



**PATIENT**

Wentworth Gaer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Yrs 6 Mos

**WEIGHT**

12.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

94989

**DATE**

01/04/22

**PRESENTING CLINICAL SIGNS**

History: decreased appetite, lethargy

Straining to urinate/defecate

Evaluate for FLUTD vs GI dx – possible lymphoma (sister died of large cell lymphoma in summer)

Labs, Radiograph, previous AUS attached

**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 similar age related changes that were noted on the prior sonogram. The right kidney measured 4.16 cm. The left kidney measured 3.91 cm.

*Adrenal Glands*

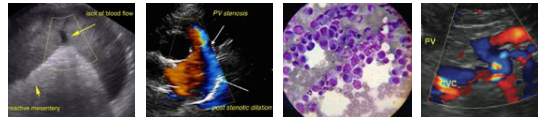
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.26 cm.

*Spleen*

The **spleen** was at the upper limits of normal in size measuring 0.9 cm with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

*Liver*

The **liver** revealed multi-focal, hypochoic nodular changes. Diffuse, hyperechogenicity was noted compared to the falciform fat. There was slight free fluid noted between the liver lobes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



## PATIENT

**Gastrointestinal**

Wentworth Gaer

The **gastrointestinal tract** revealed diffuse, minor thickening with hypertrophied muscularis. The wall thickness measured 0.31 cm.

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**Pancreas**

The **pancreas** revealed a persistent, dilated duct measuring 0.23 cm. Coarse, undulating, hypoechoic parenchyma was noted. The right limb measured 0.54 cm.

## BREED

DSH

## ULTRASONOGRAPHIC FINDINGS

### SEX

Liver nodules.

Neutered Male

Geriatric abdomen.

### AGE

Stabilized GI and pancreatic presentation.

12 Yrs 6 Mos

Minor splenic nodular changes.

Resolved prior lymphadenopathy.

## WEIGHT

12.7 lbs

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am still concerned about the hypoechoic hepatic nodules and localized free fluid. Some level of pancreatitis is likely active given the FPL elevation and sonographic appearance. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. If weight loss is an issue and/or if liver enzymes elevate FNA of the hepatic nodules are recommended. Subjectively the nodules appear to be more prominent than the prior sonogram. As in the prior sonogram demonstrated blending of the heterogenous parenchymal changes.

