



PATIENT

Kylo Frion

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

5 Years

WEIGHT

4.8 kg

PRESENTING CLINICAL SIGNS

Mentation QAR, very nervous BCS 3-4 Underweight Hydration 5-7% dehydrated MM Icteric EENT Pupils equal and responsive, icteric sclera No nasal or ocular discharge noted Oral cavity WNL, icteric gums CV Grade 1-2 murmur , systolic parasternal RESP Eupneic, normal lung auscultation GI Soft and non-painful; no palpable fluid or masses MS Ambulatory x 4, no lameness noted NEURO Neurologically appropriate INTEG Icteric LN No lymphadenopathy noted UG Normal RECTAL Not performed Assessment Dehydration Icterus Heart murmur Hyperbilirubinemia Increased ALT/G

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 left kidney measured 4.2 cm. The right kidney measured 4.25 cm.

Adrenal Glands

Spleen

The spleen in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder was mildly echogenic and thickened, yet not overdistended or obstructed.

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 **pancreas** was enlarged at 1.2 cm and hypoechoic with undulating contour. Ill-defined mesenteric changes present.

Free Abdomen

A mild to moderate amount of free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Hepatic lipidosis pattern with possible pancreatitis/pancreatic edema
- Free fluid of unknown origin

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

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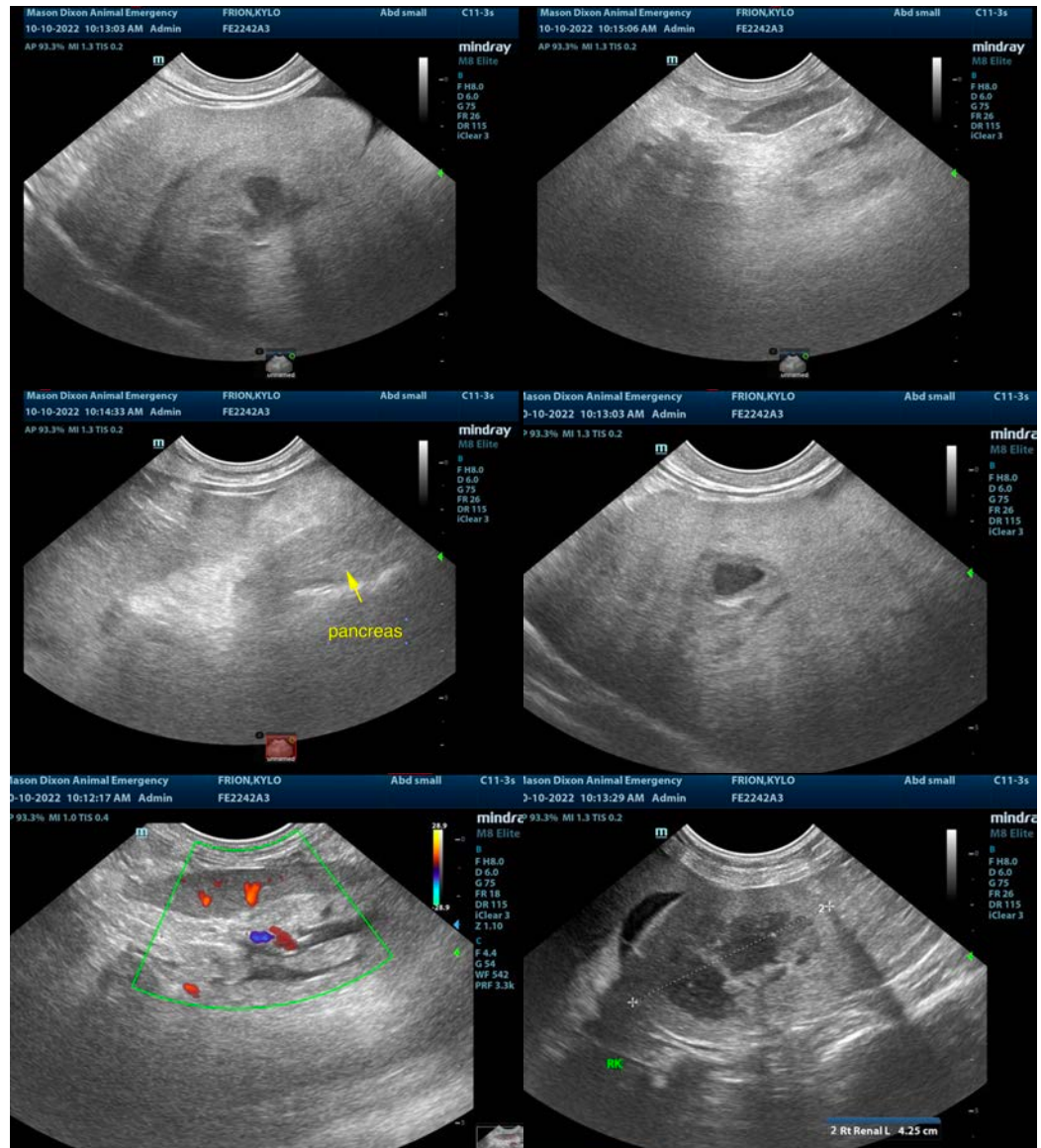
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lymphomatosis or carcinomatosis possible. Coagulation panel and 25-gauge FNA of the liver and abdominocentesis with cytospin recommended to assess for exfoliating neoplasia. Hepatic veins were not dilated in the views available, yet rapid echocardiogram may be appropriate to assess for right-sided failure. Passive congestion cannot be completely ruled out.



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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.

AGE

5 Years

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

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