



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Toby Gray

**SPECIES**  
Feline

**BREED**  
Domestic Longhair

**SEX**  
Neutered male

**AGE**  
14 years

**WEIGHT**  
10 lbs

**INTERPRETED BY**  
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Dr. Kitz

**HOSPITAL NAME**  
Woodlands AH

**REFERRING VET**  
Dr. Kitz

**INVOICE**  
97958

**DATE**  
3/30/22

**History:** weight loss (about two pounds in the past 9 months), intermittent vomiting of bile and apparent abdominal pain, decreased appetite over the past month responded favorably to supportive tx for nausea (injections of cerenia, famotidine) and diet change to gastroenteritic diet

**Abnormal PE/Chem/CBC/UA Results:** PE unremarkable other than 2 pounds of weight loss (cat is still within ideal body condition score and shows no muscle wasting) labwork shows elevated PSL (normal 8-26, his at 38) but otherwise normal chemistry, T4, and blood pressure (138) CBC shows slight decrease in WBC count with mild neutropenia and more significant lymphopenia

**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 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 3.58 cm. The left kidney measured 3.46 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 0.35 cm. The left adrenal gland measured 0.37 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 coarse architecture with increased portal markings and hyperechoic nodular changes. The medial liver revealed a cystic mass and measured approximately 2.5 cm. This is consistent with biliary cystadenoma or possible carcinoma. FNA could be considered; however, these lesions tend



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to not exfoliate very well. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**Gastrointestinal**

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A minor amount of fluid filled stomach was noted. A portion of intestine on the still image appeared thickened and presumed to be duodenum without loss of mural detail.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

10 lbs

Cystadenoma or biliary carcinoma of the liver with intestinal thickening. Likely acute on chronic inflammatory bowel.

No obvious evidence of neoplasia.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

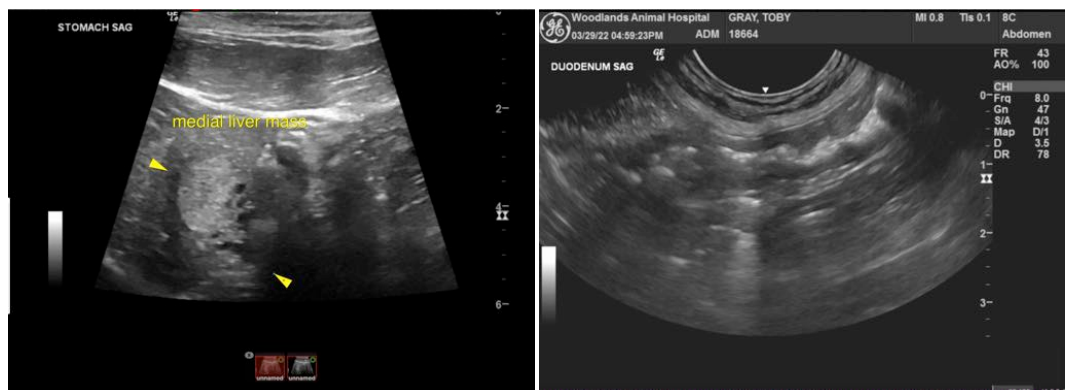
Empirical treatment for enteritis is warranted. Enrofloxacin and Metronidazole over a 7-10 day period is recommended along with a bland diet and reassessment of the sonogram. Assessment for other cause of weight loss is indicated. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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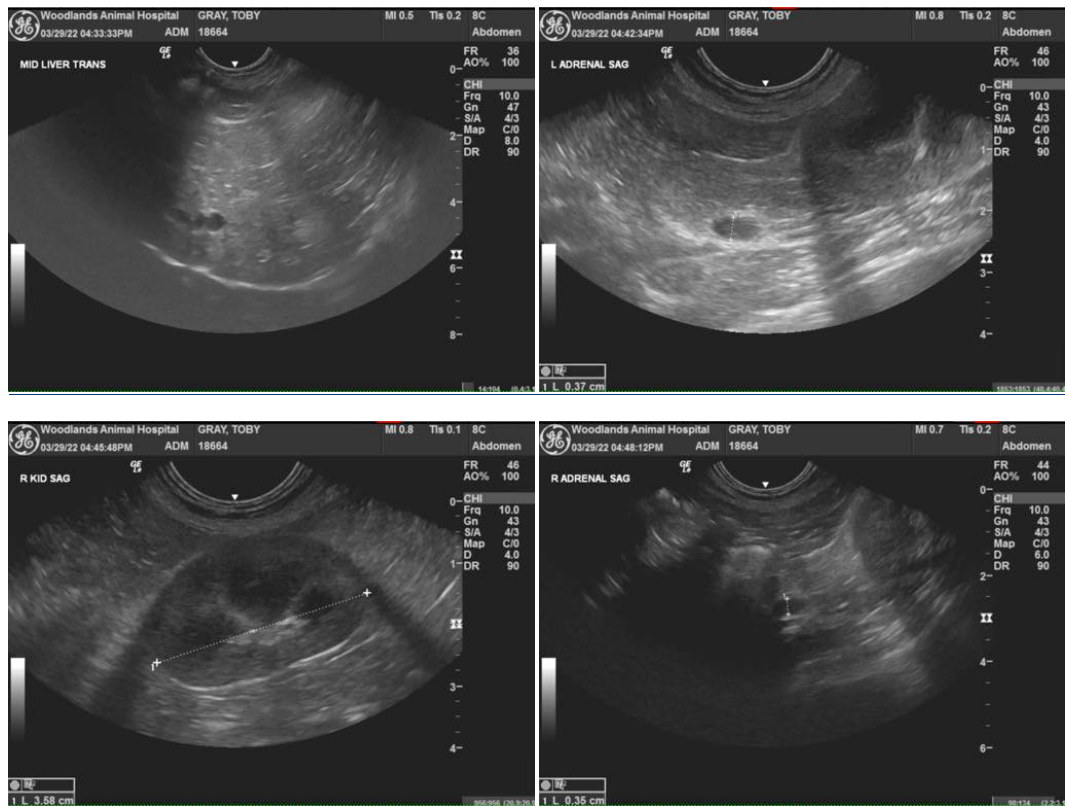
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**WEIGHT**

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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