



PATIENT

Caino Crea

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

NA

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise H

REFERRING VET

Dr. Elshafie

INVOICE

13513

DATE

10/4/21

PRESENTING CLINICAL SIGNS

History: Underweight, loss of serosal detail on radiographs.

Abnormal PE/Chem/CBC/UA Results:

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** were bilaterally enlarged and hyperechoic with some loss of corticomedullary definition. The right kidney measured 5.0 cm. The left kidney measured 5.0 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. The right adrenal gland measured 1.26 cm x 0.59 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland measured 0.49 cm in width.

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 were noted.

Liver

The **liver** revealed a uniform vacuolar hepatopathy pattern. Trace amounts of ascites noted between the liver lobes and between the liver and diaphragm. The gallbladder and common bile duct were unremarkable. The portal vein appeared dilated and tortuous.

Gastrointestinal

The **stomach** was filled with progressively shadowing gastric material, some chyme transit was noted, however, delayed outflow appeared to be present. The shadowing material in the stomach would be suggestive for hairball accumulation. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Abscess



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was noted in the right pancreatic limb, measuring approximately 2.0 cm x 2.0 cm. Reactive mesentery was noted around the abscess. Minor heterogenous pancreatic changes noted elsewhere.

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ULTRASONOGRAPHIC FINDINGS

- Non-specific renal enlargement
- Hepatomegaly
- Pancreatic abscess
- Gastric delayed outflow

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

Coagulation panel or 25-gauge FNA of the liver and kidneys could be considered in this patient. The abscess could be attempted to be drained, however, there is risk of leakage. Otherwise, exploratory surgery with evacuation of the stomach, drainage of the pancreatic abscess and liver and renal biopsies would all be indicated. Guarded prognosis. Otherwise, supportive care and assessment for maldigestion would be appropriate. No obvious evidence of lymphoma or other neoplasia noted, however, the kidneys and liver could represent an early neoplastic event.

AGE

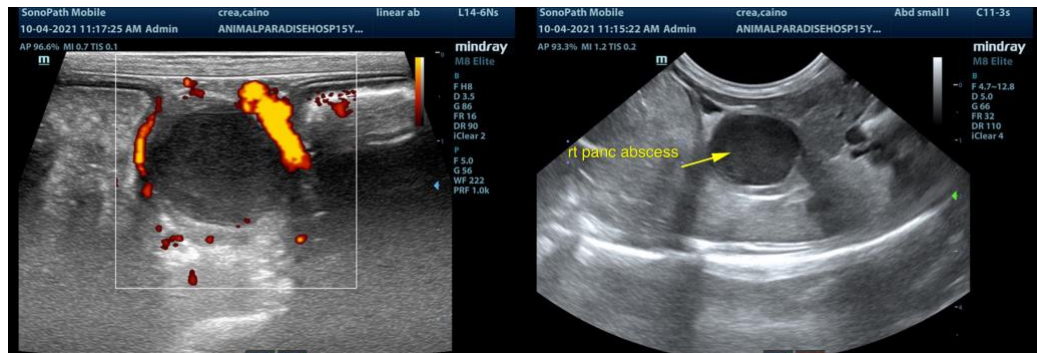
15 Years

WEIGHT

NA

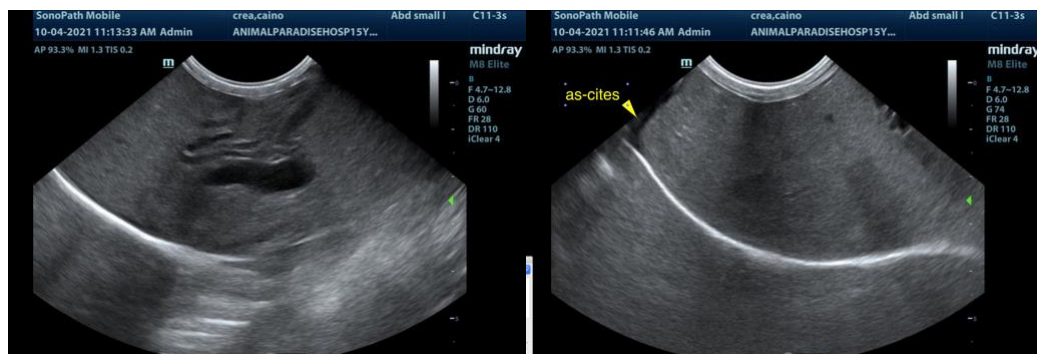
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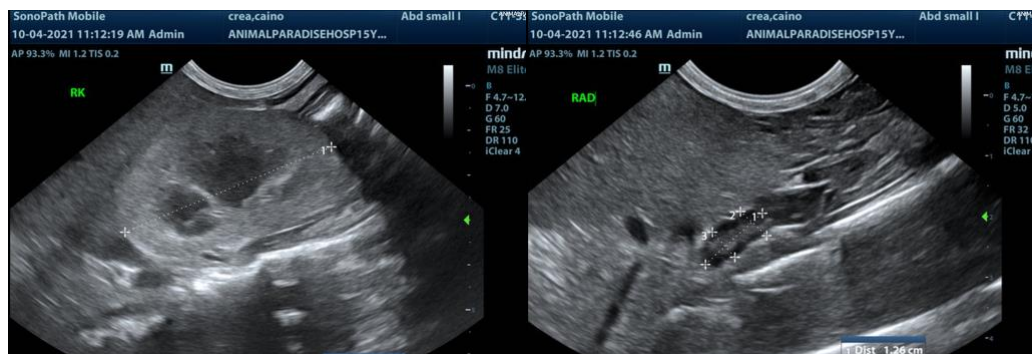
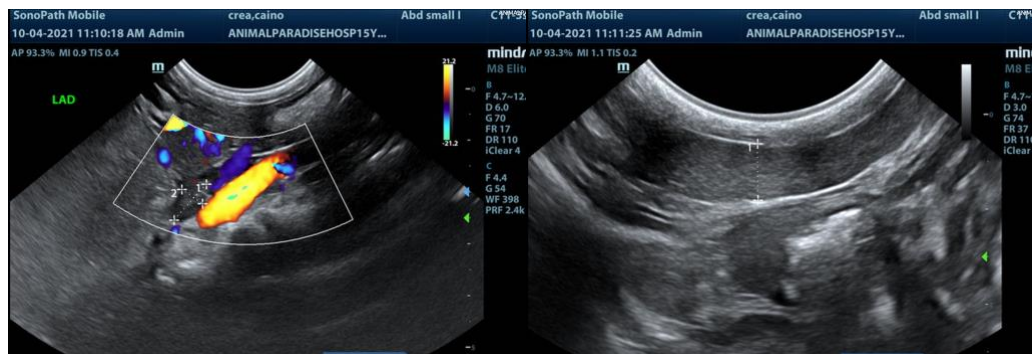
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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