



PATIENT PRESENTING CLINICAL SIGNS

Freddy Howell

History: possible abdominal mass, wt loss, anorexia, vomiting, diarrhea; new 1/6 murmur. Finished baytril and metronidazole; convenia 3/1
Abnormal PE/Chem/CBC/UA Results: elevated WBC with neutrophilia; not anemic

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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.

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 4.14 cm. The right kidney measured 4.48 cm.

AGE

10 years

WEIGHT

9.8 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING

PERFORMED BY

Diane McFadden, RVT

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.

HOSPITAL NAME

Wantage VH

Liver

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The **liver** was diffusely hyperechoic to the falciform fat with coarse architecture. The gallbladder and common bile duct were unremarkable.

DATE

3/15/22

Gastrointestinal

The **stomach** presented concentric gastric wall thickening up to 1.0 cm. Luminal gastric fluid was noted. Early areas of loss of mural detail were present. Pyloric thickening was also noted with reactive surrounding mesentery. Wall thickness measured up to 1.3 cm. Loss of mural detail was noted in the pyloric outflow. The small intestines and colon were unremarkable. The cecum was dilated with fluid. Epigastric lymph node enlargement was noted.



PATIENT

Pancreas

Freddy Howell

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

Infiltrative pattern in the pylorus and gastric fundic thickening.

Domestic Shorthair

Hepatic lipidosis pattern.

SEX

Potential metastatic disease.

Neutered male

Epigastric lymph node enlargement was noted.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10 years

Gastric lymphoma pattern. FNA can be considered; however, it may be difficult to adequately exfoliate. Endoscopy or full thickness biopsies are warranted. Coagulation panel is recommended prior to sampling along with FNA of the liver. Prognosis is guarded.

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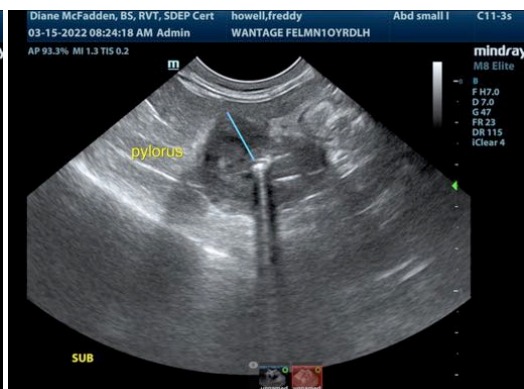
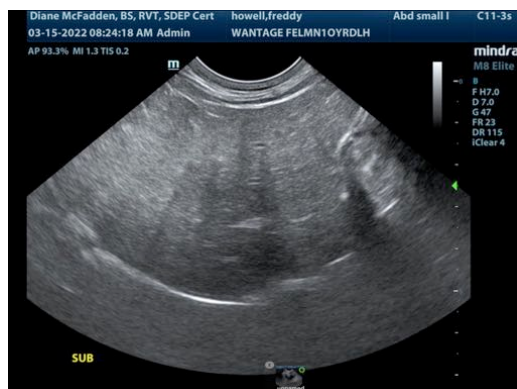
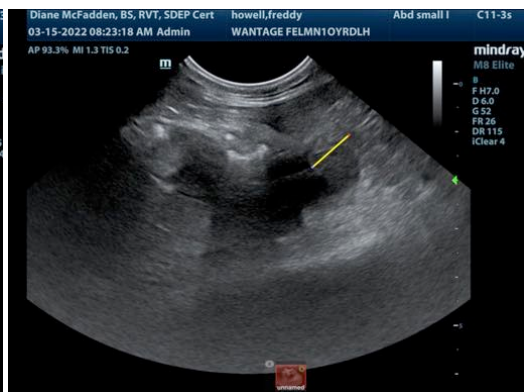
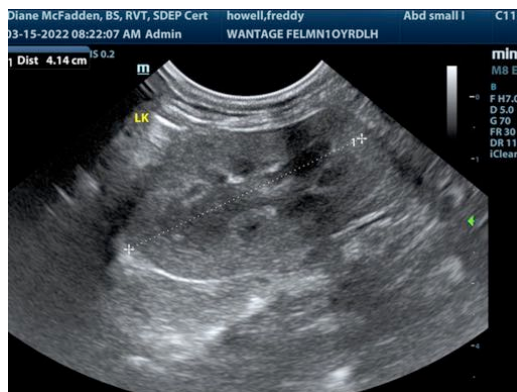
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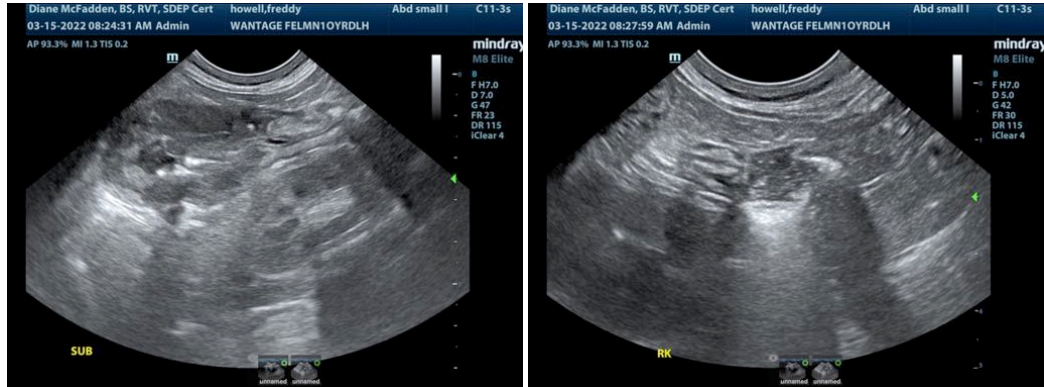
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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