



**PATIENT**

Gucci Daniel

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

4.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Central Island  
Veterinary Services

**INVOICE**

96954

**DATE**

3/17/22

**PRESENTING CLINICAL SIGNS**

History: Gucci belongs to a veterinarian. She has been vomiting intermittently for about 3 weeks. CBC/Chem are unremarkable. She also has a new murmur (2/6). A full echo/ECG has been done with no significant cardiac disease noted (suspected dynamic outflow murmur). Gucci is clinically stable. T4 was not included on the in-house test results.

**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 3.0 cm. The right kidney measured 3.38 cm.

**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 0.38 cm. The left adrenal gland measured 0.31 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Cystadenomatous type lesion was noted in the left cranial liver measuring 1.5 cm. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct was unremarkable.



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**Gastrointestinal**

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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. The mesenteric lymph node was slightly enlarged and rounded measuring 0.6 cm.

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**Pancreas**

The **pancreas** was hypoechoic with irregular contour at the caudal aspect of the left lobe. A focal, hypoechoic nodule was noted in the caudal aspect of the right pancreatic limb and measured 0.8 cm.

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**ULTRASONOGRAPHIC FINDINGS**

Right pancreatic nodule.

**AGE**

14 years

Regional, minor lymphadenopathy.

Cystadenoma in liver, non pathological.

**WEIGHT**

4.9 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no overt evidence of neoplasia. No intervention upon the biliary cystadenoma is necessary. These are benign, slow growing tumors that are common in older cats. Treatment for inflammatory bowel, underlying parasitism and food intolerance is all indicated. Midabdominal palpation is warranted to assess if the lesion in the pancreas appears to be pain related or is nodular hyperplasia. FNA of the lesion could be considered for further definition. This is not suspected to be carcinoma or other neoplasia.

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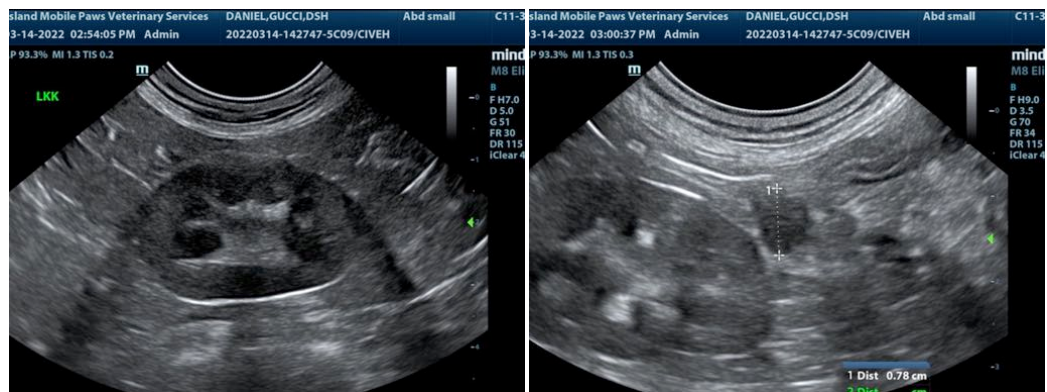
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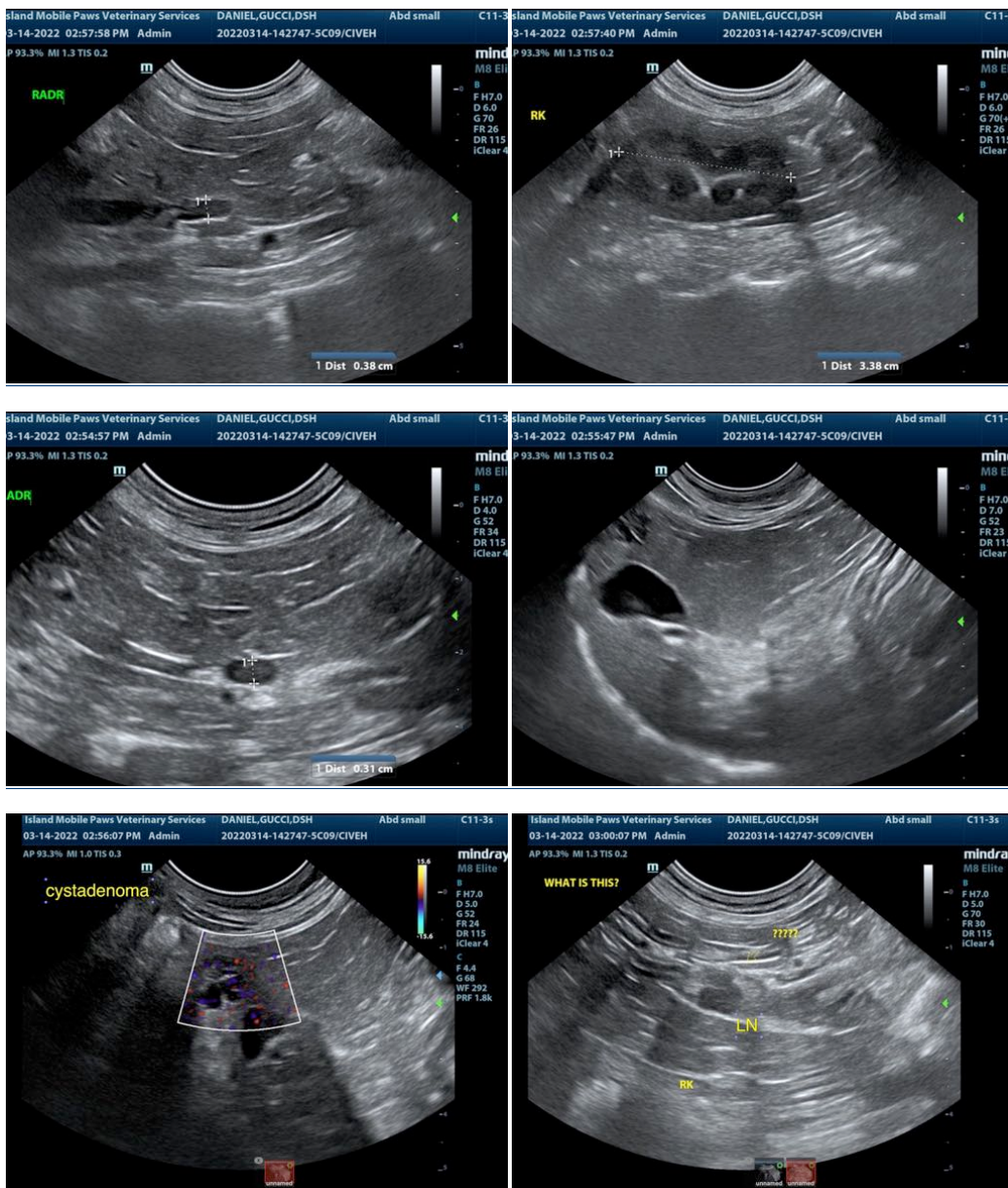
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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