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## REFERRING VET

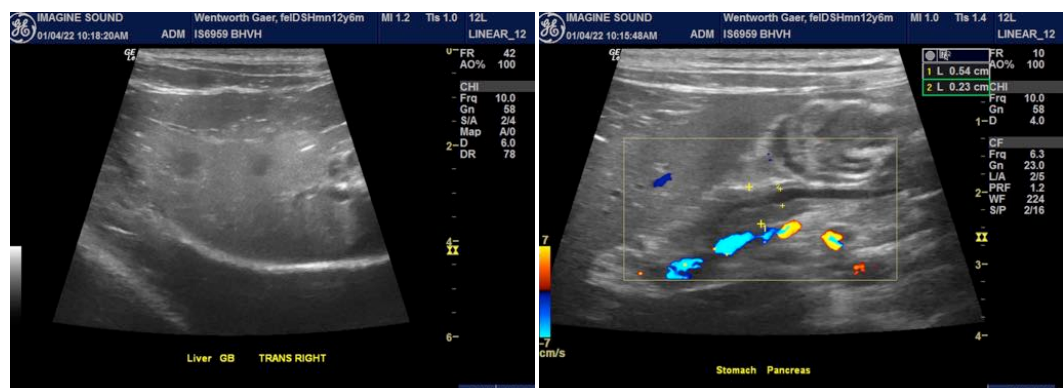
Dr. Thomson

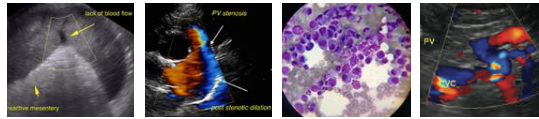
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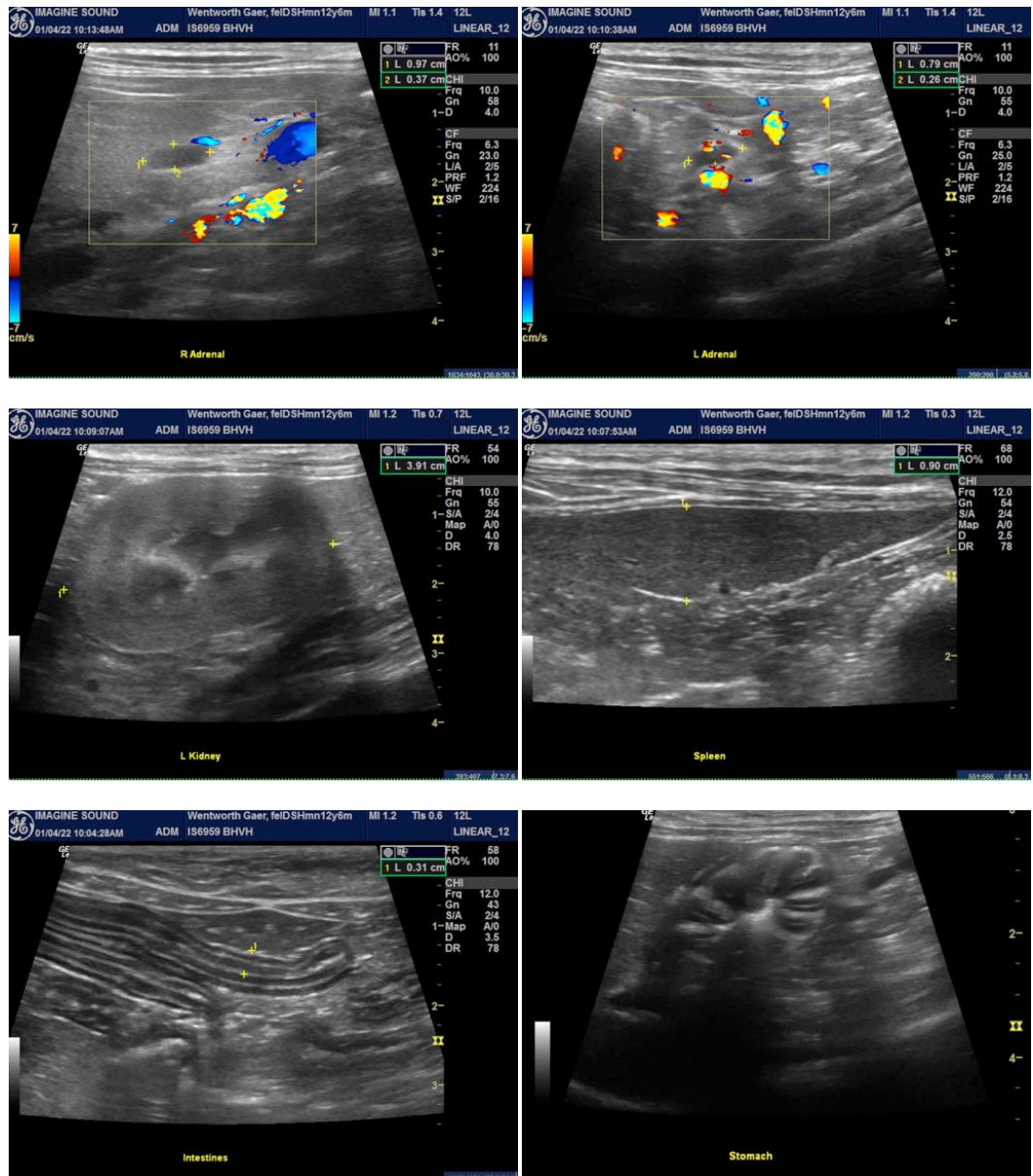
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com