



PATIENT

Shiro Bleyl

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

4.17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Massa

HOSPITAL NAME

Animal Emergency
Hospital of Volusia

REFERRING VET

Dr. Massa

INVOICE

42248

DATE

1/20/23

PRESENTING CLINICAL SIGNS

History: Patient presented for being acutely neurologic and vestibular. P is indoor/outdoor. FELV/FIV negative. Concern for toxin vs neoplasia vs other

Abnormal PE/Chem/CBC/UA Results: Dull on presentation, ALT w/ 10x dilution 1424, aptt 160

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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities.

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.

Spleen

The **spleen** revealed subtle micronodular changes that are relatively normal in size and measured 1.0 cm. This is consistent with reactive spleen, splenitis or possibility of round cell neoplasia.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Mildly thickened portal markings were noted. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder, common bile duct and cystic duct were all mildly thickened.

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. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. The mesenteric lymph node was mildly enlarged and measured 1.0 x 0.5 cm.



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

ULTRASONOGRAPHIC FINDINGS

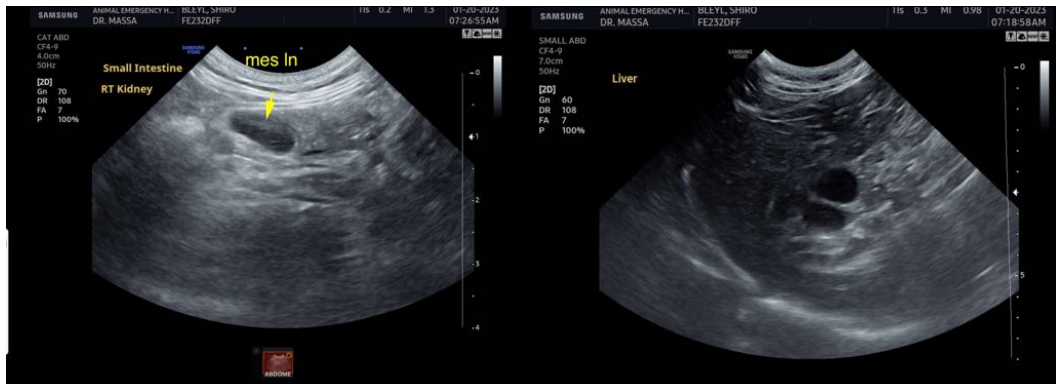
Mild splenic enlargement.

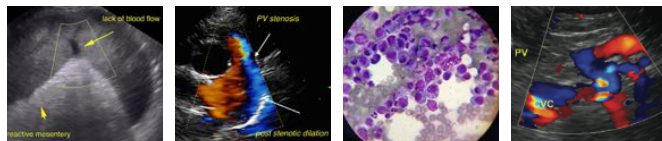
Slight mesenteric lymphadenopathy.

Non-specific inflammatory hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver and spleen are indicated +/- culture of the spleen. Mesenteric lymph node FNA would be ideal. Infectious agents such as Toxoplasmosis and Bartonella should be considered. There is a mild potential for underlying neoplasia. If neurological signs continue brain CT with contrast is recommended.





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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.

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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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info@SonoPath.com

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