



PATIENT

Xander Styron

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

12.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Corvallis

REFERRING VET

Dr. Beth Marszewski

INVOICE

35143

DATE

1/27/22

PRESENTING CLINICAL SIGNS

Hx of increased appetite and weight loss. Prior hx of hyperthyroidism so unregulated hyperthyroidism was suspected. Hx of aural lesion distal AS that has been there since < 1 year of age; did rupture last night.

Abnormal PE/Chem/CBC/UA Results: Aural lesion, weight loss, otherwise unremarkable exam
Apirated aural lesion today - Mast cells TNTC BW/UA: CBC: WBC (17.7) with neutrophilia and monocytosis- could be from stress. Slide review revealed Mastocytomia which is rare in cats and can be associated with MCT. Chem: Alb (4.1), Glu (403), Na:K (31), Chol (347), Trig (1558) T4: (2.4) U/A: USG (1.051), 3+ Glu, IS R/O DM, stress hyperglycemia, systemic mastocytosis, other Aspirates obtained from spleen, liver and mesenteric LN today - results pending.

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 were noted. Ureteral papillae 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.7 cm. The left kidney measured 4.67 cm.

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 0.5 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was heterogeneous and mildly irregular with scalloping contour.

Liver

The **liver** was uniformly enlarged with slight coarse architecture and hyperechoic parenchyma. The gallbladder and common bile duct were unremarkable.

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. A mesenteric lymph node was mildly enlarged at 1.5 cm x 1.0 cm, rounded. A trace amount of free fluid was noted adjacent to the mesenteric lymph node, suggestive for lymphatic congestion.



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Pancreas

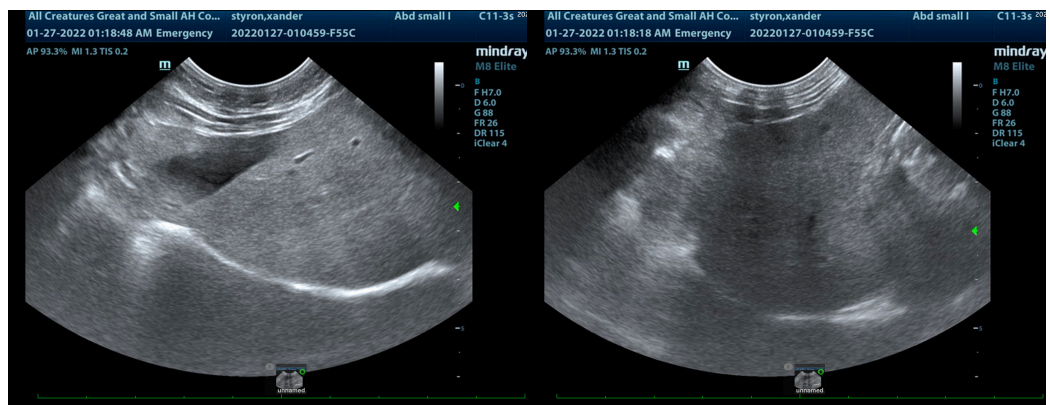
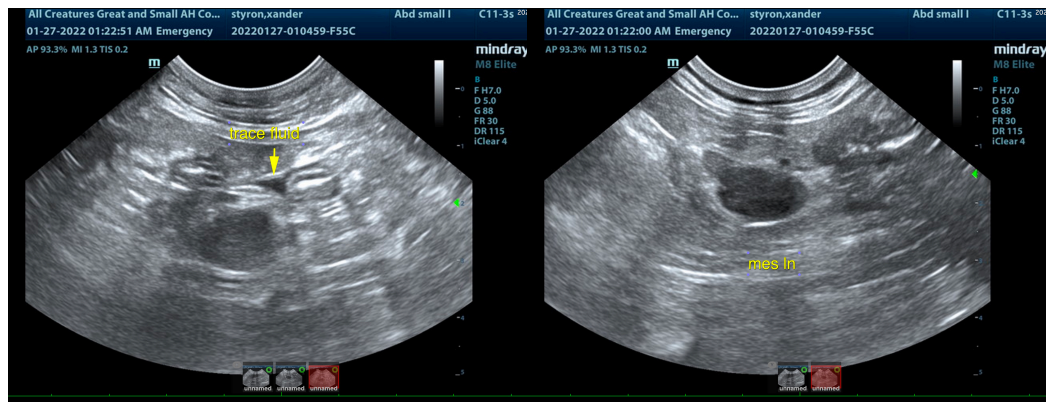
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nodular, irregular spleen
- Non-specific hepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel, Benadryl injection, FNA spleen, mesenteric lymph node and liver all indicated. Prognosis is guarded depending upon cytology results.





