



**PATIENT**

Simon McKinny

**PRESENTING CLINICAL SIGNS**

vomiting anorexia weight loss

**SPECIES**

Feline

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

**BREED**

DSH

**SEX**

Neutered Male

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 3.3 cm. The right kidney measured 3.1 cm.

**AGE**

14 Years

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**WEIGHT**

8.4 Pounds

**Spleen**

The **spleen** presented slight irregular contour, up to 1.2 cm in width.

**Liver**

The **liver** presented multifocal hyperechoic nodular changes, non-obstructive. Increased portal markings and coarse architecture noted elsewhere in the liver. The gallbladder and common bile duct were unremarkable.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Gastrointestinal**

The **stomach** revealed minor retention of chyme. The ingesta in the stomach presented minor shadowing, consistent with hairball accumulation. The distal small intestine in the caudal abdomen revealed intestinal thickening with an area of loss of mural detail just cranial to the urinary bladder, creating an intestinal mass. The mass measured 2.0 cm x 3.0 cm in length. Reactive mesentery noted.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

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

**REFERRING VET**

Dr. Maniar

**ULTRASONOGRAPHIC FINDINGS**

**INVOICE**

35856

- Distal small intestinal mass
- Hepatic remodeling with undefined nodules – nodular hyperplasia versus possibility of carcinoma.
- Irregular spleen

**DATE**

2/24/22



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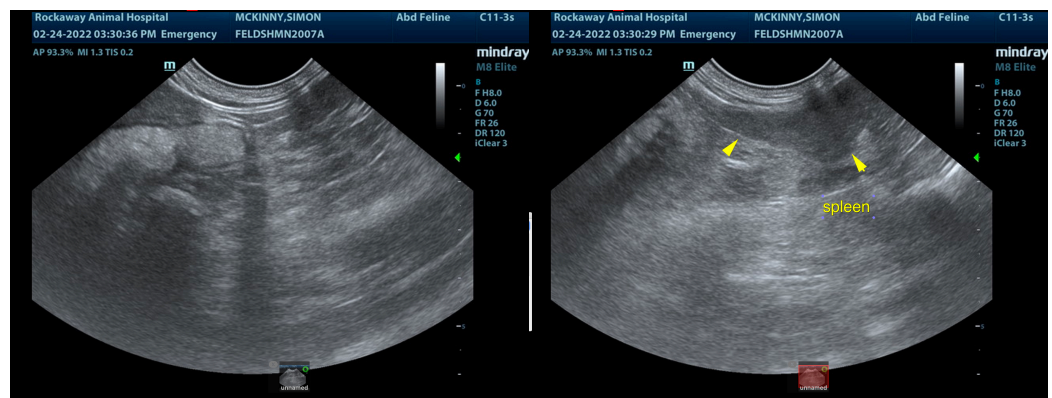
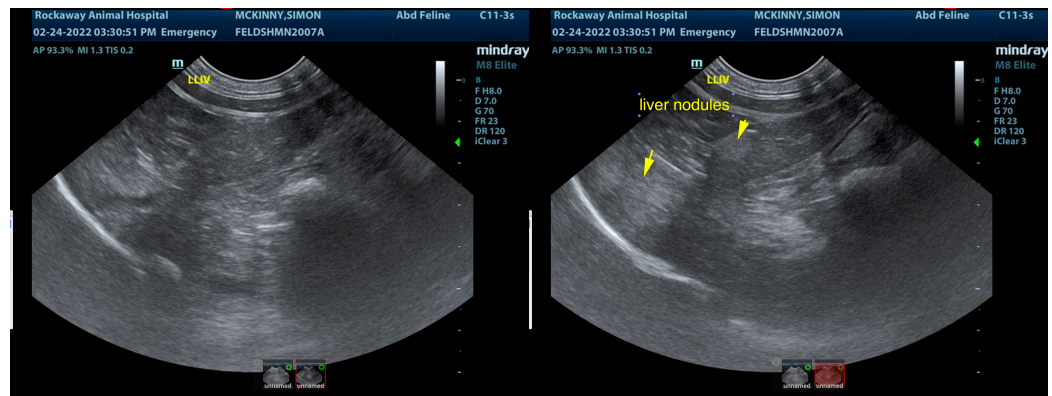
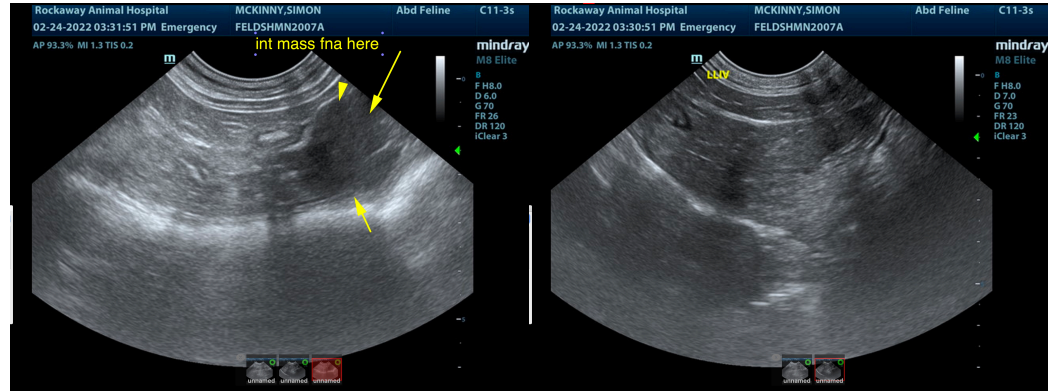
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA spleen, liver nodules and intestinal warranted for further definition, or direct exploratory surgery could be considered with expectation towards intestinal resection, splenectomy, liver inspection and biopsy. It is unlikely that the liver nodules are related to the intestinal +/- splenic pathology. However, cannot rule it out without FNA.





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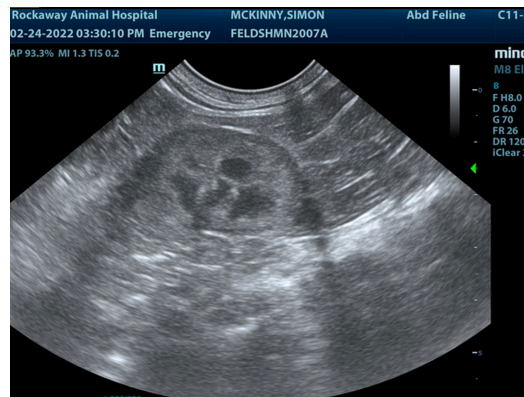
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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