



PATIENT

Autumn Springman

PRESENTING CLINICAL SIGNS

History: lethargic not eating

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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

Neutered male

The **kidneys** presented a relatively uniform corticomedullary definition when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary 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 right kidney measured 3.46 cm. The left kidney measured 3.75 cm. Blood flow to the kidneys appeared to be subnormal on power Doppler assessment.

AGE

16 years

WEIGHT

11 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

Spleen

The **spleen** revealed hyperechoic lipogranulomatous mass that was deriving from the caudal pole. The mass measured 2.4 cm, there was no evidence of free fluid or rupture. Subjectively this appears benign, yet it is pedunculated and should be removed. The remainder of the spleen was slightly heterogenous with subtle, micronodular changes and scalloping spleen.

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

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10/28/22



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Gastrointestinal

A large amount of gas was noted; however, the visible **gastrointestinal** tract was unremarkable.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

16 years

Heterogenous spleen with focal mass.

Geriatric abdomen with chronic interstitial nephrosis otherwise.

WEIGHT

11 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is debatable on whether the splenic mass may be causing clinical signs. Other causes of clinical signs such as CNS, thoracic or orthopedic disease should be considered. Splenectomy would be ideal as this is a precarious presentation, but may not be the immediate underlying cause of the clinical signs.

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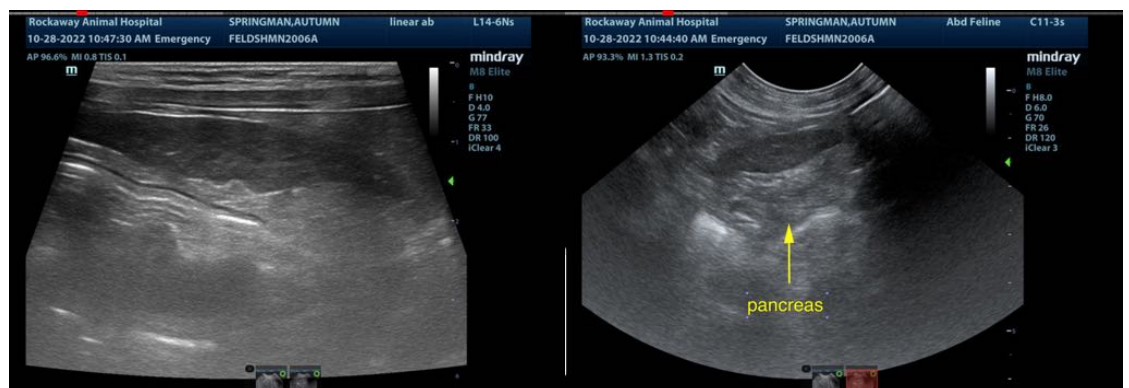
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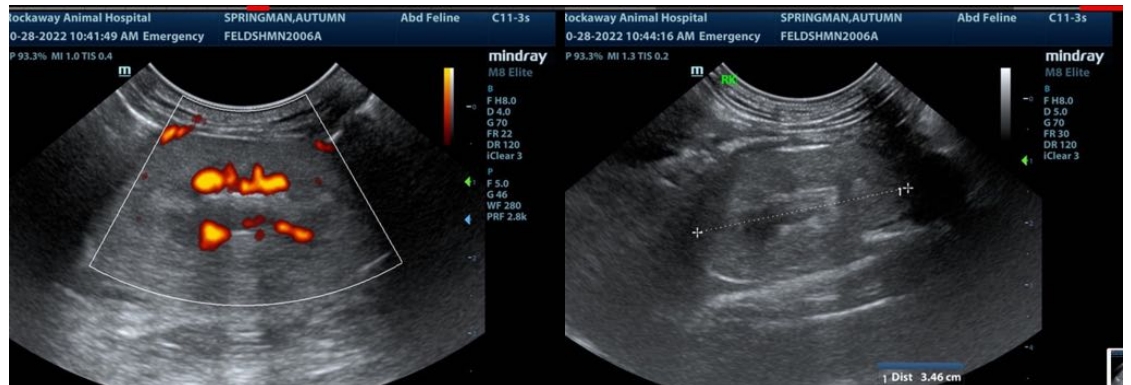
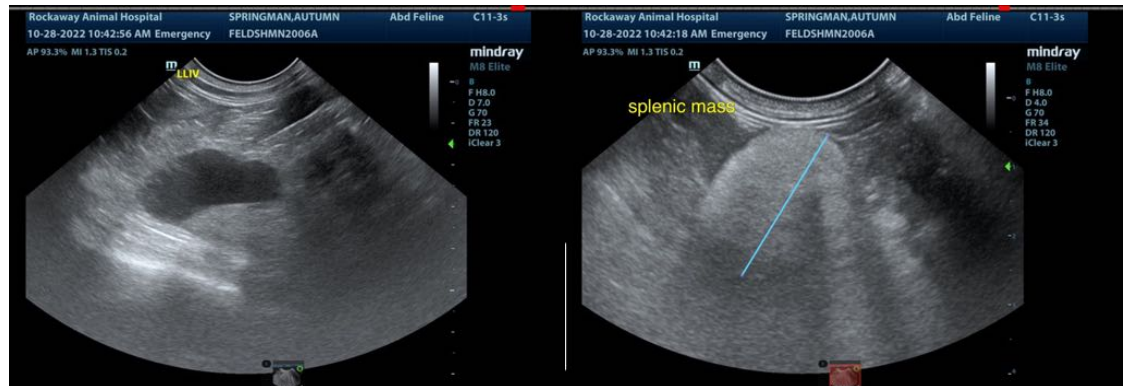
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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