



PATIENT

Alfie Nelson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years 2 Months

WEIGHT

9.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gillian Striano-Kaplan

HOSPITAL NAME

Ramsey Vet Hospital

REFERRING VET

Dr. Gillian Striano-Kaplan

INVOICE

46703

DATE

4/14/23

PRESENTING CLINICAL SIGNS

Weight loss, decreased appetite, seems painful, h/o hyperthyroidism

Abnormal PE/Chem/CBC/UA Results: 10%dehydrated, cranial organomegaly, quiet BV sounds, cachexia WBC 38.9 Neut 35010 Bands 289 Mono 1167 Eos 0 Alb 2.1 ALb: Glob 0.8 Bili 0.4 Bili Uncon 0.3 UPC 0.9 USG 1.019 TT4 5.3 fT4 >6 fT4 77.2 FNA liver - pending Pleural effusion fluid analysis and cytology with C&S - pending

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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.07 cm. Blunting of the caudal pole of the left kidney noted with some loss of corticomedullary definition and areas of minor mineralization. The right kidney measured 4.07 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 0.80 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 were noted.

Liver

The **liver** was enlarged and irregular with compression of the gallbladder, which had a minimal amount of fluid. Isoechoic masses noted with irregular swelling. Multifocal nodular changes noted throughout the liver. Hepatic lymph nodes were mildly enlarged.

Gastrointestinal

The **stomach** was unremarkable, yet variable intestinal thickening noted with reactive mesentery, consistent with enteritis.

Pancreas

The **pancreas** was enlarged, irregular and nodular. Dilated duct noted.



PATIENT

Other

Alfie Nelson

The cardiac presentation revealed pleural effusion with normal left atrial size and lung consolidation.

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Feline

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Enlarged, irregular, nodular liver – strong concern for hepatic neoplasia
- Nodular hyperplasia splenic pattern
- Variable intestinal thickening
- Enlarged, irregular pancreas
- Age related renal changes
- Pleural effusion

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15 Years 2 Months

Recommend FNA of the liver, pleurocentesis and cytospin to assess for suspected underlying neoplasia, round cell neoplasia or similar. Prognosis is very guarded depending upon cytology results.

WEIGHT

9.5 Pounds

Radiographs: Hepatomegaly and pleural effusion.

