



PATIENT

Toodles Durost

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

11.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lane

INVOICE

94671

DATE

12/16/21

PRESENTING CLINICAL SIGNS

History: Weight loss of 6 lbs since September. Decreased appetite x 2-3 weeks. Now not eating much at all. Also sleeping in a closet and no interest in going outside. FNA done of Liver and Spleen. 0.1mL Diphenhydramine IM prior to FNA
Abnormal PE/Chem/CBC/UA Results: PE: mild dehydration, dental disease and mildly unkempt coat. BW (12/6): BUN 9 L, Creat 1.8, Na 168 H, TP 8.5, Glob 5.4, A:G ratio 0.6. ALT 271, ALP 309, GGT 3, T Bili 1.0. UA: SG >1.040, orange and cloudy, Prot 30, Glu 25, Ket 15, Blood 50, Bili 6, Urobil 12. WBC 2/HPF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 0.84 cm attached echogenic mucous to the ventral wall of the bladder. The bladder was largely empty. The bladder wall was slightly thickened and mildly irregular. This is consistent with history of cystitis.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.5 cm. The left kidney measured 4.2 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 0.54 cm.

Spleen

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.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. There was no evidence of post hepatic obstruction. The gallbladder presented a slight calculus that was non-obstructive and measured 0.2 cm. This is passively positioned in the apex of the gallbladder wall.

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.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct dilation was noted.

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ULTRASONOGRAPHIC FINDINGS

BREED

Splenic enlargement. Reactive spleen is likely, infiltrative disease is possible.

Domestic Shorthair

Hepatic lipidosis pattern, potential underlying round cell neoplasia.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered male

FNA were performed without complication. Full urinalysis work-up is recommended if not already performed. Guarded prognosis depending upon cytology results.

