

## PATIENT

Jasper Aldred

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Neutered male

## AGE

13 years

## WEIGHT

10.9 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Mychajlonka

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Dr. Mychajlonka

## INVOICE

42437

## DATE

1/30/23

## PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting P vomits no matter the diet, recent weight loss  
Abnormal PE/Chem/CBC/UA Results: 3% dehydration thin 4/9 BUN 39, Creat 2.5, Amylase 1281, precision PSL, plt 513 UA - 1+ protein

## 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. The left kidney revealed cortical infarcts and collapse. The left kidney measured 3.0 cm with slight pinpoint mineralization. The right kidney revealed cortical infarcts. The right kidney measured 3.0 cm.

### Adrenal Glands

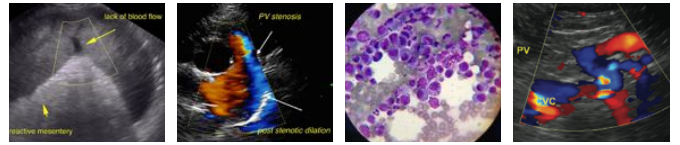
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

### 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.



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**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. The mesenteric lymph nodes were reactive and measured 1.0 x 0.5 cm.

**Pancreas**

The **pancreas** was hypoechoic and irregular with coarse architecture. Low-grade inflammation or history of inflammation is likely. Undulating contour was noted in the right and left limbs.

**Free Abdomen**

Trace free fluid was noted in between the liver lobes.

**ULTRASONOGRAPHIC FINDINGS**

Trace free fluid of unknown origin.

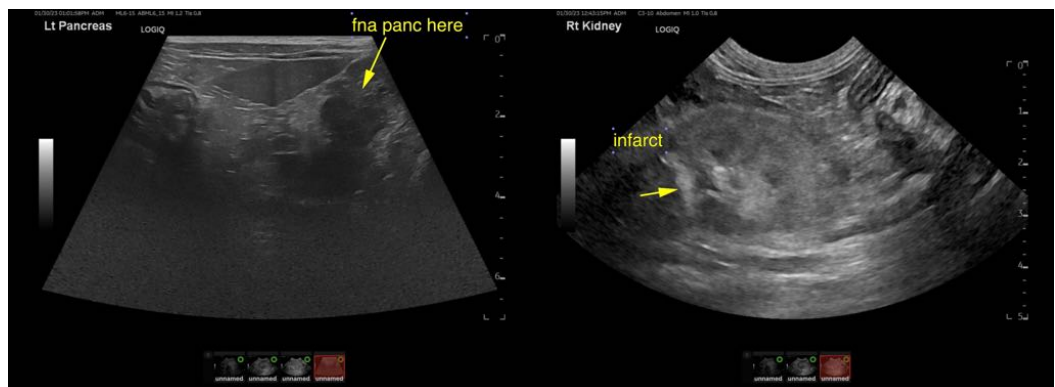
Chronic active pancreatitis, mild potential for carcinoma.

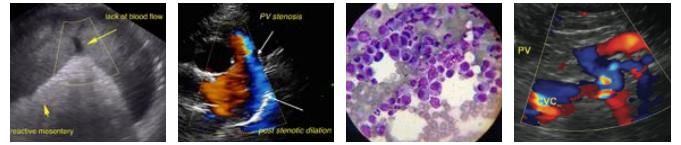
Chronic hepatic changes.

Renal infarcts and mild degenerative changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the pancreas would be ideal. 72 hour IV fluid protocol, broad spectrum antibiotics, full urinary work-up and blood pressure measurements are indicated. Chronic triad disease is likely; however, given the slight free fluid I cannot rule out an emerging neoplastic event.





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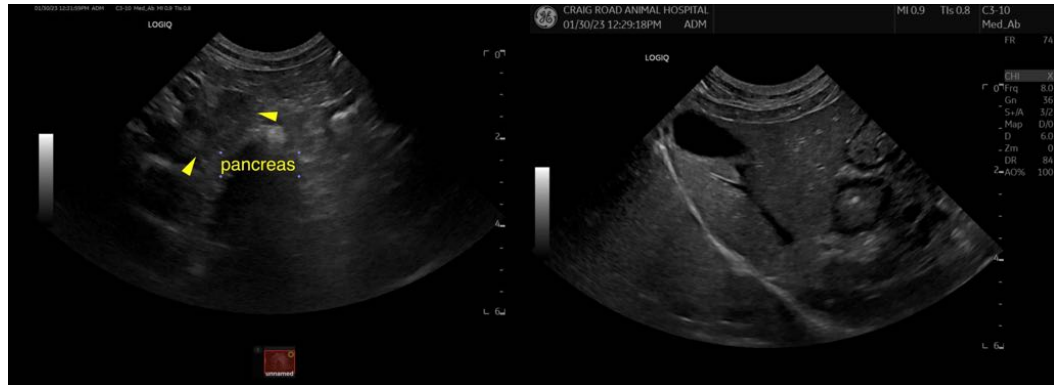
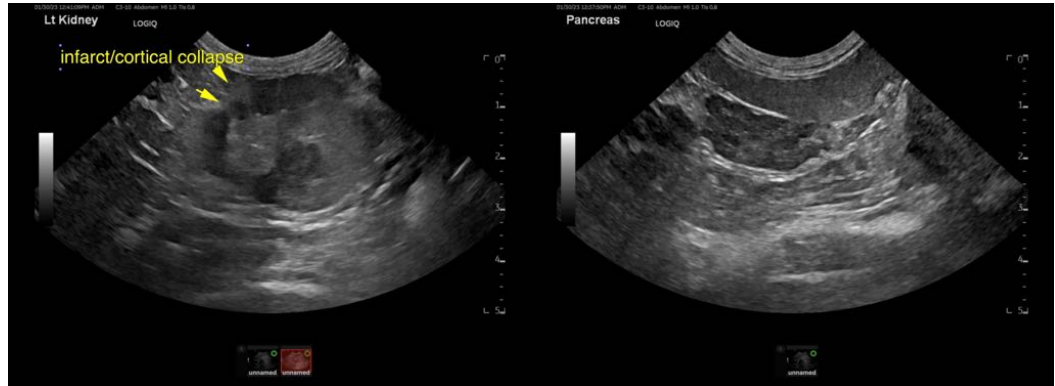
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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