

PATIENT

Lynus Kilbourne

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

12.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

42273

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: Patient presented for intermittent cough and increased respiratory effort
Abnormal PE/Chem/CBC/UA Results: PE: Grade 3 heart murmur, mild increased BV sounds CBC: WNL CHEM: TP 10.3, ALB 4.5, GLOB: 5.9, ALT 145, ALKP< 10, T.bili 2.9 Rads: Mineral opacity in lungs that appear as a cluster, more consistent with a calcium deposit or granuloma rather than a mass effect, mineral opacity in the region of that gallbladder otherwise abdomen unremarkable

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 was noted. Ureteral papillae were normal.

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 kidneys measured 3.5 cm. The right kidney measured 4.0 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 left adrenal gland measured 0.4 cm.

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.

Liver

The **liver** revealed slightly increased portal markings. Minor hepatic enlargement was noted. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction. Minor, coalesced bile was noted. There was a polyp at the apex of the gallbladder, yet not clinically an issue.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were slightly enlarged and measured 0.4 cm.

Pancreas

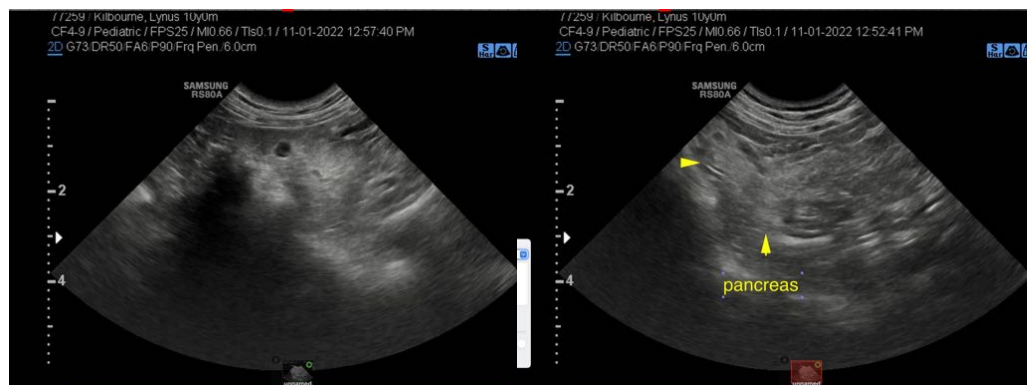
The **pancreas** was heterogenous with hyperechoic fat.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming that no anemia is present and bilirubin is persistently elevated and not artifactual then FNA of the liver is indicated. Minor low grade inflammatory hepatopathy is suspected; however, there was no evidence of significant structural disease. The mineral opacity in the gallbladder may be the polyp or coalesced bile at the apex, yet not a clinical issue. There are no lesions consistent with FIP from a visceral standpoint.





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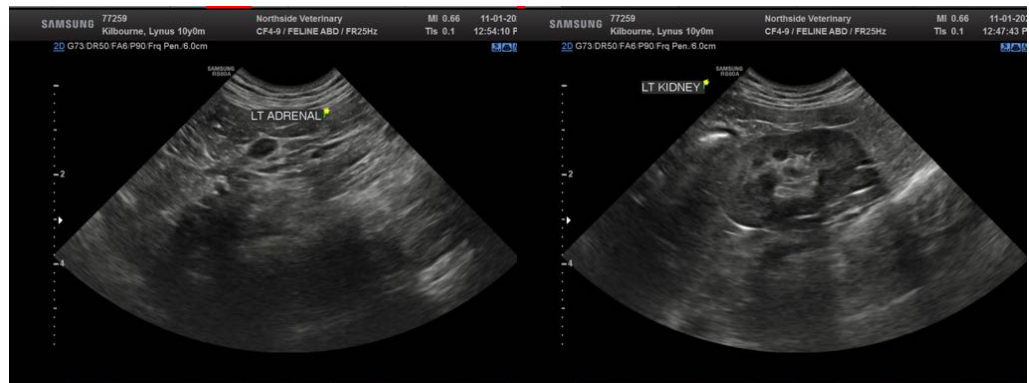
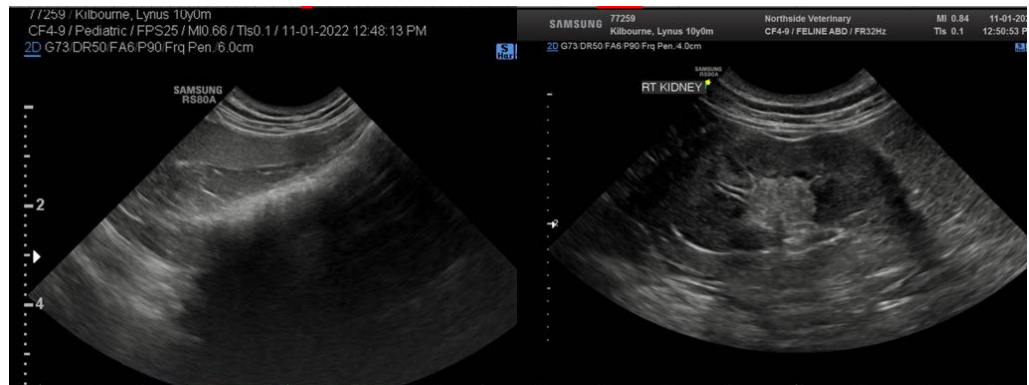
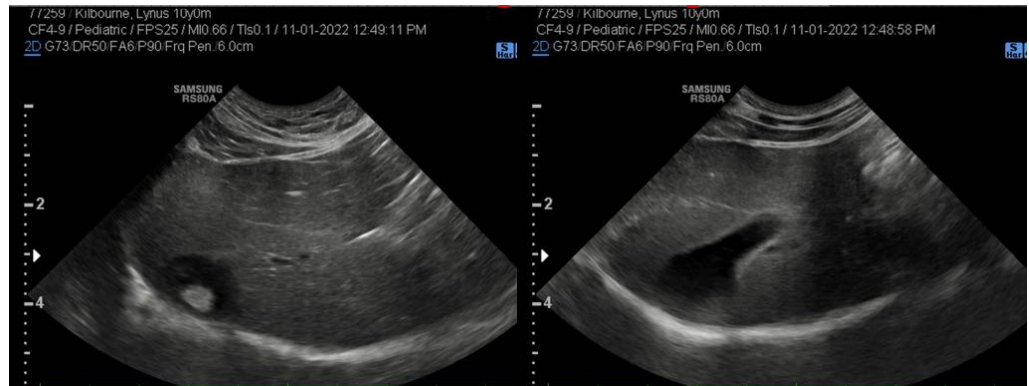
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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