



PATIENT PRESENTING CLINICAL SIGNS

Tyler Cutler Elevated liver enzymes. Chronic upper respiratory infections. Enlarged sub mand LN. Current meds: Azithromycin 20mg q 24hrs
SPECIES Abnormal PE/Chem/CBC/UA Results: T4 1.9, SDMA 14.7, ALT 385, AST 207, Glob 5.3, Amylase 1430 UA SG: 1.049

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Cortical infarct noted in the cranial pole of the left kidney. The left kidney measured 4.0 cm. The right kidney measured 4.1 cm.

AGE

15 Years

Adrenal Glands

WEIGHT

8.8 Pounds

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 right adrenal gland measured 0.33 cm. The left adrenal gland measured 0.43 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed a mixed hypoechoic 1.14 cm irregular and expansive nodule, moderately disruptive regarding normal architecture. The remainder of the spleen presented scalloping contour and heterogeneous micronodular changes.

IMAGING PERFORMED BY

Jessica Miller

Liver

The **liver** was enlarged with coarse architecture, irregular contour and increased portal markings. The gallbladder was unremarkable. The common bile duct was upper limits of normal at 4.0 mm.

HOSPITAL NAME

Whippany Vet Hospital

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

REFERRING VET

Dr. Smith

Pancreas

INVOICE

33789

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 and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

DATE

12/28/21



PATIENT

Tyler Cutler

ULTRASONOGRAPHIC FINDINGS

SPECIES

Feline

- Splenic nodule and generalized splenic enlargement
- Hepatic enlargement
- Moderate degenerative renal disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

FNA spleen and liver strongly encouraged in this patient. I'm very concerned for round cell neoplasia versus splenitis and reactive liver. Prognosis is guarded depending upon cytology results.

