



**PATIENT**

Clyde Guzzi

**PRESENTING CLINICAL SIGNS**

sneezing hacking vomiting

**SPECIES**

Feline

**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. No obstructive disease noted.

**BREED**

DSH

**SEX**

Neutered Male

The **kidneys** presented normal size and contour with cortical infarcts and collapse. Mild degenerative changes. The left kidney measured 4.25 cm. The right kidney measured 4.34 cm. Pyelectasia noted in the right kidney, suggestive for infection and potential scarring from passage of calculi. Pelvic calculus in the right kidney measuring 5.0 mm.

**AGE**

15 Years

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**WEIGHT**

13.8 Pounds

**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.

**INTERPRETED BY**

Eric Lindquist, DMV

**Liver**

The **liver** was largely unremarkable with an anechoic cyst in the right medial liver measuring 1.3 cm. The gallbladder was unremarkable.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**Gastrointestinal**

The **gastric** fundus revealed concentric thickening measuring 2.5 cm. Some loss of mural detail noted. The small intestine and colon were unremarkable.

**HOSPITAL NAME**

Rockaway AH

**Pancreas**

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**REFERRING VET**

Dr. Maniar

**ULTRASONOGRAPHIC FINDINGS**

**INVOICE**

41862

- Moderate chronic degenerative renal changes with mineralization and infarcts and minor pyelectasia. Assessment for infection indicated.
- Concentric gastric fundic thickening with loss of mural detail – strong concern for emerging gastric lymphoma.

**DATE**

10/6/22



**PATIENT**

Clyde Guzzi

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy with mucosal biopsies warranted. FNA of the gastric fundus may prove effective. However, this type of lesion may not overtly exfoliate adequately for a definitive diagnosis.

