



PATIENT PRESENTING CLINICAL SIGNS

Sebastian Leslie

History: Presented on ER last night for weakness, lethargy, decreased appetite over past month (? I do not have record in front of me as interpretation was not elected last night); arrived to ER hypothermic and pale.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Pt sternal, dull but fractious with handling, unable to scan without sedation (alfaxalone, butorphanol, midazolam, flow-by and heat support, bp maintained low normal through procedure) Labs showed anemia with PCV 26%, TP 6.6 (?) ALT > 10,000 Radiographs showed hypovolemia with very small caudal vena cava and pulmonary vessels, but subjectively possible enlarged left atrium Free abd fluid was aspirated and had PCV 20%, TP 5.5

BREED

Domestic Longhair

SEX

Neutered male

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.

AGE

14 years

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 right kidney measured 3.68 cm. The left kidney measured 3.65 cm.

WEIGHT

4.1 kg

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. The left adrenal gland measured 0.5 cm.

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

Spleen

The **spleen** revealed hyperechoic lipogranulomatous changes.

REFERRING VET

Dr. Williams

Liver

The **liver** was riddled with multiple, expansive, irregular masses. The masses occupied the right medial and right cranial liver. Hypoechoic nodules were noted in the liver in the midst of mildly hyperechoic parenchyma. The hepatic veins were noted dilated. The gallbladder presented acceptably thin walls with primarily anechoic content. There was no evidence of post hepatic obstruction.

INVOICE

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured up to 0.23 cm. The mesenteric lymph nodes were reactive and measured 1.37 cm.

Pancreas

The **pancreas** was obscured by hyperechoic mesentery, yet underlying involvement in the neoplastic process cannot be ruled out.

Free Abdomen

Echogenic free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Diffuse hepatic neoplasia with mass formation and secondary paraneoplastic effusion. Hepatic carcinomatosis type presentation.

Intestinal thickening.

Pancreas was obscured by hyperechoic mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA or biopsy of the liver is recommended.



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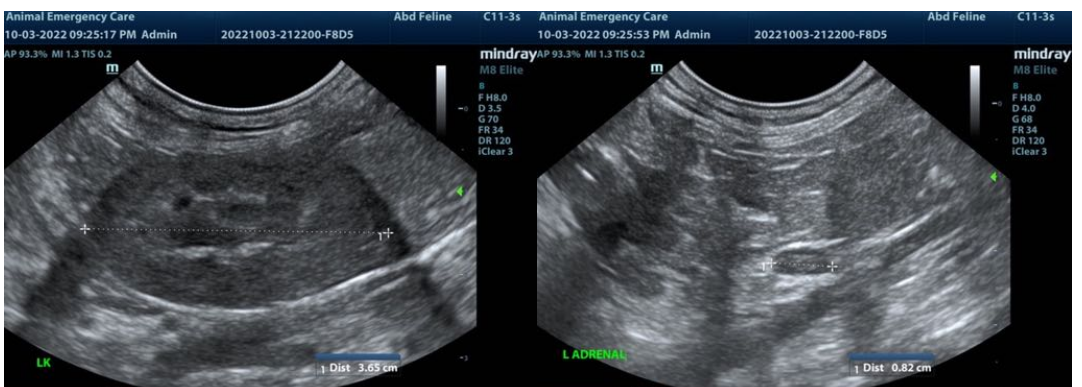
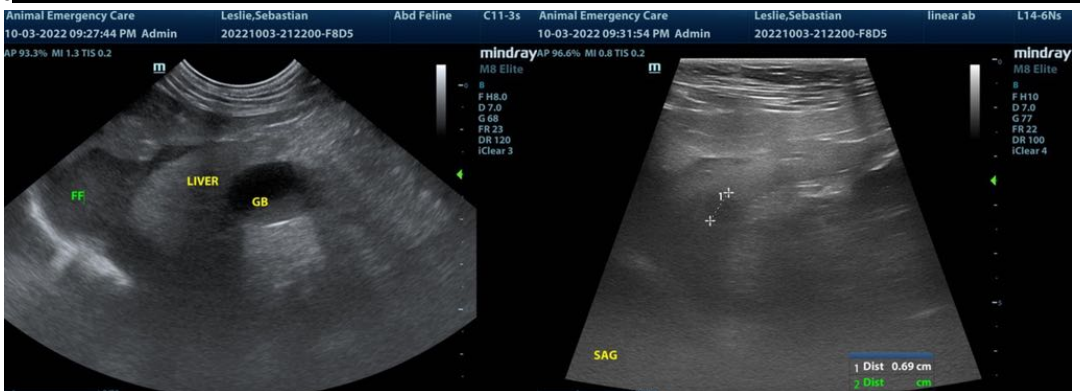
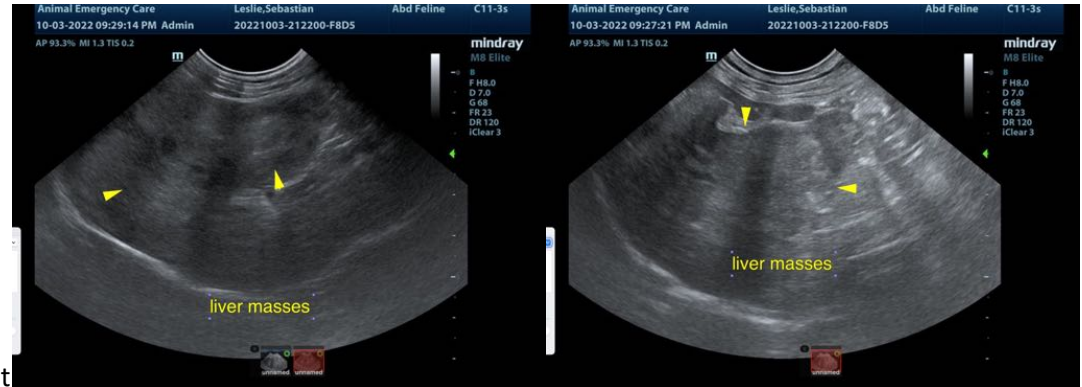
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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