



**PATIENT PRESENTING CLINICAL SIGNS**

Rory Beausoleil Presented for inappetence that began yesterday (owner suspects likely a gradual decline in appetite prior to that, but has been very busy at work and isn't quite sure) and lethargy. PE: painful cranial abdomen, jaundice, unkempt

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED *Urinary System***

DSH

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.

**SEX**

Neutered Male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.1 cm. A cranial infarct was noted at the cranial pole of the right kidney with cortical collapse. No evidence of active inflammation. The infarct is likely from prior insult. The right kidney measured 3.6 cm. Blood flow to the kidneys was subnormal on power doppler assessment.

**AGE**

11 Years

**WEIGHT**

12.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

***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 right adrenal gland measured 0.40 cm. The left adrenal gland measured 0.52 cm.

**IMAGING PERFORMED BY**

Sara Hansen

***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 were noted.

**HOSPITAL NAME**

VCA Salem AH

***Liver***

**REFERRING VET**

Dr. Kaiser

The **liver** presented multifocal hypoechoic nodular changes, deviating the gallbladder caudally. The nodules were multifocal, hypoechoic and mildly disruptive. Mild increased portal markings noted elsewhere in the liver. Irregular contour to the liver noted as well.

**INVOICE**

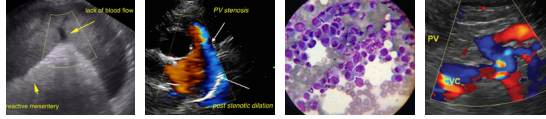
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***Gastrointestinal***

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**DATE**

2/8/22



**PATIENT** *Pancreas*

Rory Beausoleil

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.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Undefined hepatic nodular changes with mild mass effect upon the gallbladder
- Moderate chronic degenerative renal changes with right renal infarct

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Strong concern for hepatic round cell neoplasia. Potential for abscessation/suppurative hepatitis less likely.

Neutered Male

**AGE**

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**WEIGHT**

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**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Salem AH

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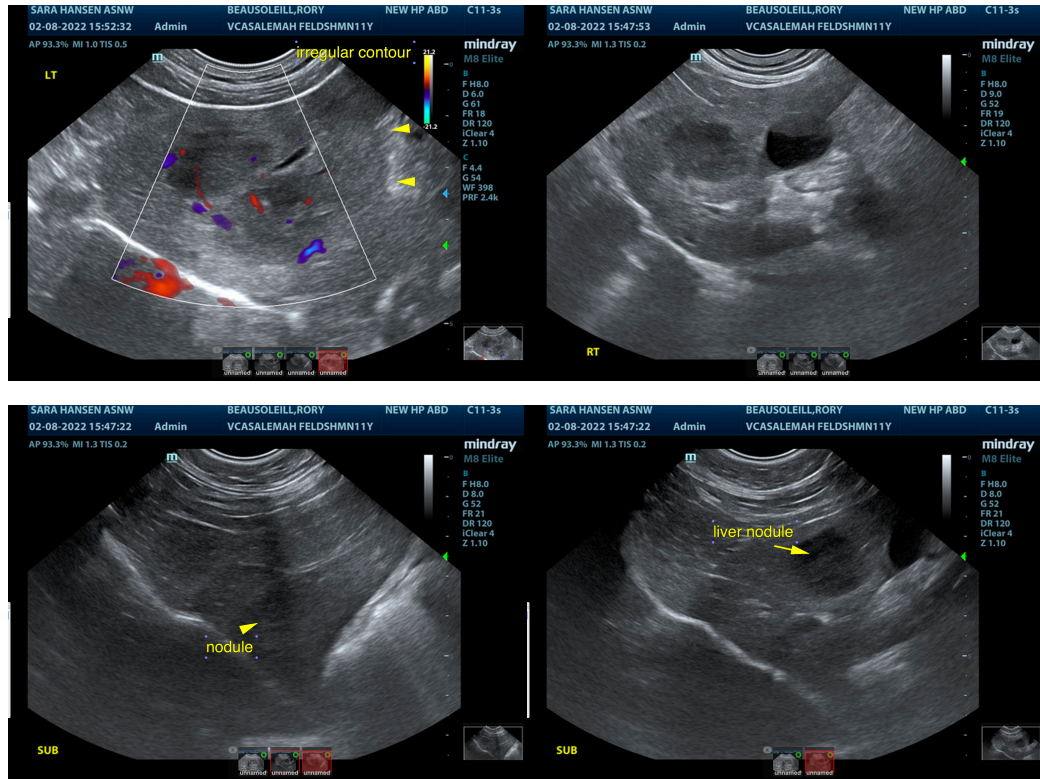
Dr. Kaiser

