

**PATIENT**

Smokey Petrecz

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

13.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Arms

**HOSPITAL NAME**

Gilbertsville VH

**REFERRING VET**

Dr. Arms

**INVOICE**

42628

**DATE**

2/7/23

**PRESENTING CLINICAL SIGNS**

History: anorexia/hyporexia, unexplained weight loss  
Abnormal PE/Chem/CBC/UA Results: Moderate neutrophilia with no bands. T4 7.5 on methimazole. Rads gastric mass and hepatomegaly. History of chronic kidney changes on labwork. low dose nsaid for DJD.

**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 4.14 cm. The right kidney measured 4.3 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 left adrenal gland measured 0.53 cm.

**Spleen**

The **spleen** revealed mixed, heterogenous, hypoechoic nodular changes with occasional, hyperechoic, lipogranulomatous change. The spleen was normal in width at 0.7 cm.

**Liver**

The **liver** revealed mild, heterogenous parenchymal changes with increased portal markings. Undefined nodular changes were noted. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. Mild chronic increased submucosa echogenicity was noted without evidence of obstruction. No evidence of pathology. Small and large intestine 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. 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**

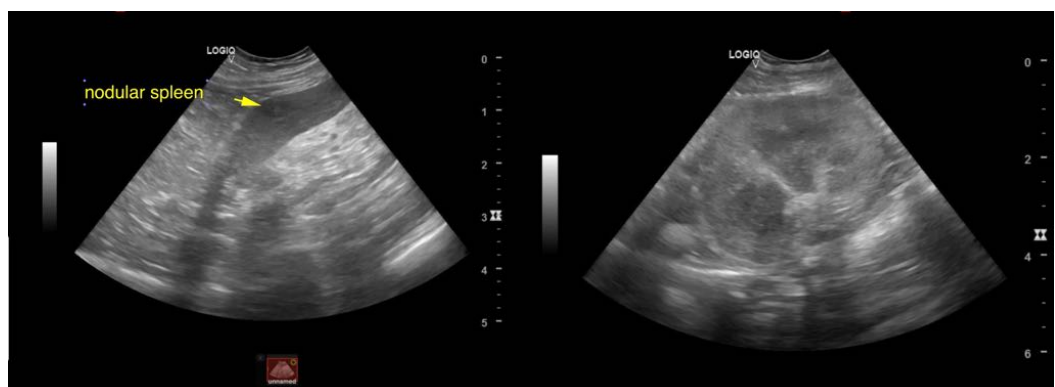
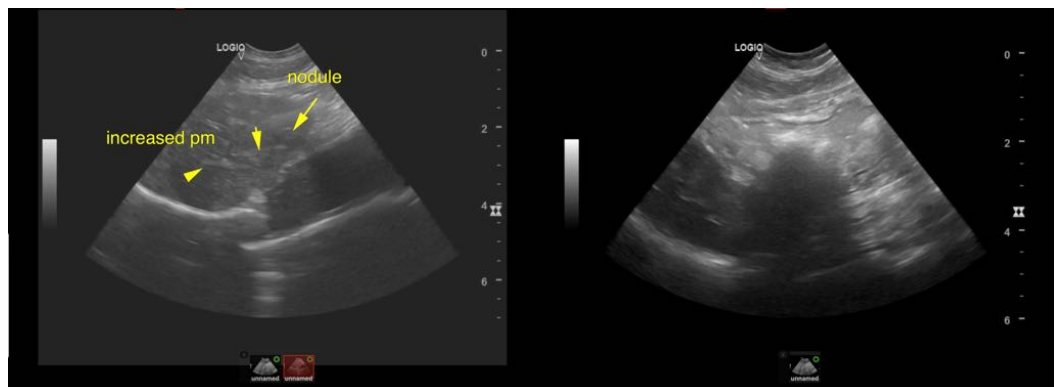
Age related renal changes.

Undefined nodular splenic and hepatic changes.

Delayed outflow gastric pattern with full stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Splenic and hepatic remodeling versus emerging round cell neoplasia is possible. Screening FNA of the spleen and liver is recommended to ensure that neoplasia is not an issue. 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. Prognosis is guarded depending on cytology results.





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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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