SEX

Neutered Male

AGE

15 Years

WEIGHT

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

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REFERRING VET

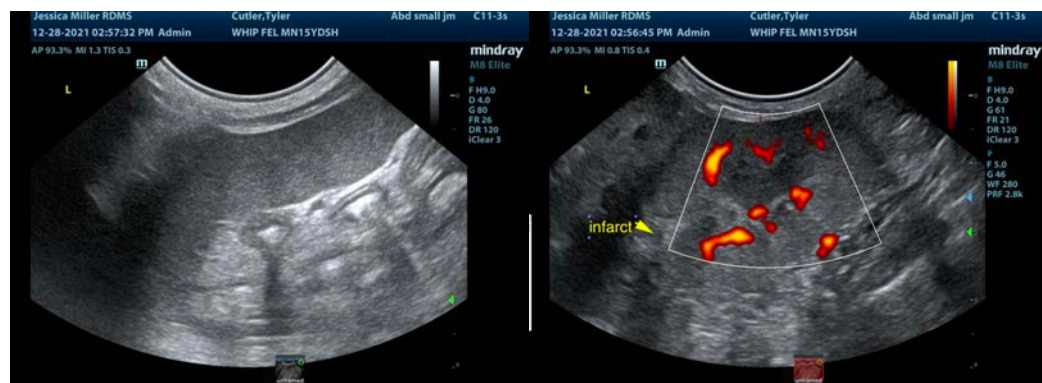
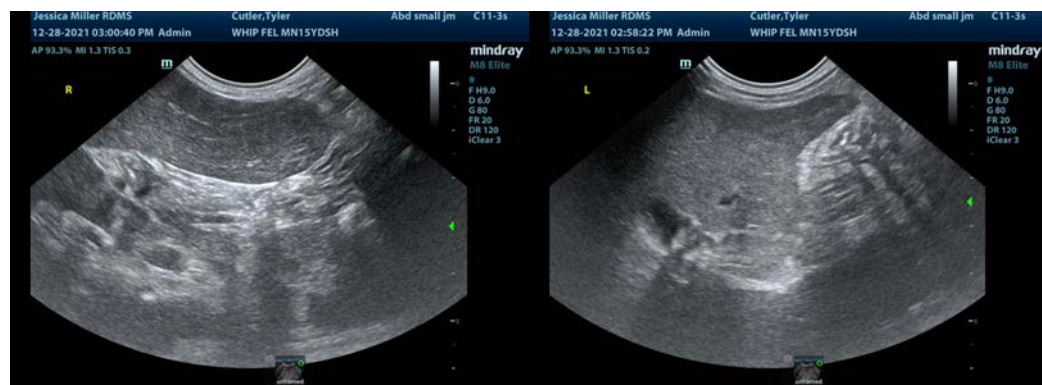
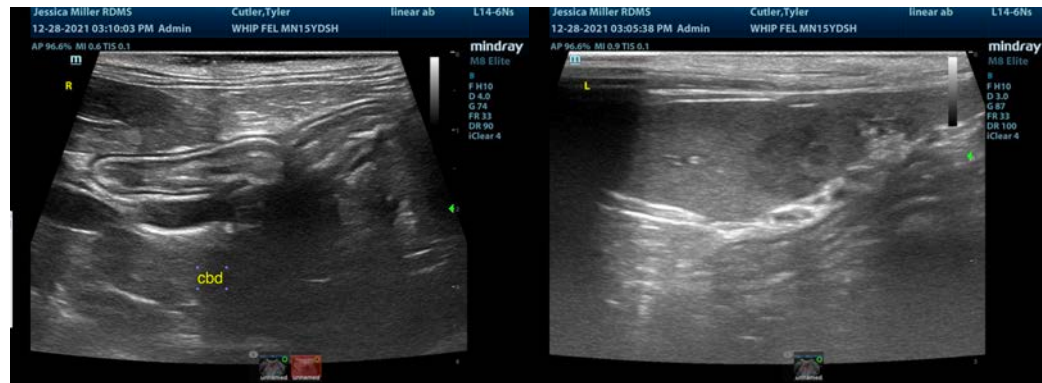
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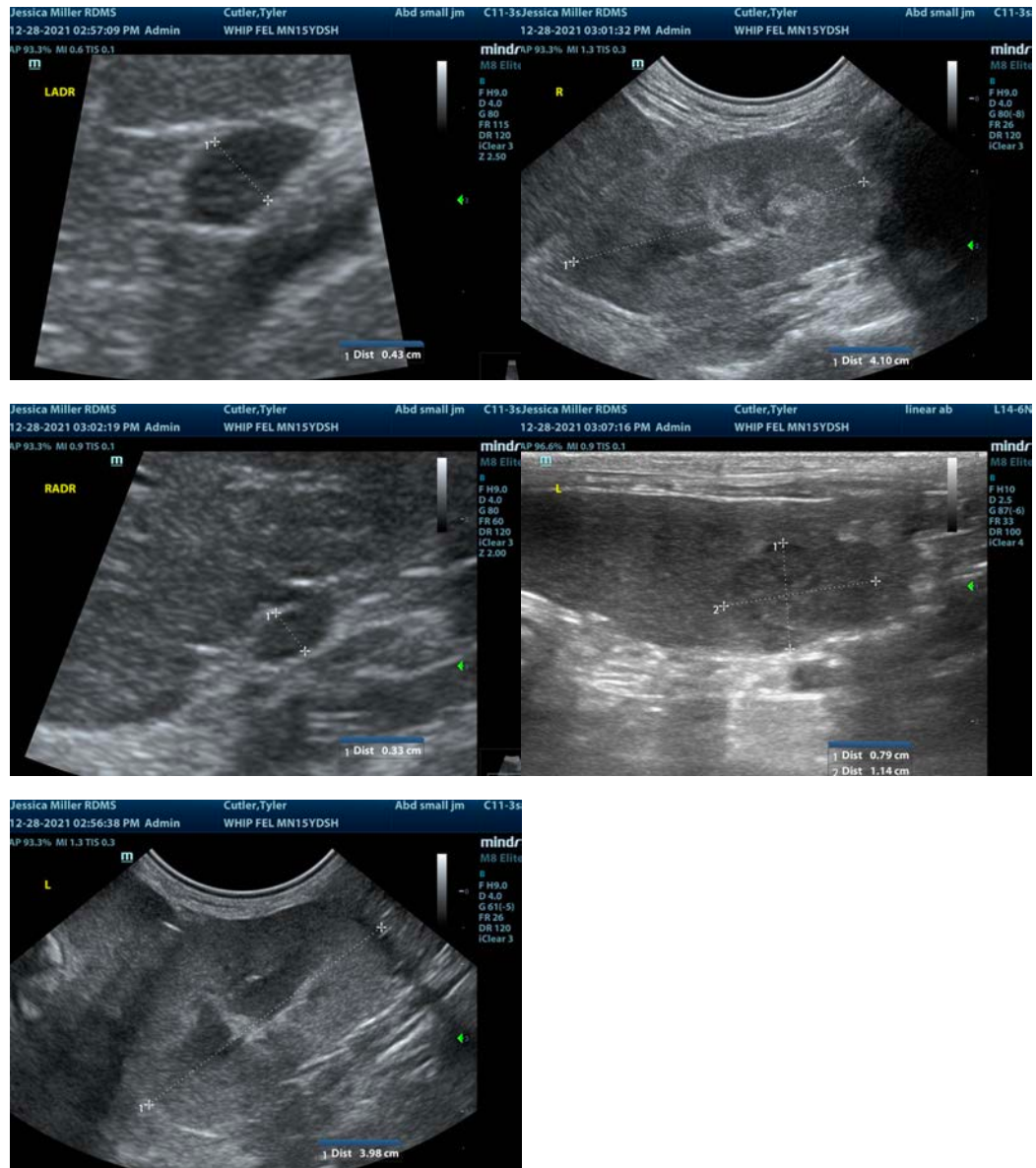
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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