



PATIENT

Poppy Pacheco

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

5.57 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dallas Reynolds LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Munoz

INVOICE

42836

DATE

12/1/22

PRESENTING CLINICAL SIGNS

History: Presented yesterday for evaluation of anorexia. Owners were out of town and p was been looked after by a pet sitter. When owners came back they noticed that p had lost weight and was not really eating much. P would was licking the gravy off of canned food but not really interested in food. Abnormal PE/Chem/CBC/UA Results: On presentation, p is icteric and BCS is 2.5/5. Grade II/VI systolic heart murmur present Skin tent present, tacky mm cbc - wnl T4 - wnl chem - AST 243 (10-100), ALT 382 (10-100), ALP 367 (6-102), T-bili 1.8 (0.1-0.4).GGT 1 (1-10) UA: turbid/dark yellow in color, 2+ protein, USG 1.041

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. The left kidney measured 3.5 cm with trace pyelectasia.

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** 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** was diffusely hyperechoic to the falciform fat. Mild, generalized hepatomegaly was noted. Duplicated gallbladder was noted, both were thickened, yet not obstructed. The common bile duct was unremarkable.



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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. Fluid filled pyloric lumen was noted. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Slight free fluid was noted in the ileocecal junction. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The **pancreas** revealed heterogenous, mixed echogenic changes with hypoechoic and hyperechoic parenchyma. This is consistent with pancreatitis.

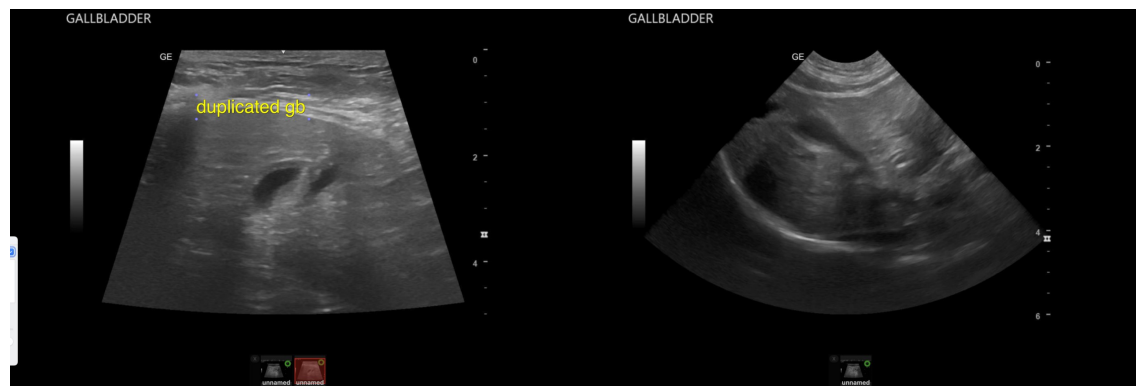
ULTRASONOGRAPHIC FINDINGS

Cholangitis. Lipidosis hepatic pattern with potential underlying neoplasia/lymphoma.

IBD GI pattern with heterogenous parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect triad disease with lipidosis. However, coagulation panel and 25-gauge FNA of the liver is indicated for further definition to ensure that underlying round cell neoplasia is not an issue. The prognosis is guarded depending on FNA results. Treatment for lipidosis and pancreatitis is indicated in the meantime until cytology can be evaluated.





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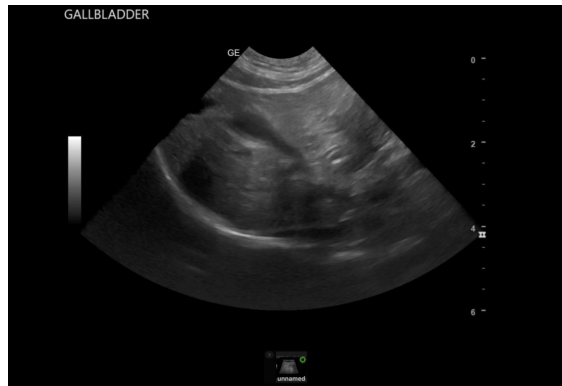
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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