Pleural effusion and alveolar disease
- Left kidney pericapsular inflammatory pattern- nephritis or emerging neoplastic event deriving from the left kidney is possible
- Diffuse intestinal thickening – potential emerging round cell neoplasia versus inflammatory bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for metastatic disease deriving from the liver. FNA of the liver and left kidney is indicated. Pleurocentesis, if accessible, is recommended from the chest with ultrasound guidance. Prognosis is guarded, depending upon cytology results.





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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