



**PATIENT**

Ippo Velasquez

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

12.25 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Jagger

**HOSPITAL NAME**

VCA Parkway AH

**REFERRING VET**

Dr. Jagger

**INVOICE**

42547

**DATE**

2/2/23

**PRESENTING CLINICAL SIGNS**

History: A month after Depo Medrol injection cat wasn't eating and labs showed elevated BG and ALT. He was hospitalized and BG came down on its own, now getting mildly hypoglycemic (has libre sensor - around 45-65). Drooling, wt loss, poor appetite. ALT improved but Alk Phos slightly elevated and T.Bili elevated now. Feeding tube placed today and US images obtained.

**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. Minor mineralization was noted in the left kidney. The left kidney measured 4.0 cm. The right kidney measured 3.9 cm.

**Adrenal Glands**

The right **adrenal gland** was uniform and measured 0.27 cm. The left adrenal gland was flattened owing to Prednisone therapy.

**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 uniformly enlarged with uniform parenchyma. Mild, non-specific swelling was present. The gallbladder and common bile duct were unremarkable.

**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



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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***

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

Minor heterogenous pancreatic changes.  
Minor degenerative renal changes.

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Non-specific hepatic swelling. Hepatic lipidosis versus round cell neoplasia.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the bilirubin elevation coagulation panel and 25-gauge FNA of the liver is recommended. The cortisone treatment may be suppressing a more significant presentation. The prognosis is guarded.

**INTERPRETED BY**

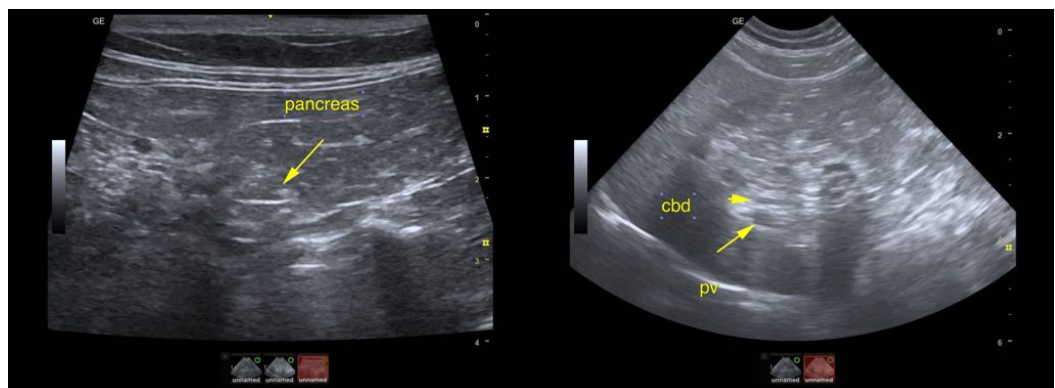
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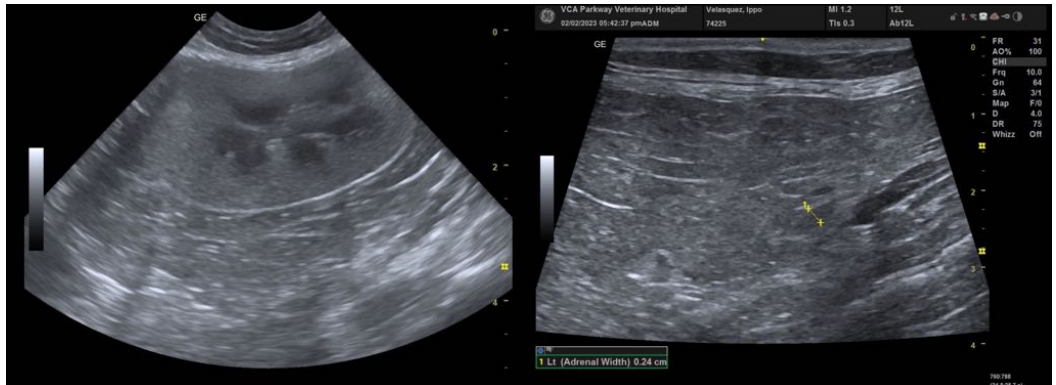
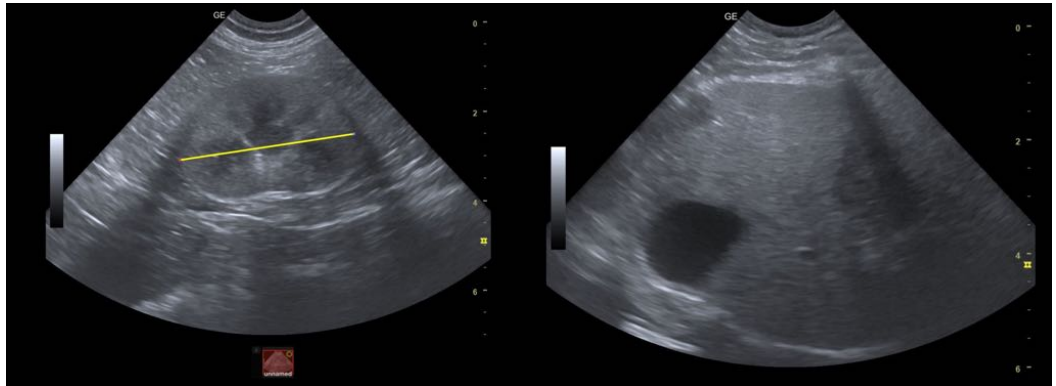
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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