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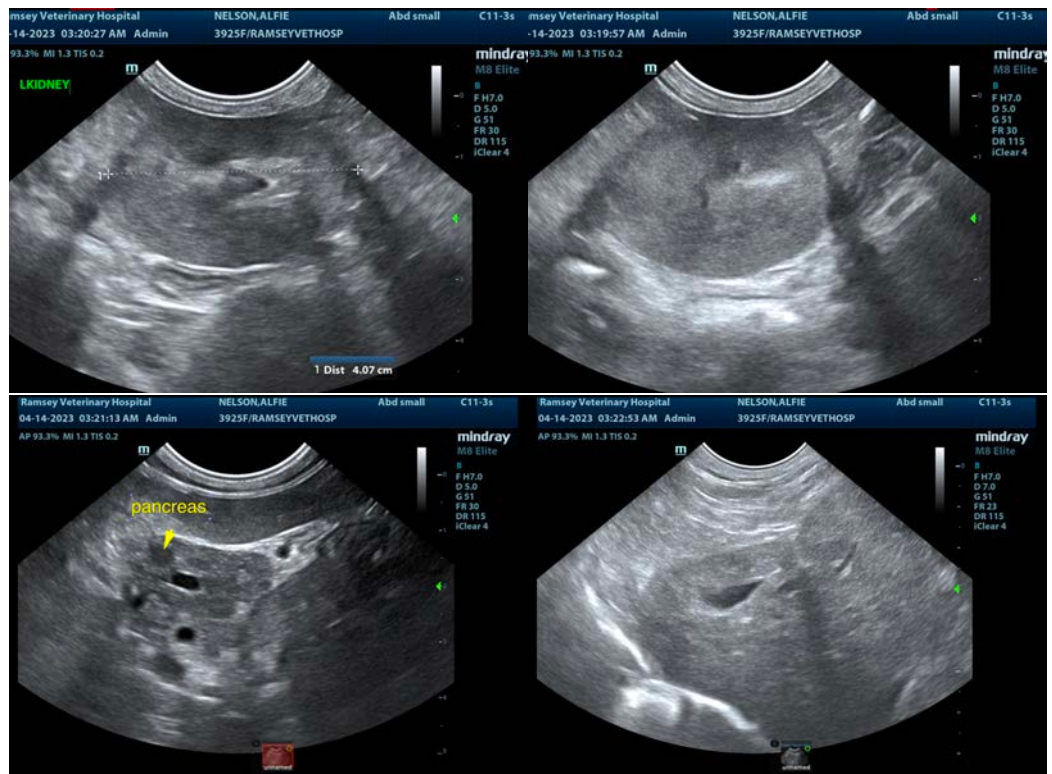
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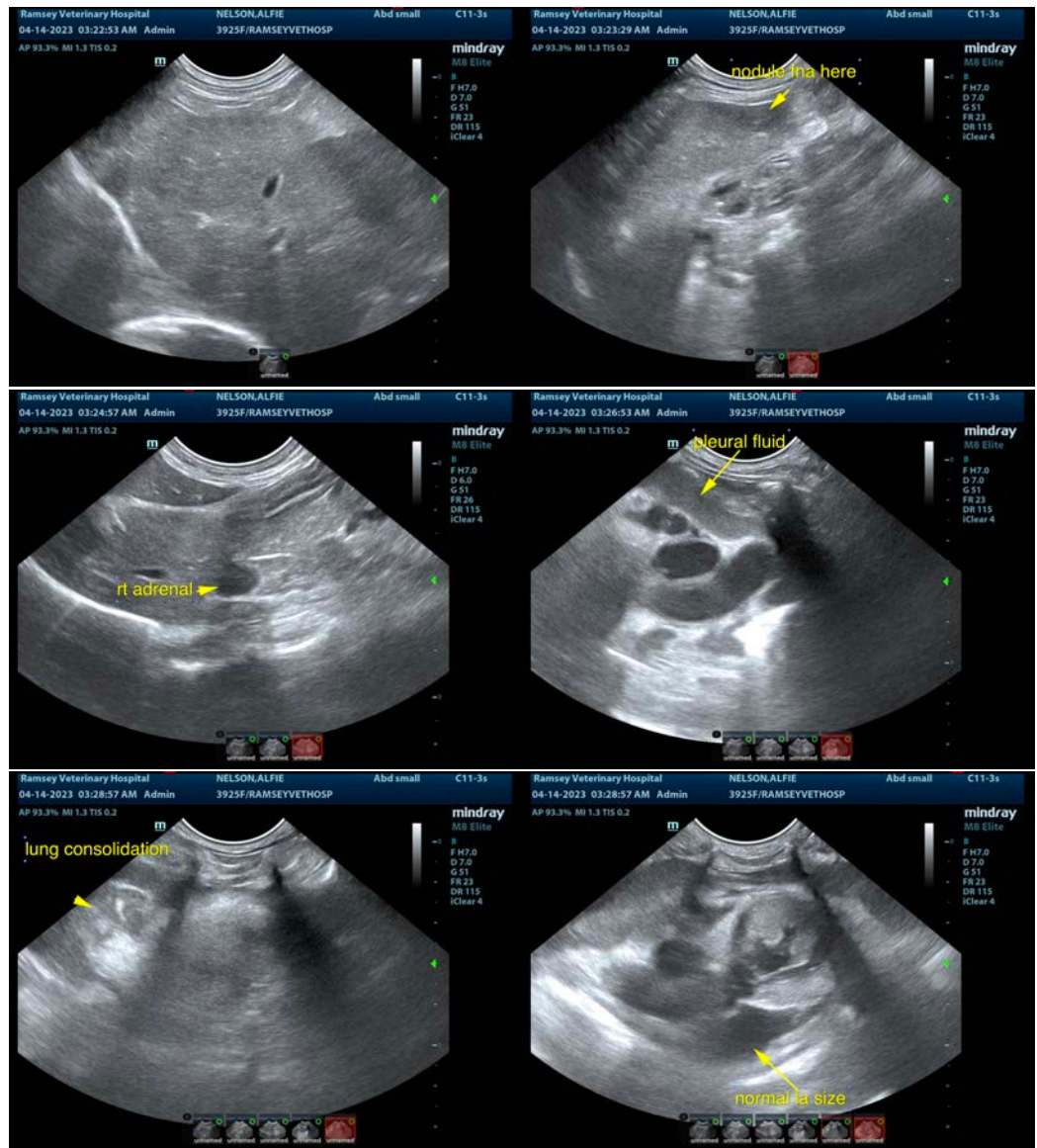
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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