**PATIENT**

Chuck Robinson

PRESENTING CLINICAL SIGNS

Decreased appetite, painful

Abnormal PE/Chem/CBC/UA Results: Significantly increased liver values

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

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** 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. The right kidney measured 4.13 cm. The left kidney measured 3.79 cm.

AGE

8 Years

Adrenal Glands**WEIGHT**

8.7 Pounds

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 0.43 cm. The right adrenal gland measured 0.46 cm.

Spleen**INTERPRETED BY**

Eric Lindquist, DMV

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

DABVP, Cert. IVUSS

Liver**IMAGING PERFORMED BY**

Sarah Pender, CVT

The **liver** was swollen and hypoechoic to falciform fat. The gallbladder was unremarkable. No evidence of post-hepatic obstruction.**Gastrointestinal****HOSPITAL NAME**

SVS Imaging QC

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.

Pancreas**REFERRING VET**

Dr. Narske

Heterogeneous **pancreatic** changes noted.**Free Abdomen**

Both pleural effusion and ascites present with reactive mesentery.

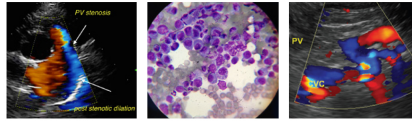
INVOICE

36113

ULTRASONOGRAPHIC FINDINGS**DATE**

3/11/22

- Non-specific hepatic enlargement
- Enlarged, irregular pancreas
- Free fluid and enhanced mesentery
- Pleural effusion



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HOSPITAL NAME

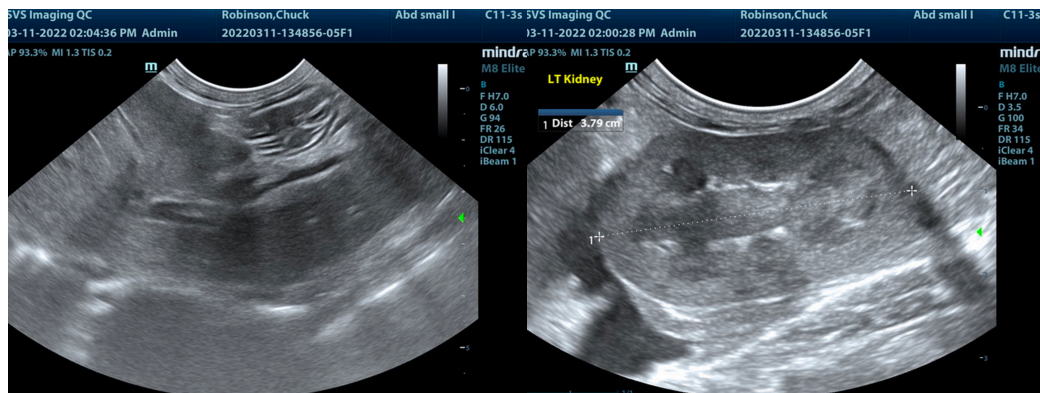
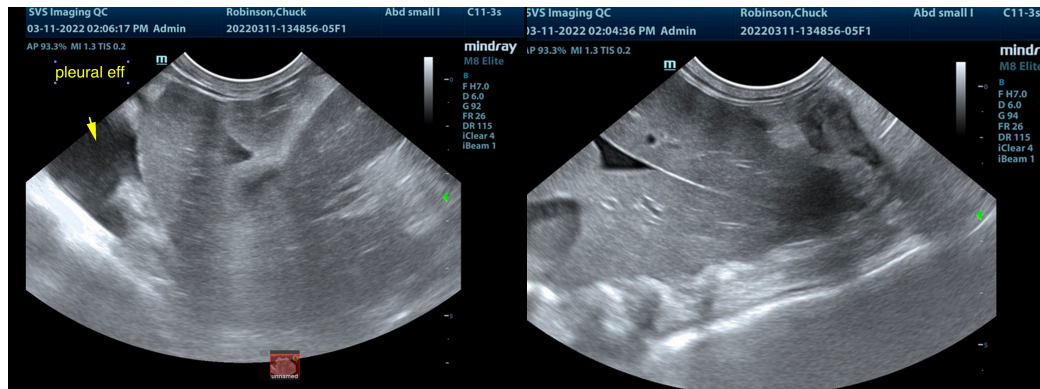
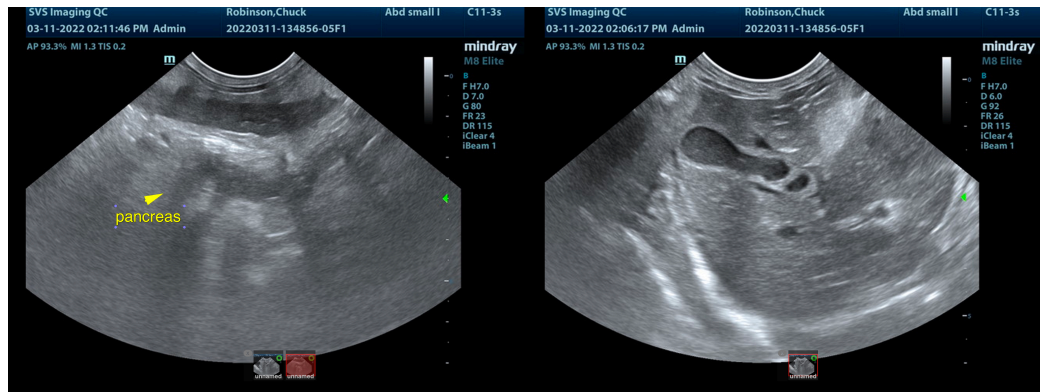
SVS Imaging QC