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**HOSPITAL NAME**

Rockway AH

**REFERRING VET**

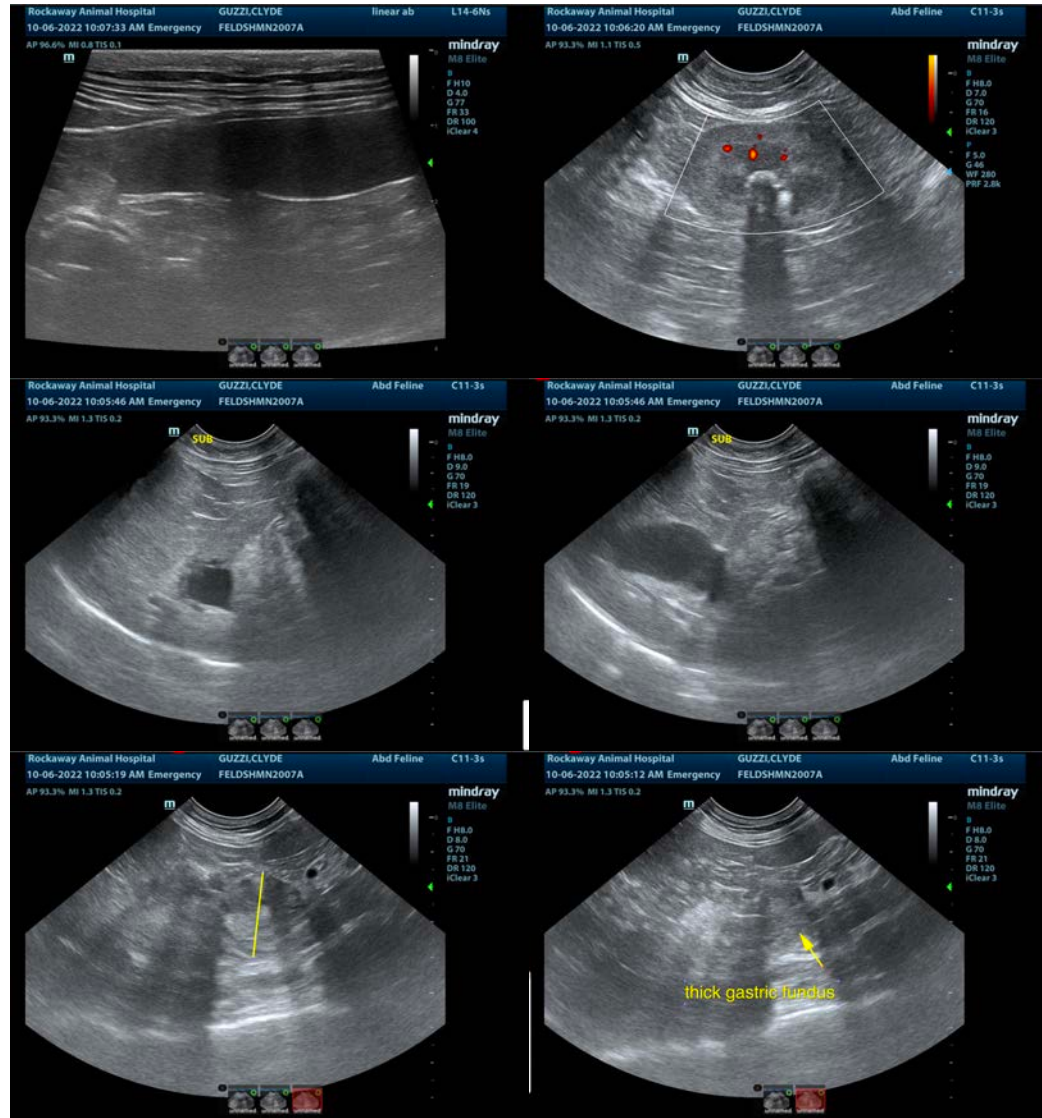
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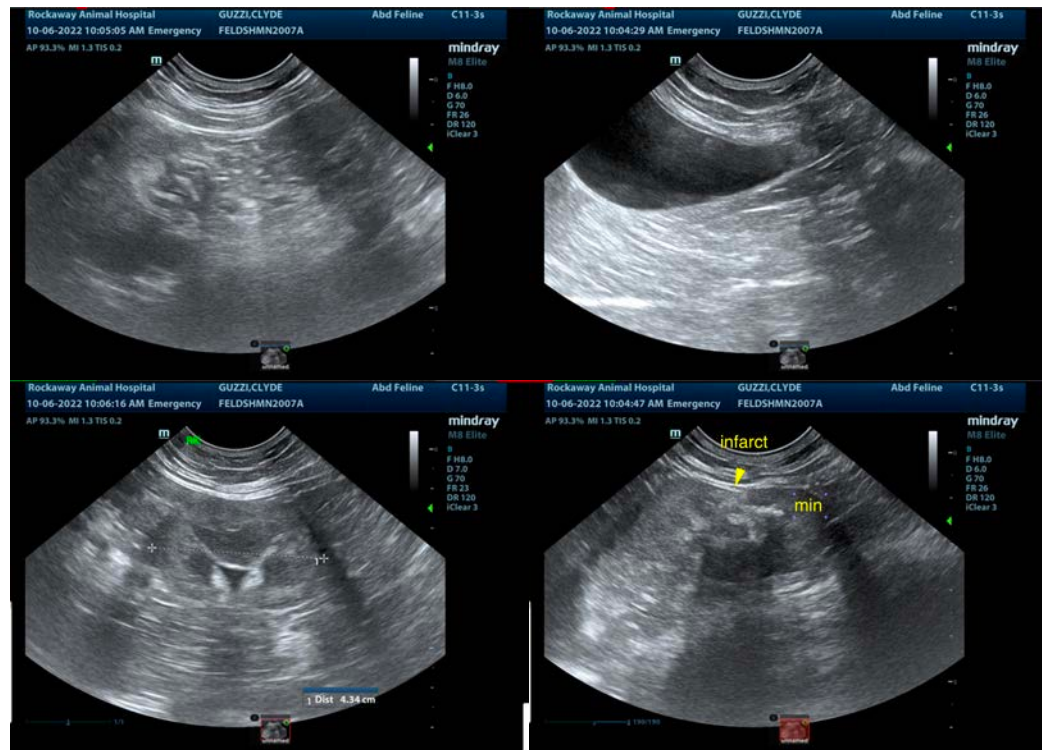
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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