**INVOICE**

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**DATE**

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**PATIENT**

Rory Beausoleil

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

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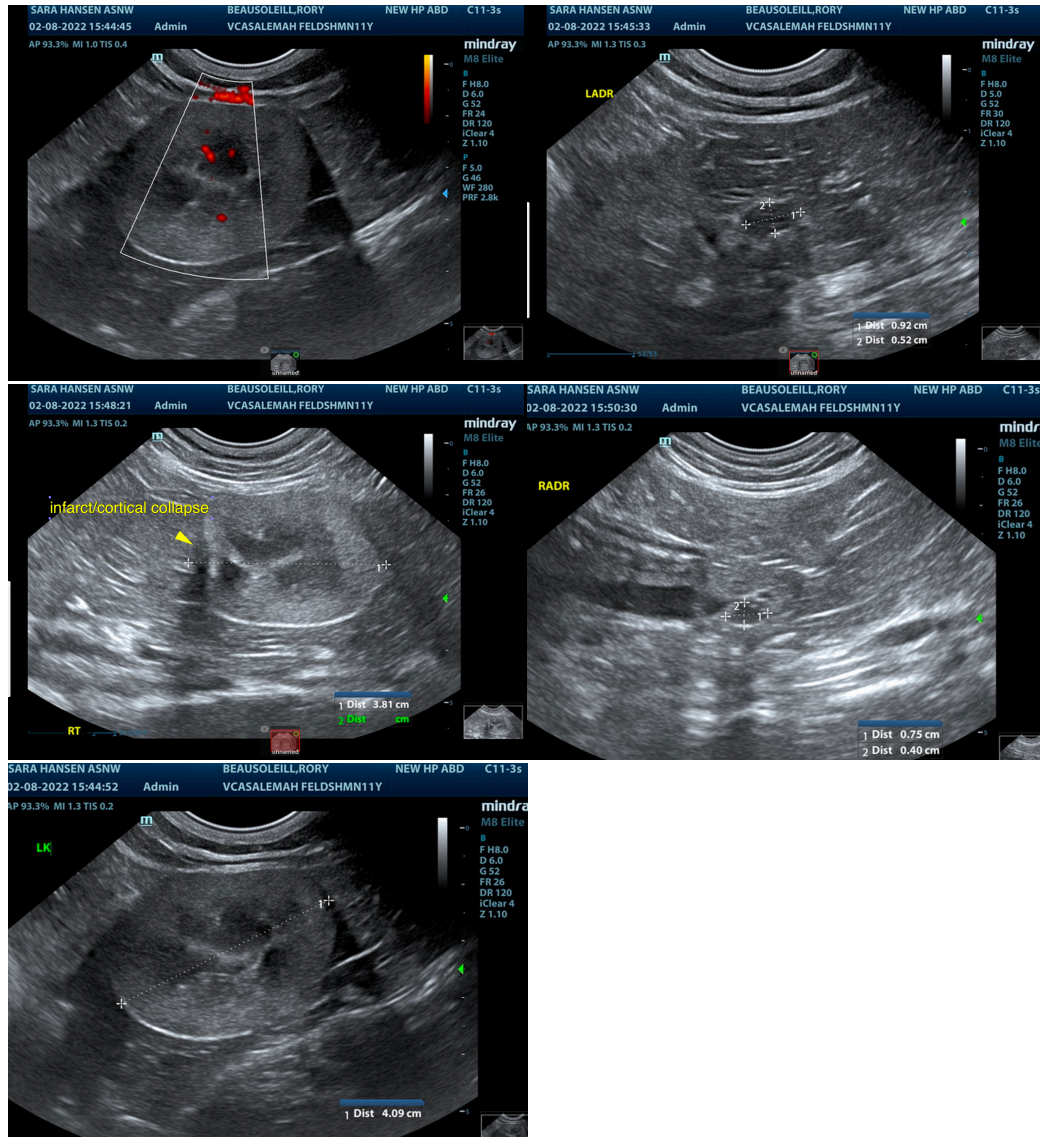
Dr. Kaiser

**INVOICE**

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**DATE**

2/8/22



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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