



PATIENT

Bandit Humenski

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

16 years

WEIGHT

5.47 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. White

INVOICE

42961

DATE

2/24/23

PRESENTING CLINICAL SIGNS

History: Chronic GI signs - picky eating, vomiting. Stage 2 renal disease, blood pressure - 140. Poorly controlled hyperthyroidism

Abnormal PE/Chem/CBC/UA Results: SDMA- 11.7 T4- 4.5 BUN-42 Creat.-2.5

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 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. Multiple cortical infarcts were noted. The right kidney measured 3.17 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.

Spleen

The **spleen** revealed hyperechoic lipogranulomatous change and mild uniform enlargement. The spleen measured 1.4 cm. The spleen had scalloping contour.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Multi-focal, hyperechoic microgranulomas were noted. Right medial liver revealed a hyperechoic, microcystic nodule that measured 2.0 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



PATIENT

Bandit Humenski

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

16 years

WEIGHT

5.47 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. White

INVOICE

42961

DATE

2/24/23

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD. The abdominal lymph nodes are enlarged and rounded measuring up to 1.5 cm.

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. Ill-defined, pericapsular changes were noted along the left limb. 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.

ULTRASONOGRAPHIC FINDINGS

Diffuse intestinal thickening with regional lymphadenopathy.

Chronic pancreatic changes with irregular contour and inflammatory pattern.

Enlarged spleen with lipogranulomas. Reactive spleen versus round cell neoplasia.

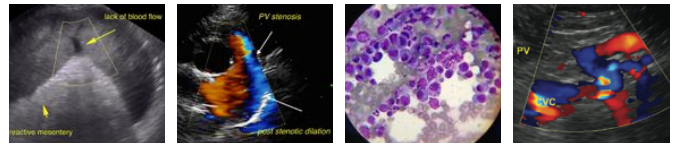
Right medial liver revealed a hyperechoic, microcystic nodule that measured 2.0 cm.

Biliary cystadenoma, likely benign.

Moderate degenerative renal changes with infarcts, do not appear end stage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No intestinal neoplastic criteria was noted. I suspect pre renal and renal issues in this patient. Pre-renal by pancreatic and intestinal inflammation/pathology. There is a minor potential for underlying round cell neoplasia. FNA of the spleen and lymph nodes is indicated. 72- hour IV fluid protocol is indicated to treat the azotemia.



PATIENT

Bandit Humenski

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

16 years

WEIGHT

5.47 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

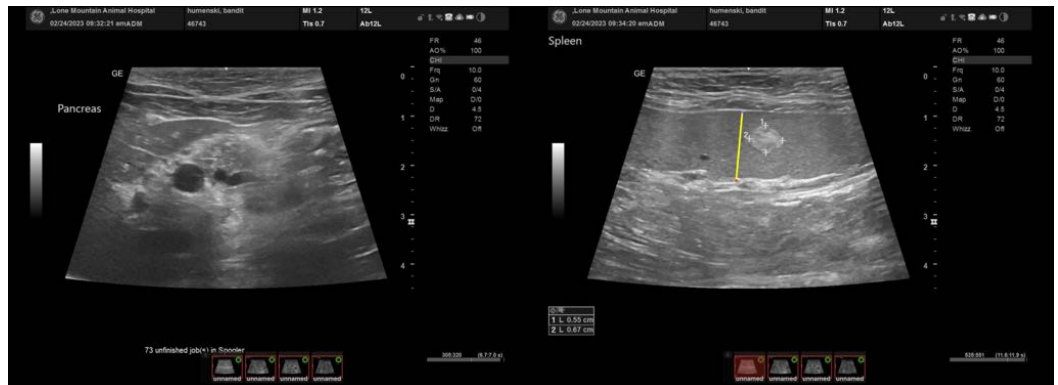
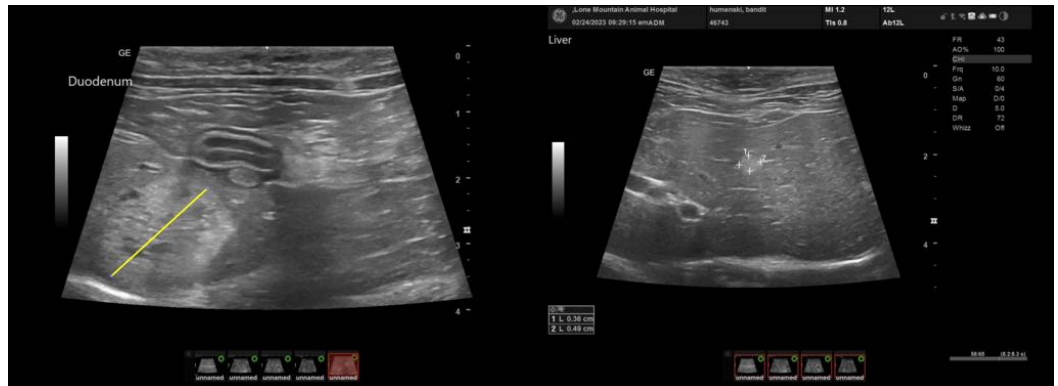
Dr. White

INVOICE

42961

DATE

2/24/23





PATIENT

Bandit Humenski

SPECIES

Feline

BREED

Domestic Longhair

SEX

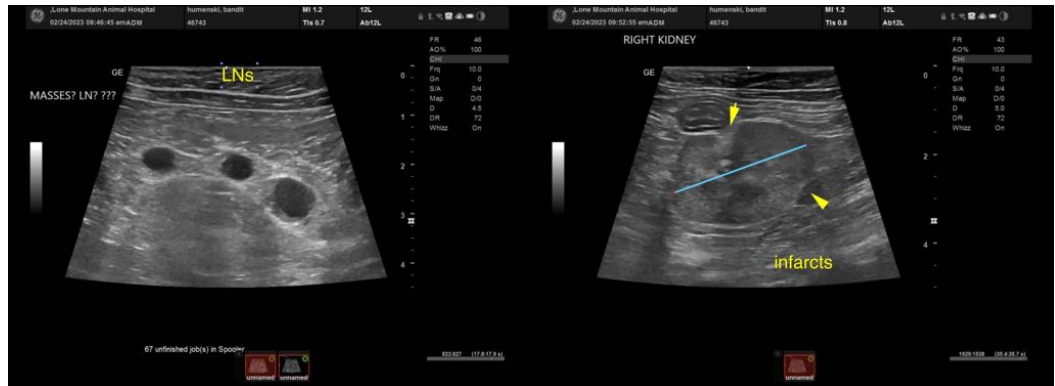
Neutered male

AGE

16 years

WEIGHT

5.47 kg



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. White

INVOICE

42961

DATE

2/24/23

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