



PATIENT PRESENTING CLINICAL SIGNS

Hans Hynes History: recheck splenomegaly prev u/s on 10/26 showed IBD GI pattern poss low grade active pancreatitis and pancreatic cysts, reactive spleen, interstitial nephrosis. Since d/c a couple of weeks ago has vomited twice but since then doing well and eating and drinking normally

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

SEX

Neutered male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Pelvic mineralization was noted in the left kidney. The right kidney measured 4.23 cm. The left kidney measured 4.36 cm.

AGE

14 years

WEIGHT

14.9 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** has normalized in size and is uniform.

IMAGING PERFORMED BY

Jenn

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

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Gastrointestinal

The **stomach** was filled with ingesta some of which was shadowing. The stomach was over distended. Minor intestinal thickening was noted, yet not clinically significant.

DATE

11/23/22



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Pancreas

The **pancreas** revealed mixed echogenic changes. This is consistent with remodeling. There was no evidence of active inflammation. The presentation appears to be stabilized compared to the prior sonogram. Anechoic cysts were noted measuring 1.4 cm.

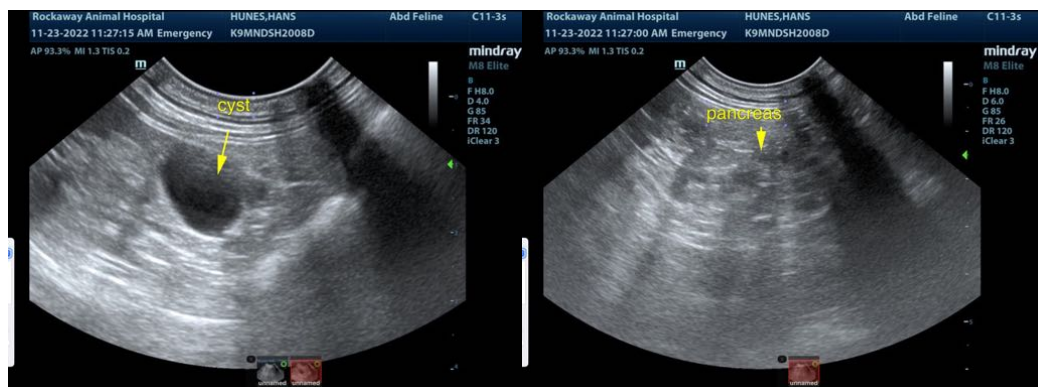
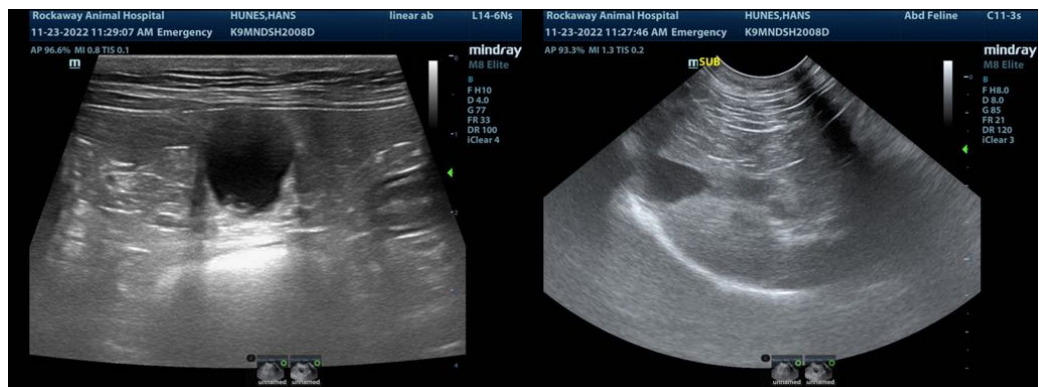
ULTRASONOGRAPHIC FINDINGS

Full stomach. Post prandial presentation.

Nodular pancreas and pancreatic cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Drainage of the pancreatic cysts and culture would be ideal.





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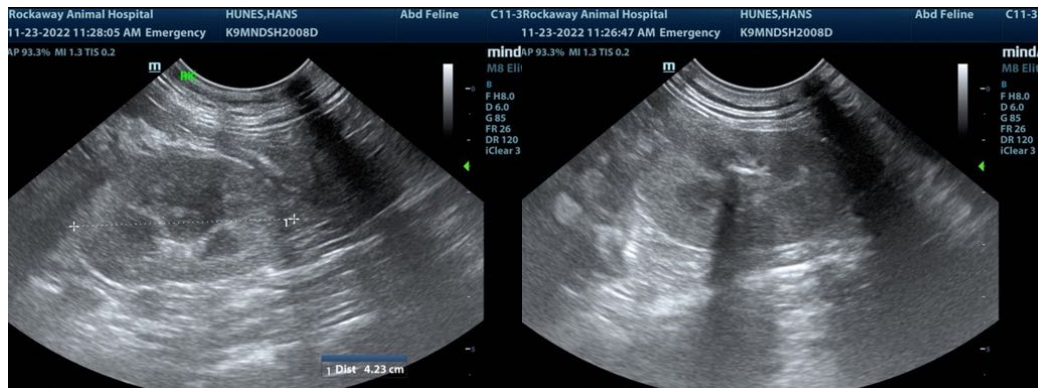
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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