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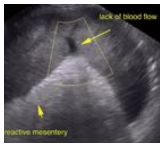
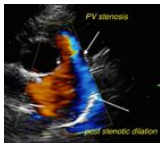
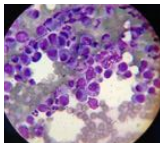
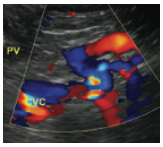

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1-800-838-4268 info@sonopath.com

PATIENT
Mason Wlaters

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
15 years

WEIGHT
14.1 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenny Parrish

HOSPITAL NAME
Local Mobile VS

REFERRING VET
Dr. Parrish

INVOICE
42868

DATE
2/16/23

PRESENTING CLINICAL SIGNS

History: splenectomy in 2020, cystotomy with stone removal 2020, after that this cat was diagnosed with diabetes and hyperthyroidism cat was referred for acute weight loss that is continuing and thyroid and diabetes are regulated

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 and no evidence of pelvic dilation was present. The left kidney measured 4.24 cm with trace pyelectasia. The right kidney 4.76 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 adrenal glands measured 0.4 cm.

Spleen

The region of the **splenic** fossa is unremarkable.

Liver

The **liver** revealed a hypoechoic nodule in the right medial liver measuring 2.4 cm with disruption of architecture. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

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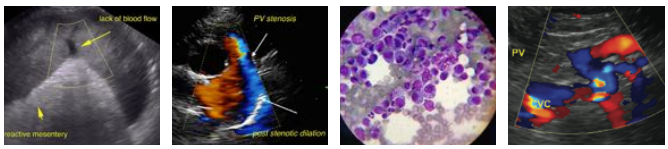

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Right medial liver nodule.

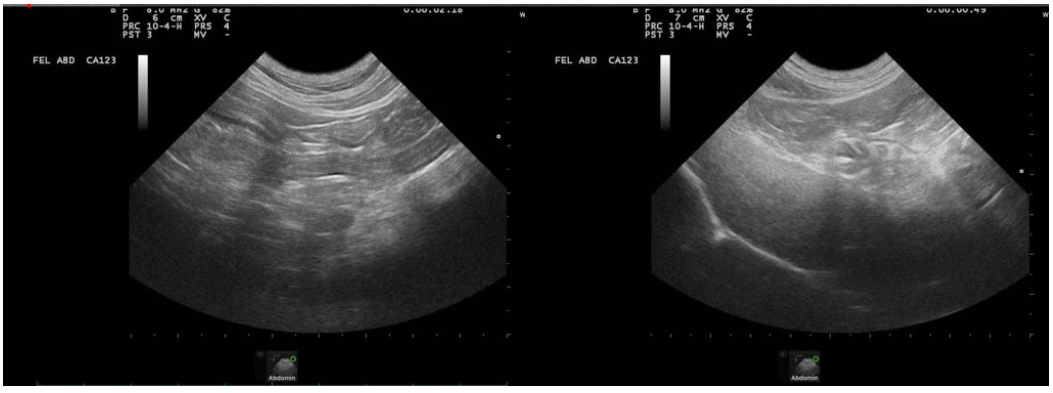
Minor intestinal thickening.

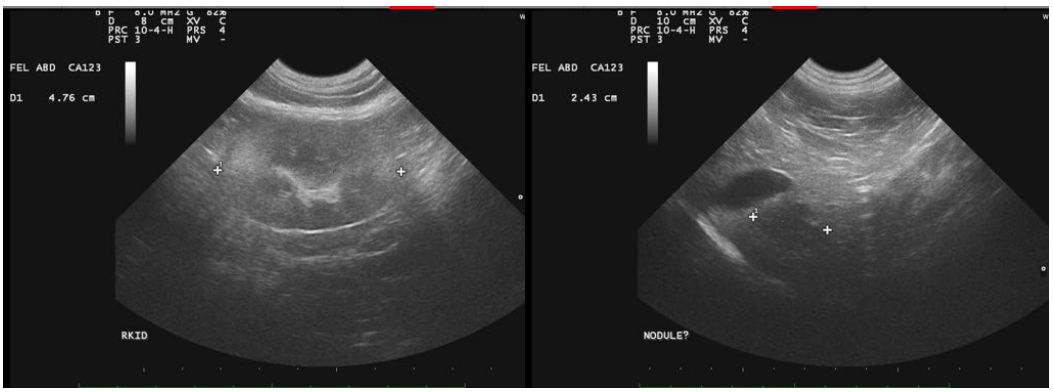
Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no return of prior splenic pathology within the splenic fossa; however, given the weight loss and the nodular change I am concerned for metastatic spread depending on the prior splenic histopathology. Right intercostal approach (SDEP 12) to FNA of the liver nodule would be ideal int his patient. Other cause of weight should be evaluated as well.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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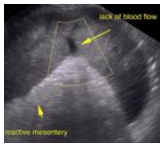
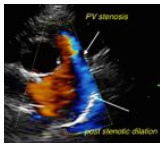
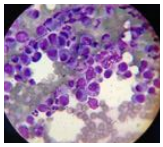
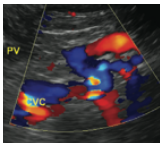

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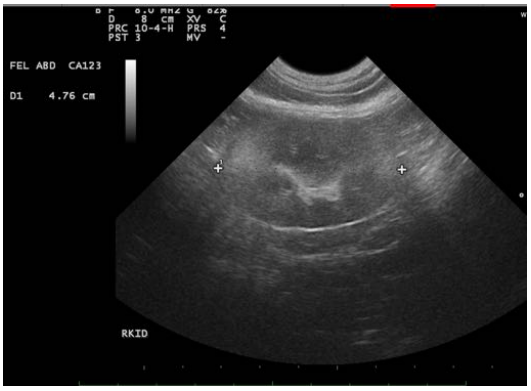

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com