


DATE PRESENTING CLINICAL SIGNS

12/15/25

Patient History: Presenting complaint: trouble breathing. Integument: moderate bruising along medial saphenous bilaterally

PATIENT

Current Medications: Unasyn, Ondansetron, Gabapentin, Buprenorphine, Potassium Chloride, Cerenia, Mirtazapine.

Mitchell Beam

Labwork Results: Labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Stat Report: STAT requested.

Imaging Performed by: Rachel Brillhart, RDMS.

Feline

BREED
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System
SEX

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.

Neutered Male

AGE

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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 4.44 cm in length. The right kidney measured 4.04 cm in length with cortical infarcts visualized.

03/01/2012

WEIGHT
Adrenal Glands

13.2 pounds

Both **adrenal glands** revealed mineralization. The left adrenal gland measured 0.64 cm width. The right adrenal gland measured 0.55 cm width.

INTERPRETED BY
Spleen

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IVUSS

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

HOSPITAL NAME

Animal Emergency
Hospital

Liver
REFERRING VET

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 wall was edematous. The common bile duct was dilated measuring 0.50 cm. 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.

Dr. Reynolds

INVOICE

12672

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 **pancreas** presented enlarged, irregular and hypoechoic with undulating contour and excessive width at 1.35 cm. The right base of the pancreas was enlarged. The pancreatic duct was also dilated up to 0.22 cm. The right pancreatic limb measured 1.48 cm. Regional inflammation was noted with slight areas of free fluid.

Free Abdomen

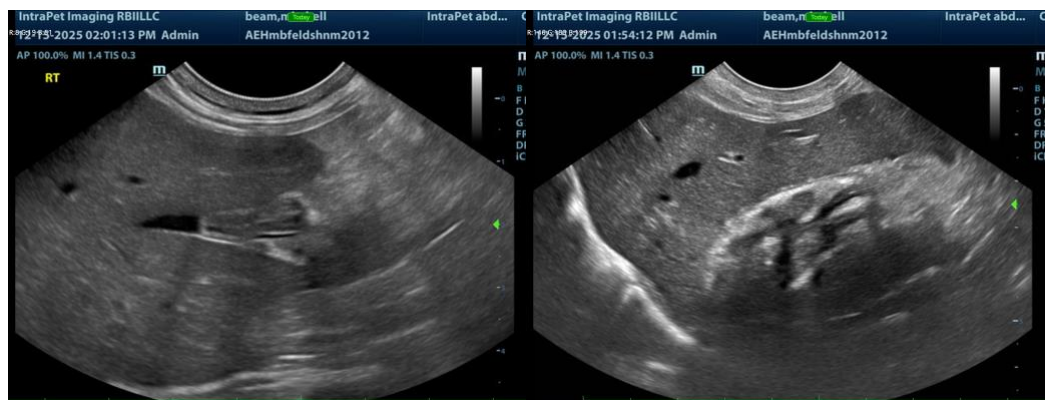
Mild non cardiogenic pleural effusion noted with normal cardiac volumes.

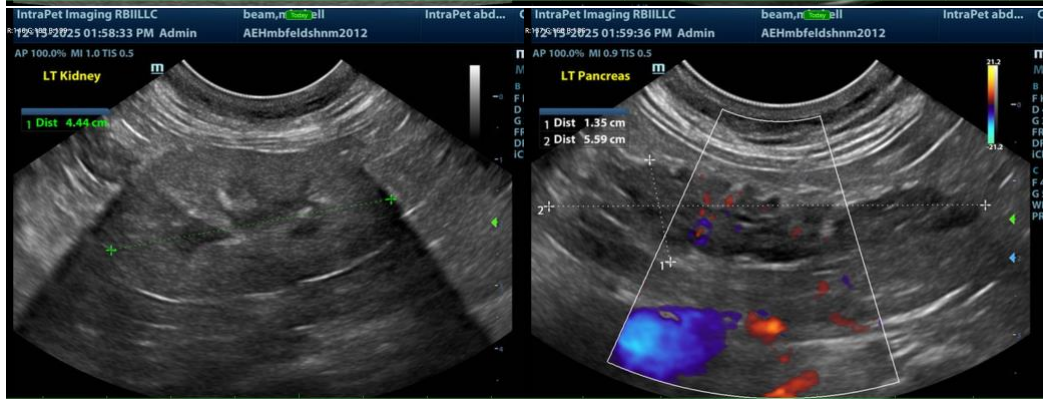
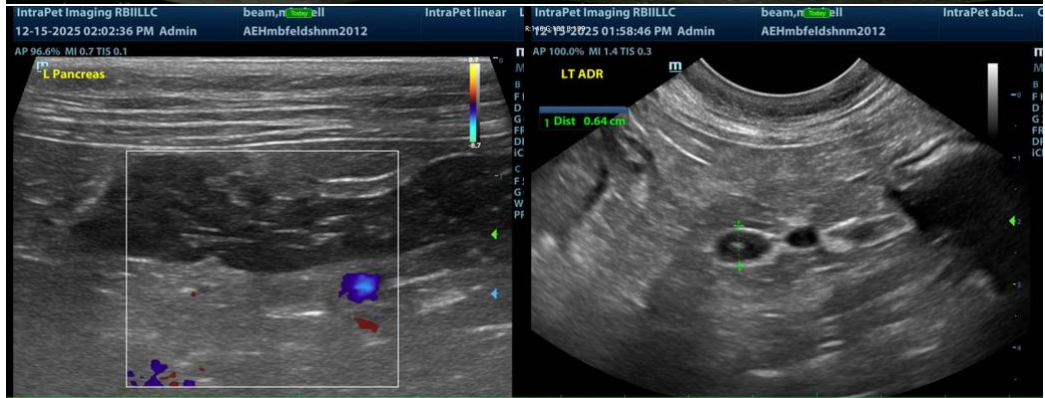
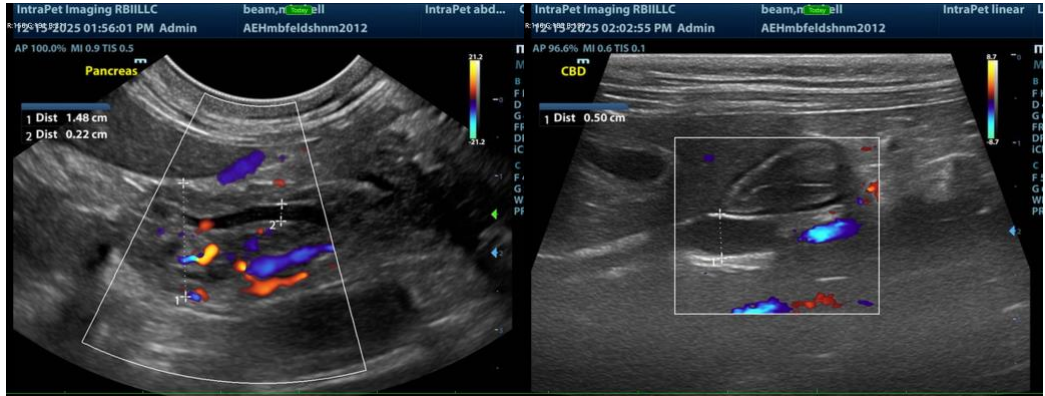
ULTRASONOGRAPHIC FINDINGS

