

**PATIENT**

Razzel Feury

**PRESENTING CLINICAL SIGNS**

Cat presented for oral surgery for stomatitis. Pre surgery liver values increased (including GGT). Cat had depo injection approx. 1 month ago

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Medium Hair

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

Multi-focal cortical infarcts were noted with evidence of active inflammation. Pelvic and corticomedullary mineralization was noted. The right kidney revealed a chronic interstitial nephrosis pattern and measured 4.0 cm. The left kidney revealed moderate dystrophic changes. Blood flow was subjectively subnormal in the left kidney.

**AGE**

8 years

**Adrenal Glands**

**WEIGHT**

14 lbs

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 left adrenal gland measured 0.3 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Dr. Leal

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Micronodular changes were noted. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured up to 1.2 cm.

**HOSPITAL NAME**

Blairstown AH

**Liver**

**REFERRING VET**

Dr. Lovell

The gallbladder and common bile duct were unremarkable. The portal markings were increased. The liver was normal in size. This is consistent with a non-specific inflammatory hepatopathy.

**INVOICE**

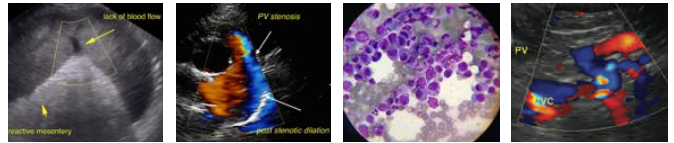
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**Gastrointestinal**

**DATE**

4/18/22

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. Reactive mesenteric lymph nodes were noted and measured up to 0.8 cm. Heterogenous mesentery was noted in the midabdomen.



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**Pancreas**

Razzel Feury

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SPECIES**

Feline

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Domestic Medium Hair

Splenic enlargement with scalloping contour.

**SEX**

Moderate dystrophic changes in the left kidney with infarcts and active inflammation.

Neutered male

Mild interstitial nephrosis pattern in the right kidney.

**AGE**

8 years

Age related pancreatic changes.

Reactive mesenteric lymph nodes.

Non-specific inflammatory hepatopathy.

**WEIGHT**

14 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen is strongly encouraged in this patient. Full urinary work-up is warranted if not already performed. Midabdominal palpation is recommended to assess for any discomfort. Cortisone treatment may be suppressing a more significant presentation.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Leal

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Lovell

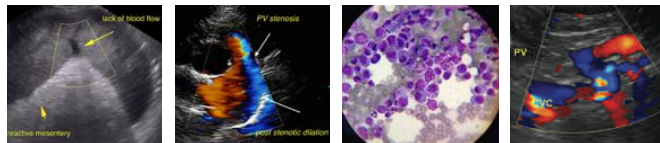
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**SEX**

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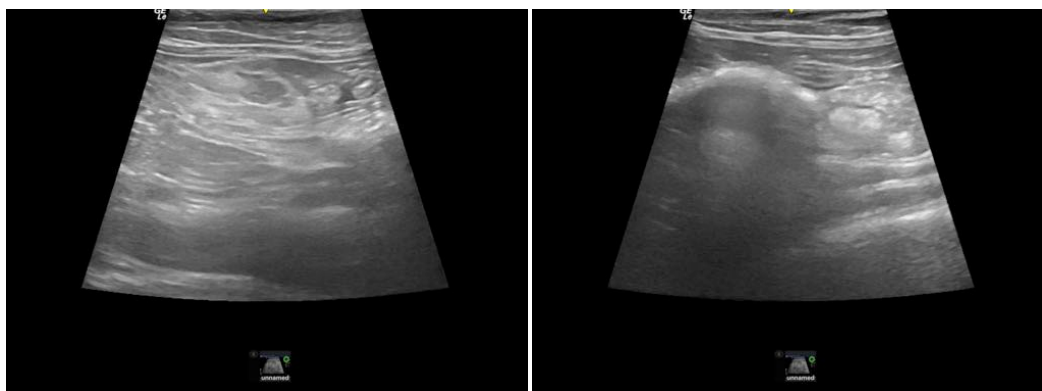
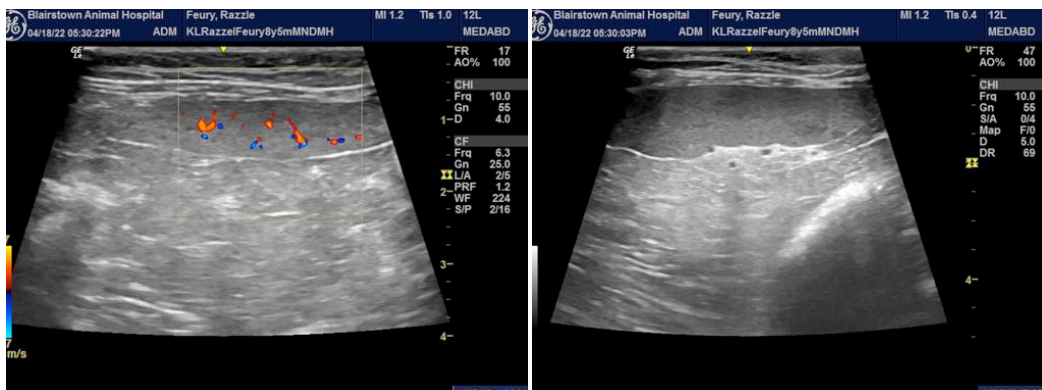
Dr. Lovell

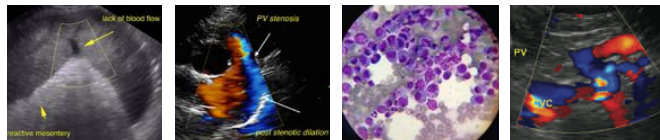
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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