



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Cole Lindsey  
**SPECIES** Feline  
**BREED** Domestic Shorthair  
**SEX** Neutered male  
**AGE** 13 years  
**WEIGHT** 3.26 lbs

Indoor patient only, up to date on vaccines, healthy in general. Presented because of 2 day history of not eating. No previous medical issues. Weight loss over the last few months.  
 Abnormal PE/Chem/CBC/UA Results: Physical exam: poor body condition , 5% dehydration, 204 fracture, suspect retained root and severe gingival inflammation around 204. ALT: 232 (0-100) ALP: 117 (0-90) CBC: WNL T4: WNL

**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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.1 cm. The right kidney measured 3.48 cm.

**Adrenal Glands**

The left **adrenal gland** was uniform and measured 0.4 cm.

**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 was noted.

**Liver**

The **liver** revealed mixed, hypoechoic masses in the left cranial liver and caudal left liver as well as heterogenous changes elsewhere. The gallbladder was unremarkable. The common bile duct was unremarkable.

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Cordon

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Cordon

**INVOICE**

96463

**DATE**

3/1/22



**PATIENT**

**Pancreas**

Cole Lindsey

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

**SPECIES**

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**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

Left cranial liver mass and heterogenous parenchymal changes.

**SEX**

Neutered male

Otherwise, geriatric abdomen with heterogenous pancreatic changes.

**AGE**

13 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

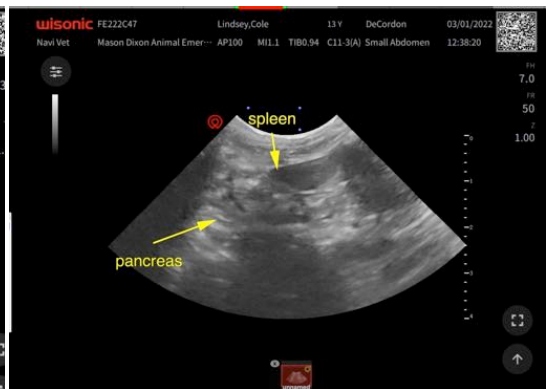
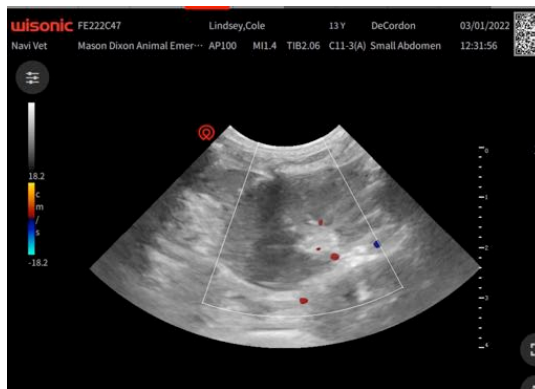
Ultrasound-guided FNA of the liver is warranted. Hepatic lymphoma, pronounced, hyperplasia and abscessation is all possible for the hepatic mass. This may not be neoplastic. However, FNA is strongly recommended for a definitive diagnosis.

**WEIGHT**

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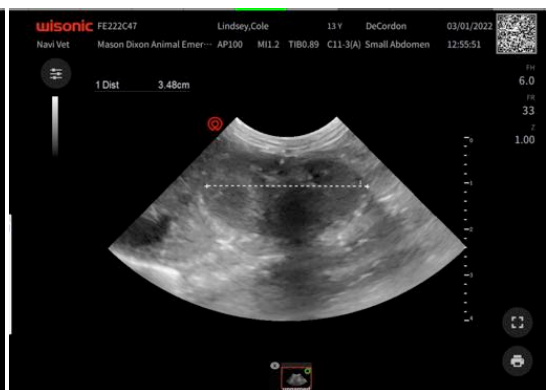
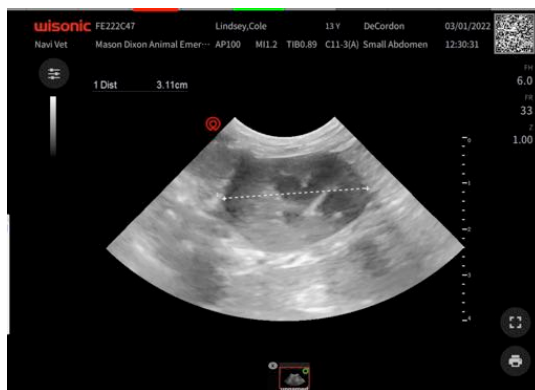


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**SEX**

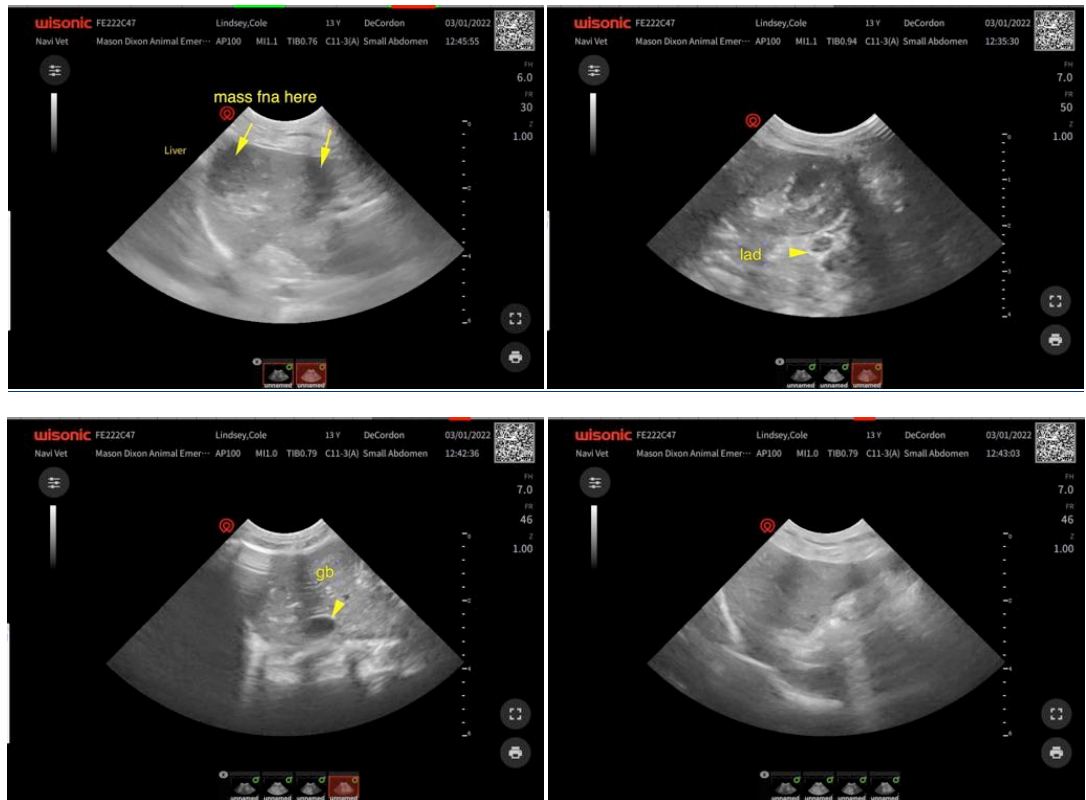
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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