



PATIENT

Tiger Crone

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

13.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Harmon

INVOICE

33910

DATE

1/2/22

PRESENTING CLINICAL SIGNS

O said he had BM around 4:15am, struggling to defecate, got enema @ Ark animal hosp on Wed, struggling to urinate occasionally, small cyst on urethra per River's Edge, has mega colon, CPL +, poss hrt disease, eating slightly less than normal about 1/2c.

Abnormal PE/Chem/CBC/UA Results: CBC- NSF CHEM 17- BUN 12, TP 10.8, GLOB 7.3, BILI 2.0,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** 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. The pelvic urethra was not visualized.

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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm with slight pyelectasia noted.

Adrenal Glands

The **left adrenal gland** was 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 0.4 cm.

The area of the **right adrenal gland** revealed a mass measuring 2.5 cm without invasion into the vena cava.

Spleen

The **spleen** was moderately enlarged 1.4 cm in width. Scalloping contour noted. Fairly uniform parenchyma.

Liver

The **liver** was enlarged, hypoechoic and mildly irregular. The gallbladder and common bile duct were unremarkable. Increased portal markings noted.

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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

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- Moderate splenomegaly
- Mild hepatomegaly
- Mass in the area of the right adrenal gland – suspect right adrenal carcinoma
- Age related renal changes with minor pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

Concern for Conn’s syndrome in this patient. If sodium/potassium ratio is altered, then aldosterone levels would be warranted. The right adrenal does appear resectable. I do recommend FNA of the spleen and liver as a screening procedure with concurrent round cell neoplasia as a potential versus reactive spleen and liver. The bilirubin values should be re-evaluated to ensure this is not artifactual, as without the elevation of alkaline phosphatase or other liver enzymes, bilirubin elevation on its own would be odd. Serial blood pressures also warranted. Further imaging of the pelvic urethra would be necessary to assess the straining to urinate and history of urethral cyst.

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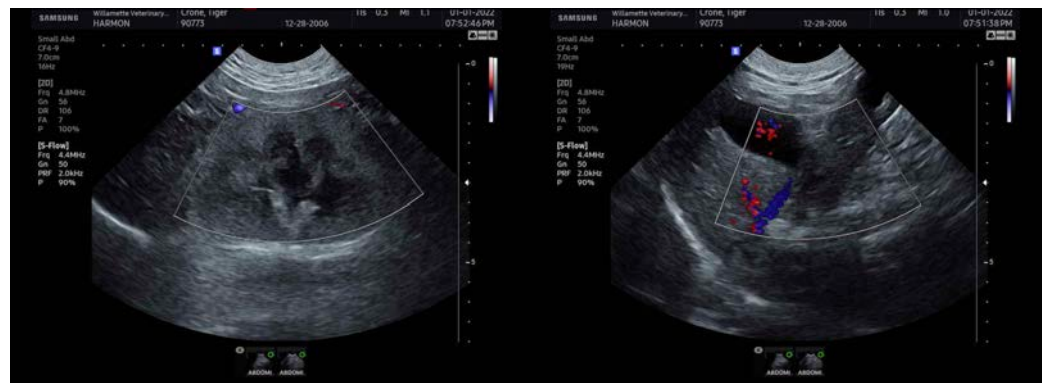
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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