AGE

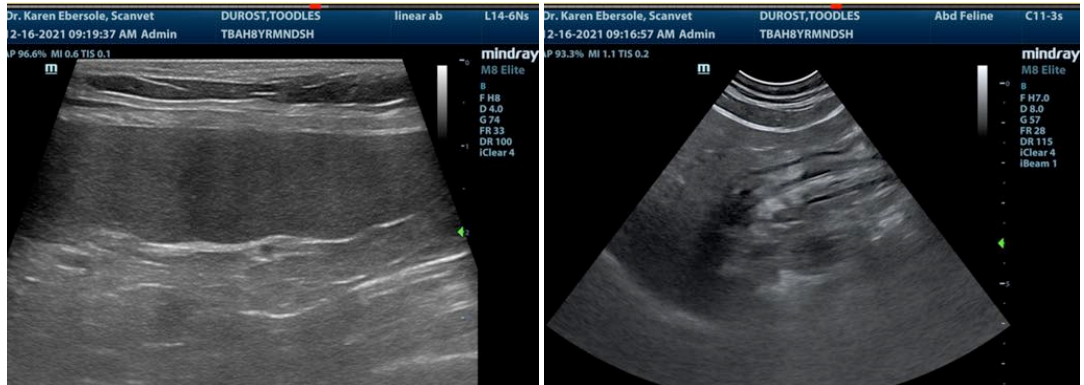
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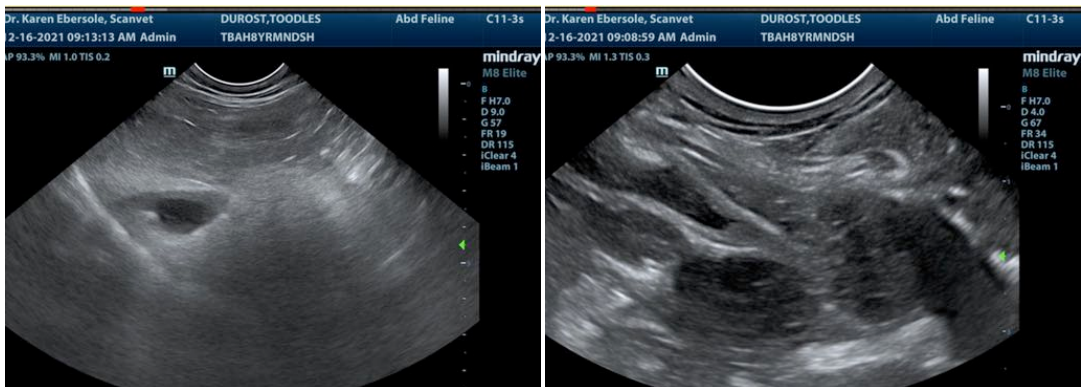
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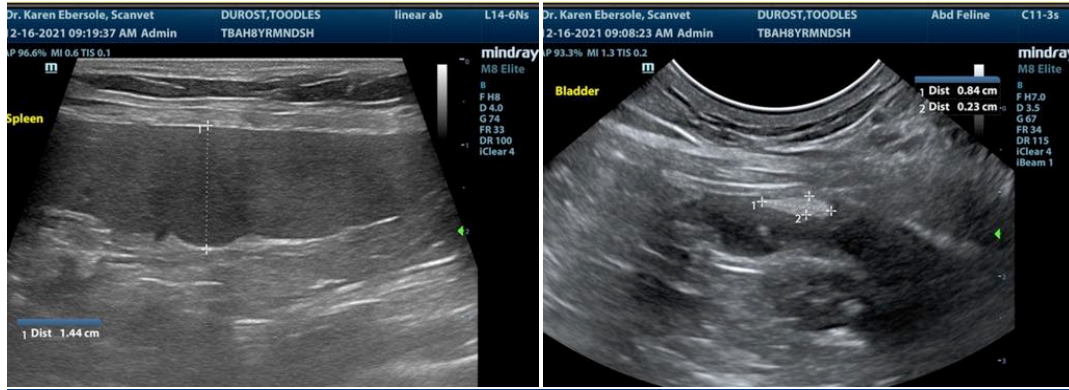
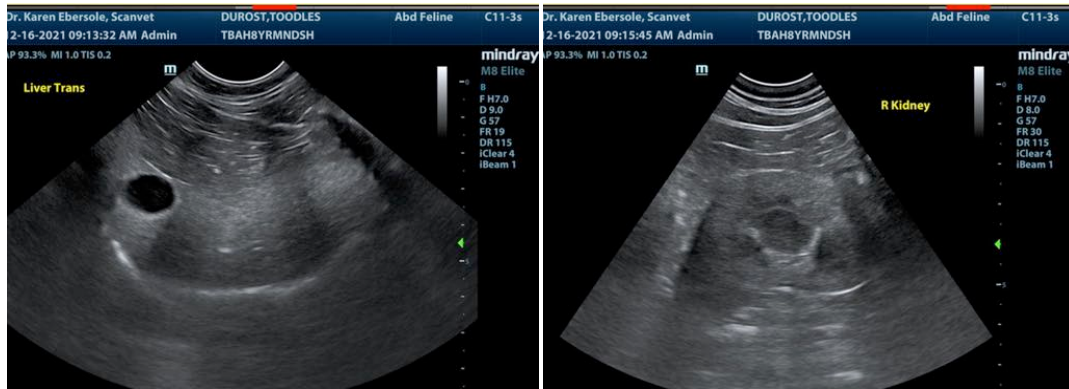
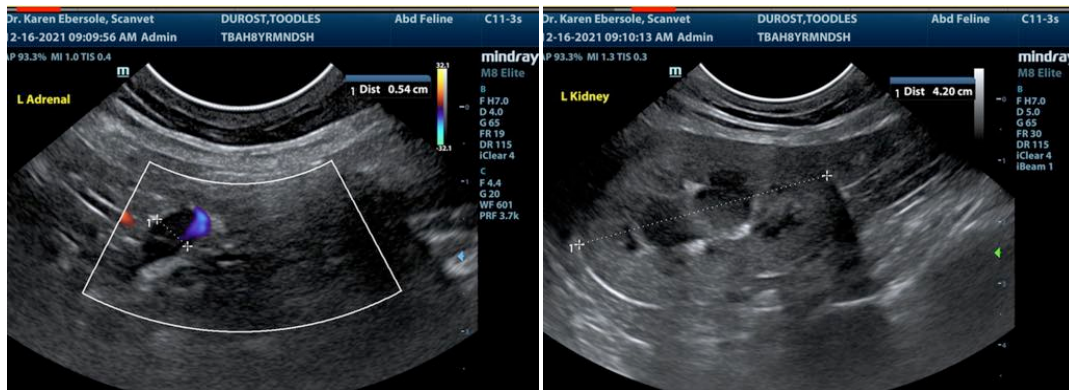
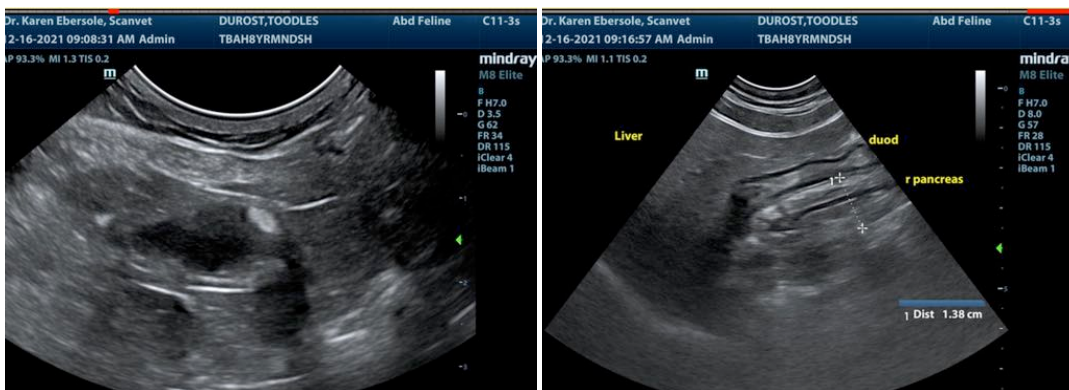
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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