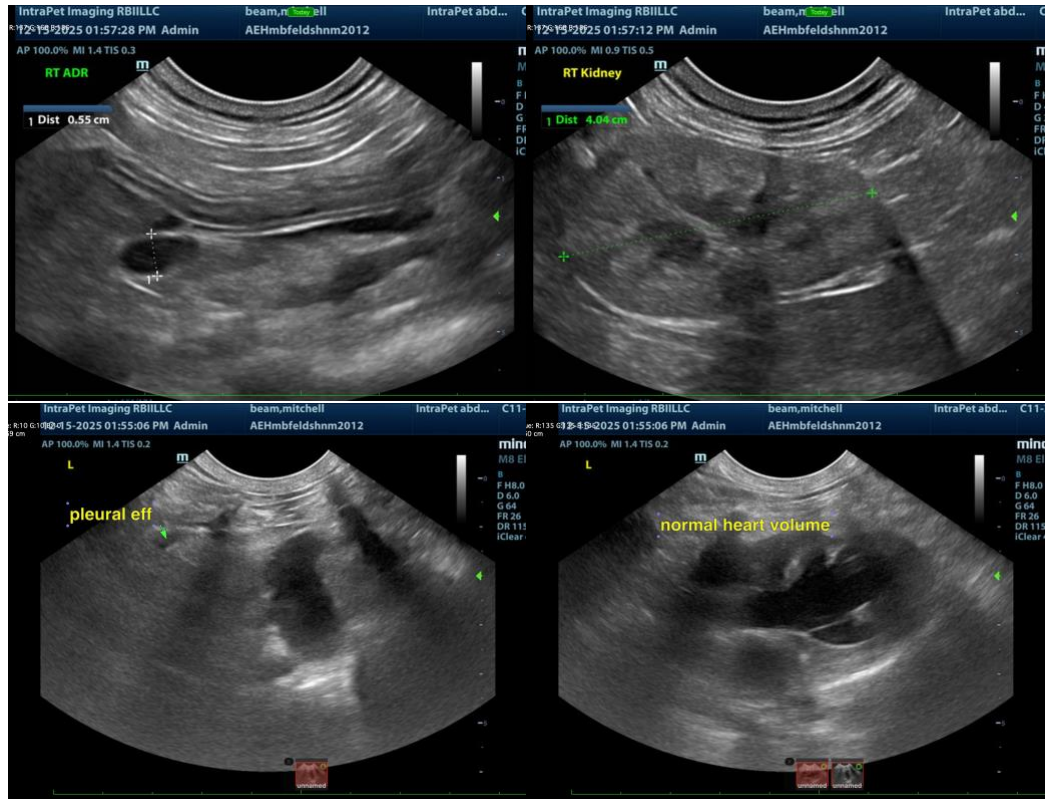
- Pancreatitis.
- Cholangiohepatitis pattern with potential hepatic lymphoma/mild posthepatic obstruction.
- Age-related renal changes.
- Mineralizing adrenal glands.
- Scalloping spleen.
- Noncardiogenic pleural effusion- strong concern for bicavitary neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management is warranted if liver values/pancreatic values are not diminishing. Recheck sonogram is indicated. No overt suspicion of neoplasia, however, FNA of the spleen and liver would be ideal +/- the pancreas given the slight free fluid noted between the liver lobes and concurrent pancreatitis. Concurrent lymphoma may be an issue given the alkaline phosphatase and bilirubin elevations. Infectious agents should be considered as well if neoplasia is not found in the liver. Salmonella poisoning and Bartonella should be considered. Fluid sampling of the pleural effusion is recommended.







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.

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