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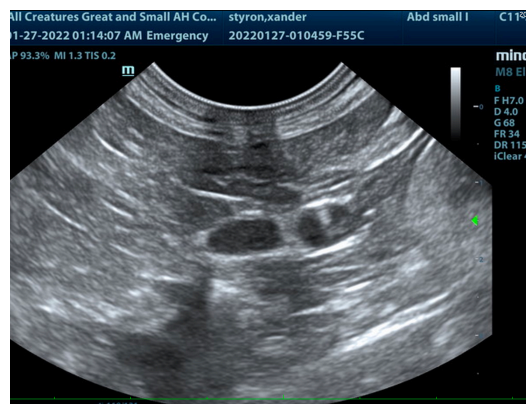
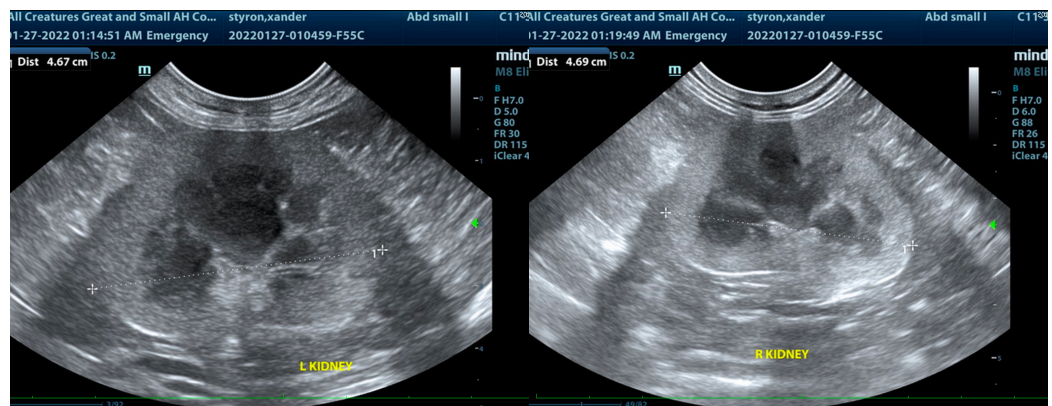
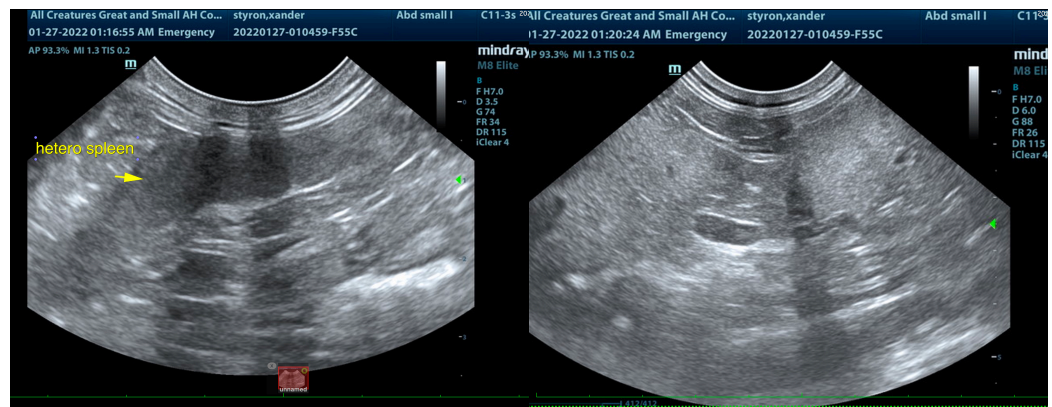
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com