



PATIENT

Yuki Kim

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

9.7

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Vogel

INVOICE

21559

DATE

3/11/23

PRESENTING CLINICAL SIGNS

History: Increased drinking and increased urination, poor appetite even when first diagnosed with hyperthyroidism 8 months ago. On Tapazole 1.25mg PO BID, Mirtazapine 1.875mg PO q 3 days.

Abnormal PE/Chem/CBC/UA Results: TT4 recently 6.6 but patient did not get tapazole the night before the blood draw. USG 1.014 from cysto mid-morning sample.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed mild degenerative changes. Cortical medullary and pelvic mineralizations were noted. The left kidney measured 3.0 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evidence of pathology.

Spleen

The **spleen** revealed multifocal hyperechoic lipogranulomatous changes.

Liver

A large anechoic cyst was noted in the left cranial **liver**, measuring 3.2 cm x 4.8 cm. The remainder of the liver was unremarkable and uniform. The gallbladder and common bile duct were unremarkable.

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.

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.

Free Abdomen

A mildly enlarged hypoechoic **lymph node** was noted in the mesenteric root. The lymph node appeared cystic. Some inflammation was noted.

ULTRASONOGRAPHIC FINDINGS

- Large left liver cyst, appears benign (but space occupying)
- Lipogranulomatous splenic changes



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- Inflamed mesenteric lymph node
- Age-related renal changes with mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the lymph node, there is a mild potential for underlying neoplasia, yet this is most likely lymphadenitis. Broad spectrum antibiotic protocol could be considered. Ultrasound guided drainage of the hepatic cyst and FNA of the mesenteric lymph node with cytology and culture would be appropriate. Supportive care is warranted otherwise.

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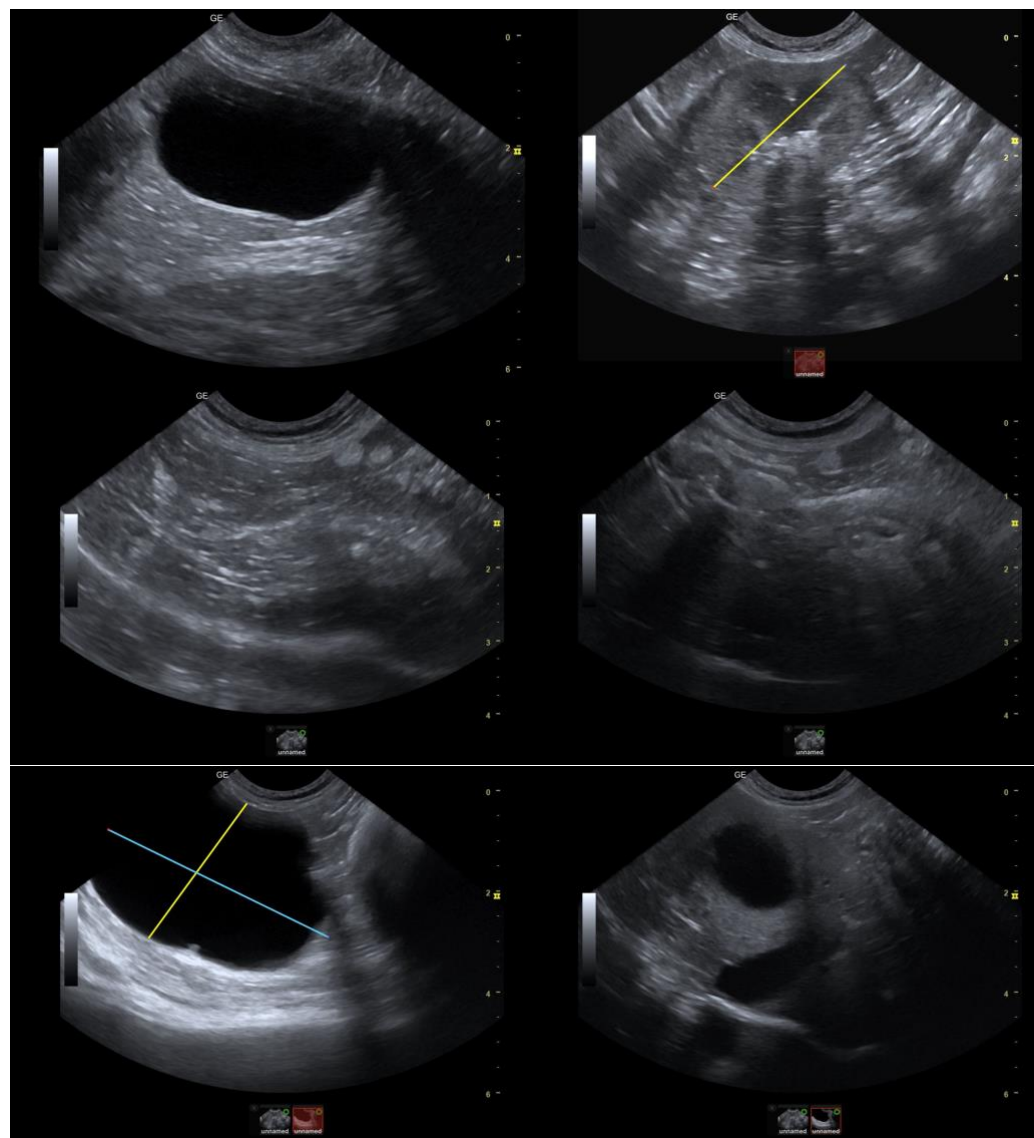
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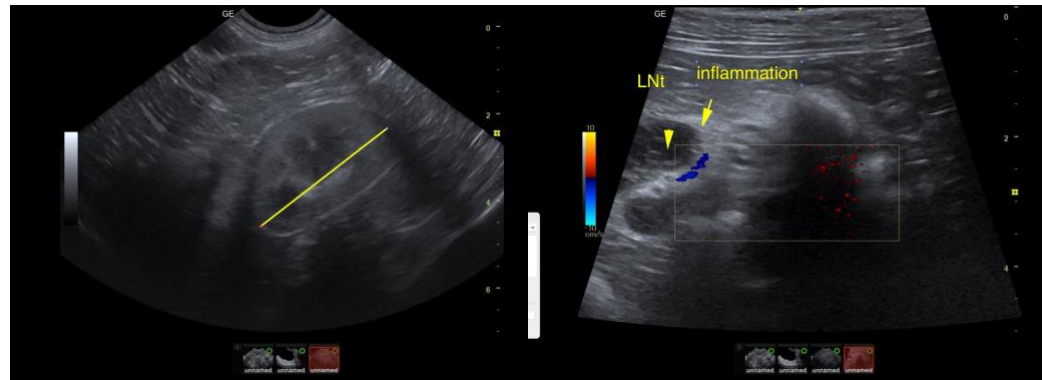
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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