REFERRING VET

Dr. Narske

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for lymphomatosis, carcinomatosis, mastocytosis or similar. FNA of the spleen and liver recommended as well as abdominocentesis and pleurocentesis with cytospin to assess for underlying neoplasia. Depending upon fluid analysis results, exploratory surgery may be necessary if the abdomen is septic. However, no overt evidence of organ perforation present. Pancreatitis and secondary effusion and hepatitis versus round cell neoplasia/mastocytosis, lymphomatosis or similar.

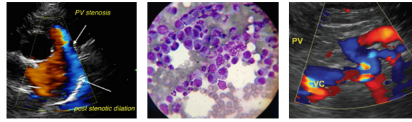
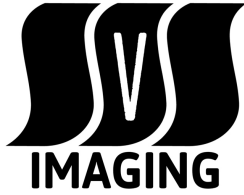


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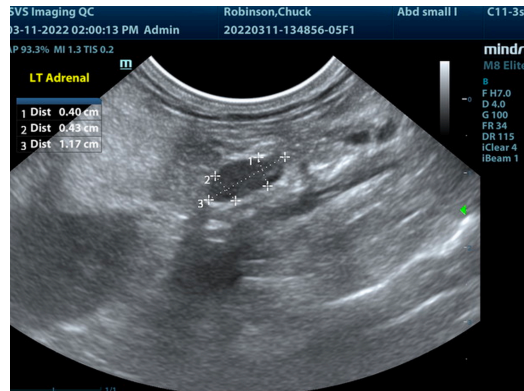
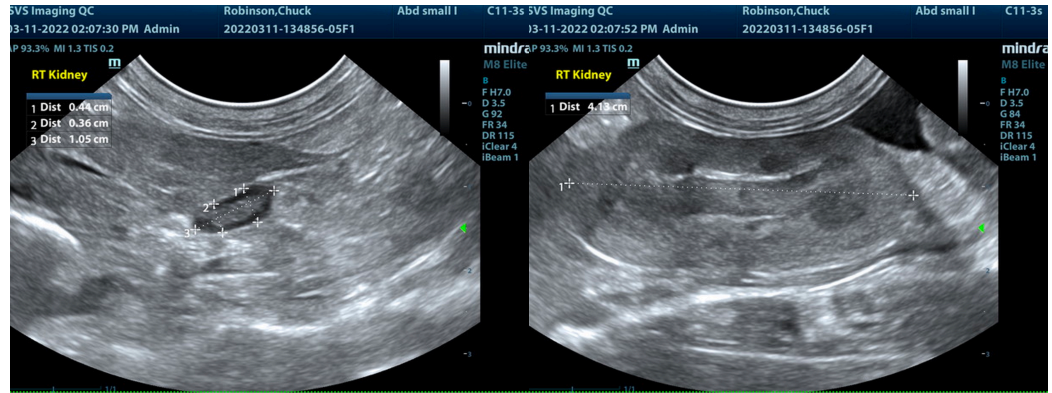
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com