



PATIENT

McCubbins Mink

PRESENTING CLINICAL SIGNS

Weight loss, hyporexia, constipation. Radiopaque mass like lesion cranial abdomen +/- gallstone. Abnormal PE/Chem/CBC/UA Results: Normal T4 normal

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DLH

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.

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 3.22 cm. The right kidney measured 3.55 cm.

AGE

11 Years

Adrenal Glands

WEIGHT

9.6 Pounds

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

Spleen

INTERPRETED BY

Eric Lindquist, DMV

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 were noted.

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Shari Reffi, CVT

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed a 1.14 cm x 0.74 cm coalescing portion of bile, considered precursor to gallbladder to calculus, non-obstructive and stable.

HOSPITAL NAME

American AH

Gastrointestinal

REFERRING VET

Dr. Arculli

The **stomach** was filled with progressively shadowing and distinctly shadowing material, consistent with hairball accumulation. This may be medically manageable. However, it may necessitate gastrotomy and evacuation of the stomach depending upon response to therapy. The pylorus was patent. No overt obstructive pattern.

INVOICE

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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.

DATE

2/28/22



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Free Abdomen

McCubbins Mink

Bates body was noted in the caudal abdomen measuring approximately 1.5 cm in the sublumbar fat, not pathological.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Soft to progressively distinct shadowing pyloric and gastric material with structurally normal pylorus – suspect hairball accumulation.
- Age related abdominal changes with coalesced gallbladder debris – precursor to stone formation.

BREED

DLH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

The GI signs can be justified by the overdistention of the stomach and hairball type presentation. Medical management for gastric hairballs could be considered. Recheck sonogram in 3 weeks. Maldigestion panel warranted. No evidence of neoplasia. Full CNS and thoracic examination warranted to assess for other causes of weight loss. However, hyporexia owing to gastric hairball accumulation may be an issue in this patient.

AGE

11 Years

WEIGHT

9.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

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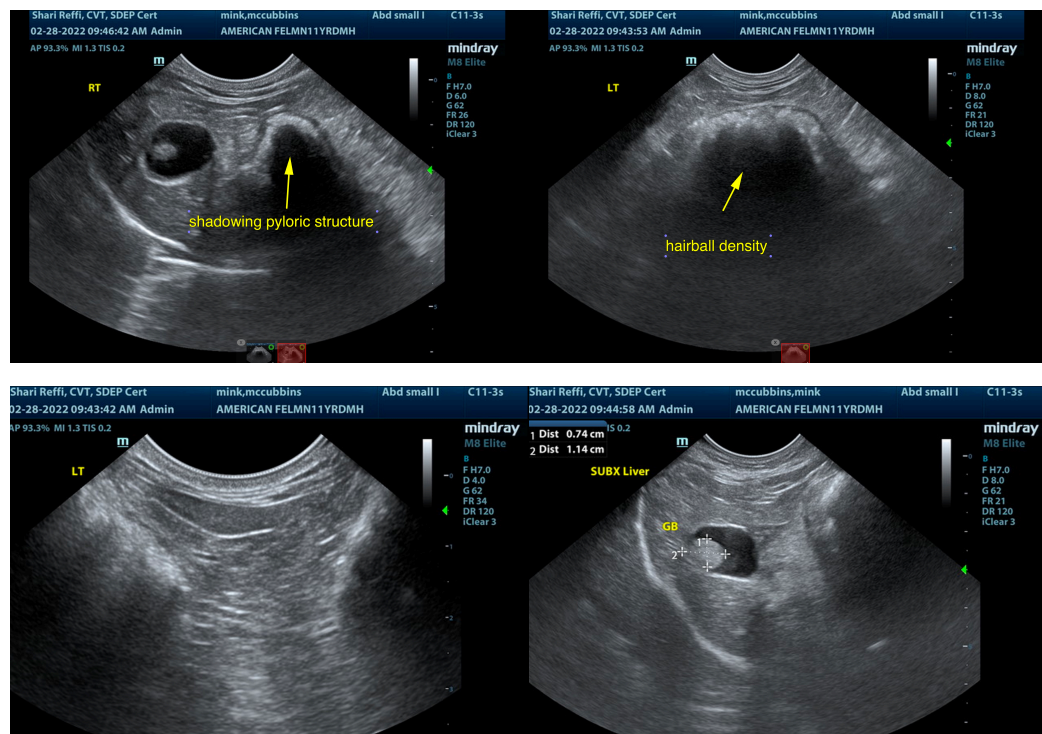
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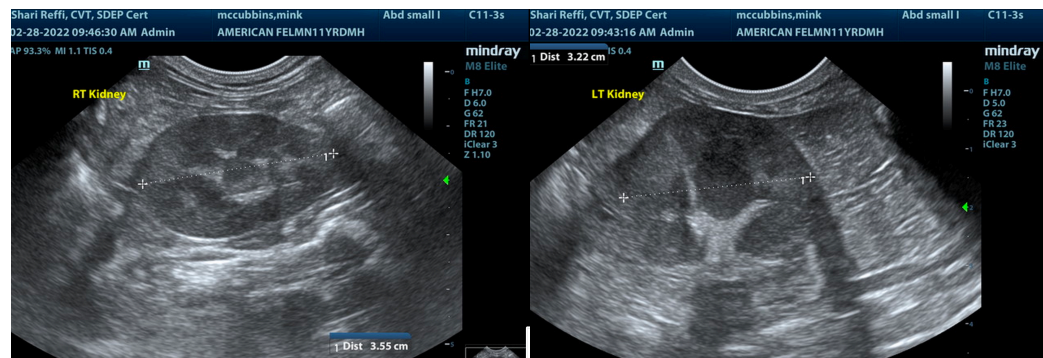
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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