



PATIENT

Dewey Upsher

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

4.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

42424

DATE

11/10/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for decreased eating and lethargy. O noticed p not eating as much over the weekend. O is unable to get p into rdvm until 12/4 since she moved and had to get a new rdvm. P is also lethargic and o has noticed weight loss. P has had a decrease in urine production as well. P is eating but will take maybe 2 bites of food per day at most. Previous Health Concerns: none Current Medications: none

Abnormal PE/Chem/CBC/UA Results: rads- concern for abdominal effusion/ general lack of detail; bowel loops clumped mid abdomen; no obvious fb/ signs of intestinal obstruction'; gi tract essentially empty. CBC- stress leukogram(normal WBC count) EPOC-Cr 1.96(H) Normal BUN glucose 145(H) K+ 5.2(H) Chem- IP 6.5(H) glucose 151 (H)

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 left kidney measured 4.09 cm. The right kidney measured 4.31 cm.

Adrenal Glands

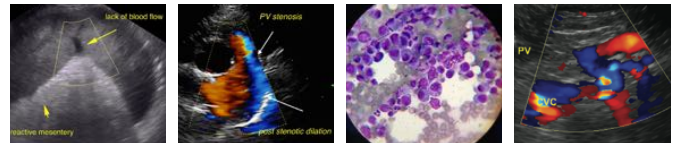
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was mildly enlarged with slight scalloping contour. The spleen measured 1.4 cm in width.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Heterogenous parenchymal changes were noted around the pancreas with enhanced hyperechoic mesentery. The vena cava appeared subjectively dilated. This is consistent with passive congestion, but may be secondary to aggressive fluid therapy if the patient was on fluids at the time of the sonogram. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreatic** duct was dilated with nodular changes.

Free Abdomen

A large amount of anechoic ascites was noted.

ULTRASONOGRAPHIC FINDINGS

Ascites.

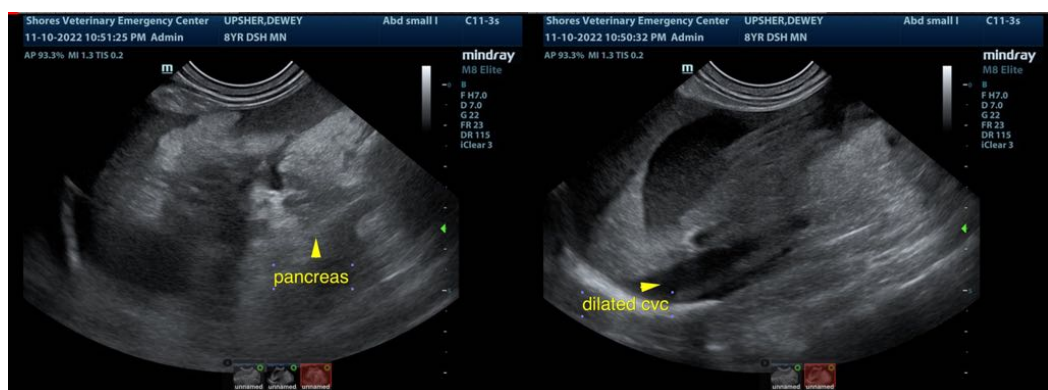
Splenomegaly.

Minor passive congestion liver pattern.

Dilated pancreatic duct with nodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for diffuse abdominal neoplasia such as lymphomatosis, mastocytosis or carcinomatosis. An echocardiogram is recommended to assess for the causes of passive congestion as well as chest radiographs if not already performed. Abdominocentesis, cytospin and immediate slide preparation as well as 25-gauge FNA of the spleen is recommended.





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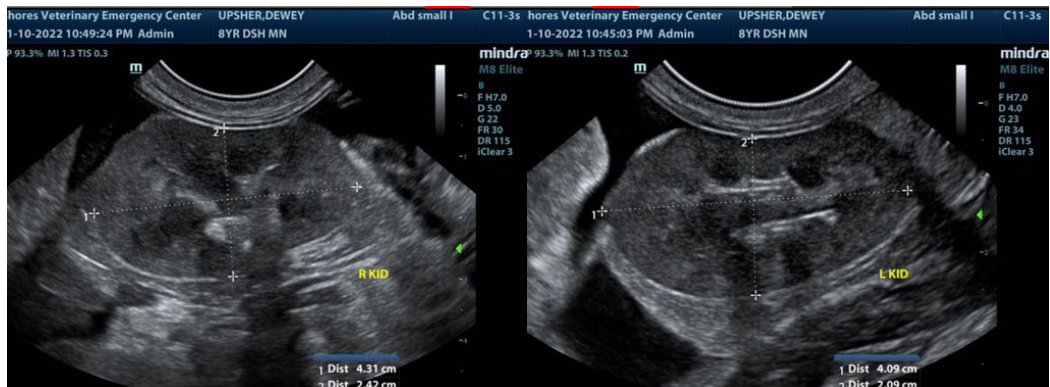
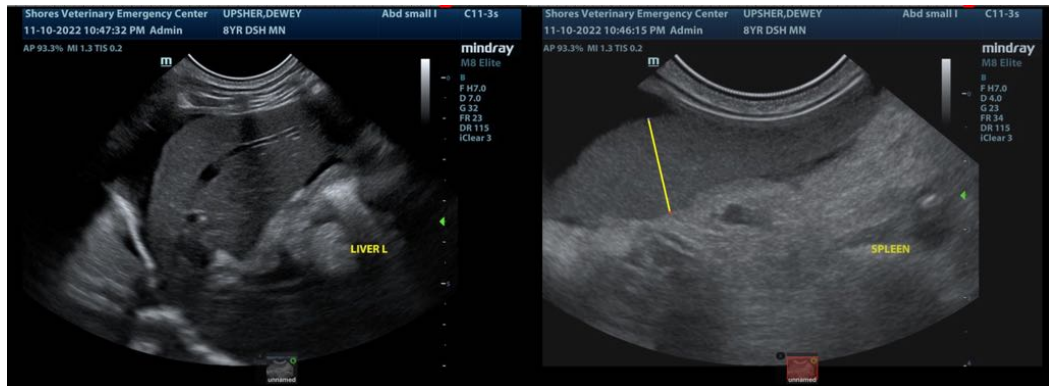
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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