



PATIENT

Max Chaplin

PRESENTING CLINICAL SIGNS

Vomiting, diarrhea, decreased appetite, weight loss

BUN 52, creatinine 2, amylase 1405, PSL 69, HCT 28

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Longhair

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.

SEX

Male

AGE

18 years

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomdullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.35 cm. The right kidney measured 3.64 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Andover

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.

REFERRING VET

Dr. Hummel

INVOICE

92622

Liver

The **liver** presented a cystic 4.6 cm liver mass that appears to be deriving from the left medial liver. This appears subjectively benign and is most consistent with a large cystadenoma or possible biliary carcinoma, yet this is less likely. This appears resectable. It deviates the gastrointestinal tract caudally. The remainder of the liver was unremarkable with expected changes for this age patient.

DATE

10/26/21

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



PATIENT

malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Max Chaplin

SPECIES

Pancreas

Feline

The **pancreas** was heterogenous, hypochoic and mildly enlarged measuring up to 1.2 cm.

BREED

Free Abdomen

Domestic Longhair

A trace amount of free fluid was noted at the time of the sonogram.

SEX

ULTRASONOGRAPHIC FINDINGS

Male

Cystic liver mass, at risk for rupture.

AGE

Trace free fluid.

18 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

I recommend a liver lobectomy with GI and pancreatic biopsies. Otherwise, supportive medical care is recommended. The mass is at risk for torsion or rupture.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Andover

REFERRING VET

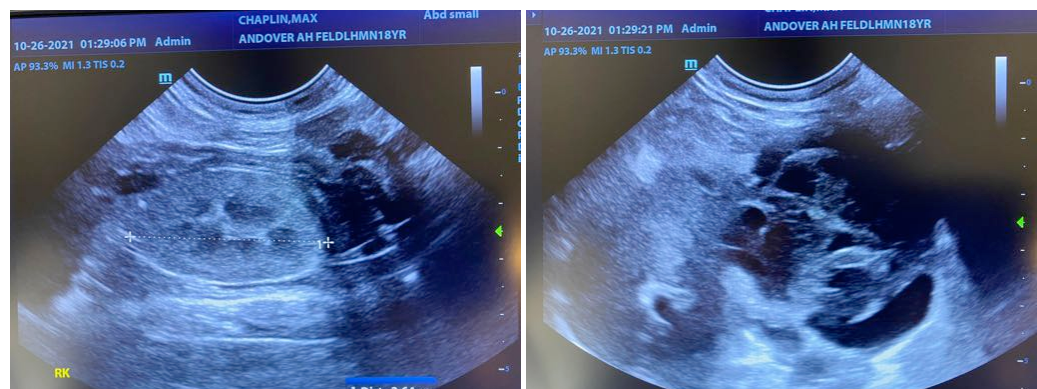
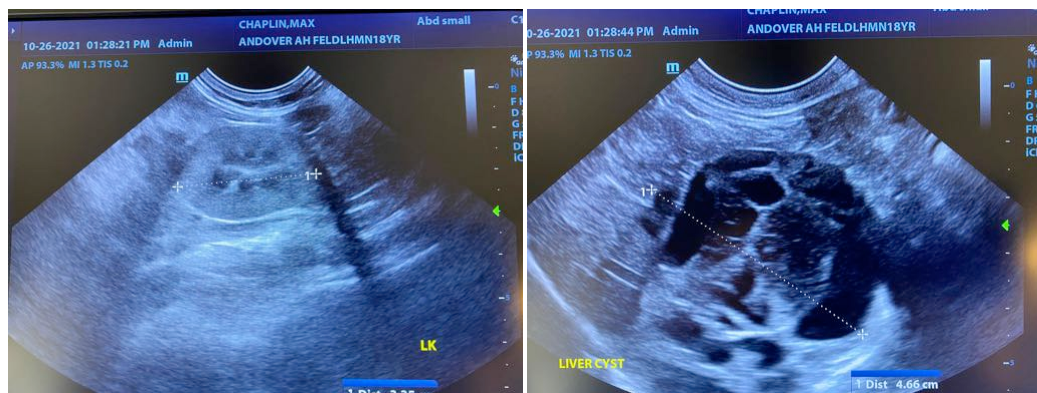
Dr. Hummel

INVOICE

92622

DATE

10/26/21





PATIENT

Max Chaplin

SPECIES

Feline

BREED

Domestic Longhair

SEX

Male

AGE

18 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Andover

REFERRING VET

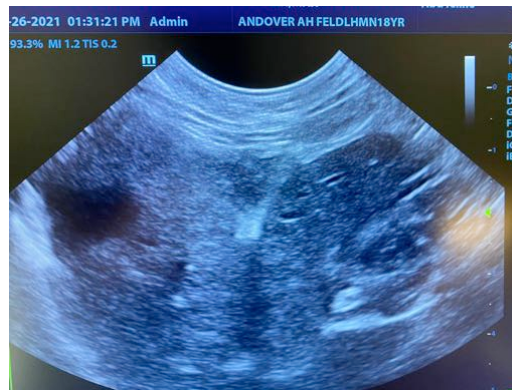
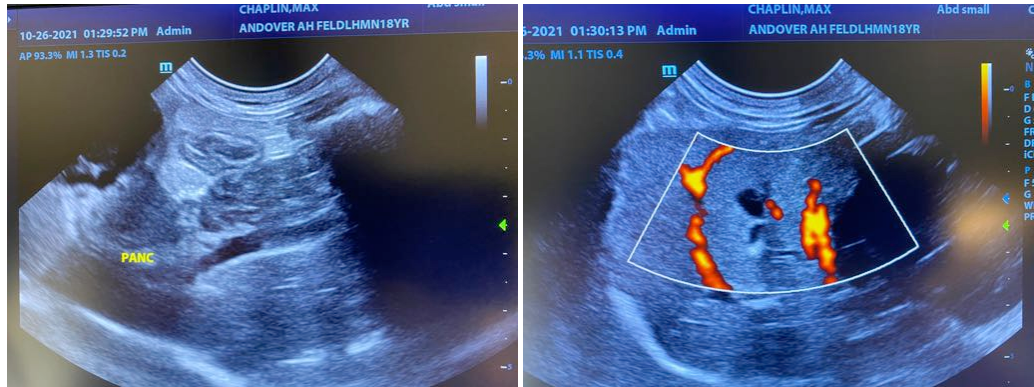
Dr. Hummel

INVOICE

92622

DATE

10/26/21



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
Info@SonoPath.com