



PATIENT

Lorenzo Vosmus

PRESENTING CLINICAL SIGNS

Vomiting, lethargy Similar episode 1 month ago resolved without treatment
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/lytes- normal 3v AXR- gas in colon and area of small intestinal dilation with gas and fluid

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Siamese

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. There is a minor amount of . 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. There was some loss of corticomedullary definition. 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. Pinpoint mineralization was noted in the left renal pelvis. The left and right kidney measured 3.5 cm.

AGE

13 years

WEIGHT

3.1 kg

Adrenal Glands

The **adrenal glands** were not visualized.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Amy Hess

HOSPITAL NAME

Petmedic Urgent Care

Liver

The **liver** revealed mixed, hyperechoic left lateral nodules that coalesced into mass effects and occupied the majority of the left caudal liver measuring up to 3.0 cm. However, the margins were ill-defined. Increased portal markings were noted throughout the liver. A separate, microcystic 2.5 cm mass was noted in the right cranial liver. The gallbladder revealed a minor amount of debris.

REFERRING VET

Melissa Armstrong

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. An annular mass was noted in the distal small intestine and measured 3.0 x 2.5 cm with reactive mesentery. This appears to be an isolated lesion. Minor intestinal thickening was noted elsewhere.

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Pancreas

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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.

BREED

Siamese

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Hepatic remodeling multi-focal biliary cystadenomas with multi-focal biliary cystadenomas. Mild potential for carcinoma.

AGE

13 years

Annular small intestinal mass, suspect carcinoma with the possibility of focal lymphoma. Minor intestinal thickening was noted.

Age related pancreatic changes.

Minor regional lymphadenopathy.

WEIGHT

3.1 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

FNA of the parenchymal portions of the lesions could be considered. This is likely benign. There was no overt evidence of metastatic disease. Ultrasound-guided FNA of the lesion or surgical intervention is recommended with surgical intervention with resection, anastomosis and lymph node biopsies. It is unlikely that the intestinal mass is related to the hepatic lesions. These are likely two separate issues. Guarded prognosis.

IMAGING PERFORMED BY

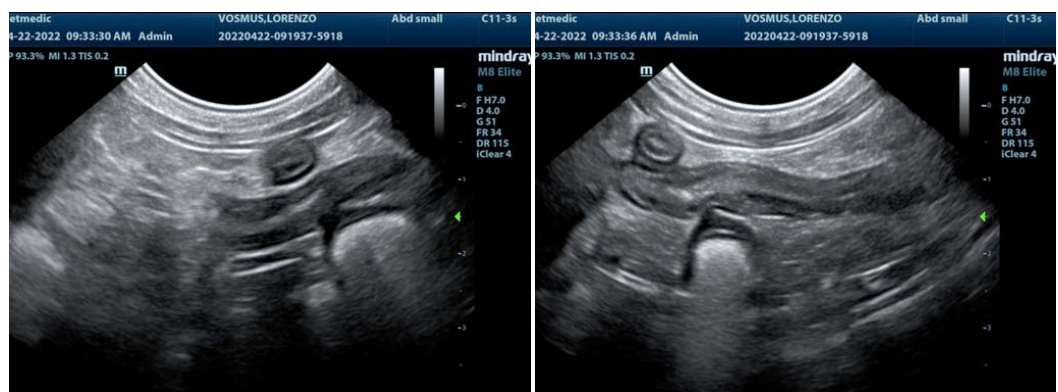
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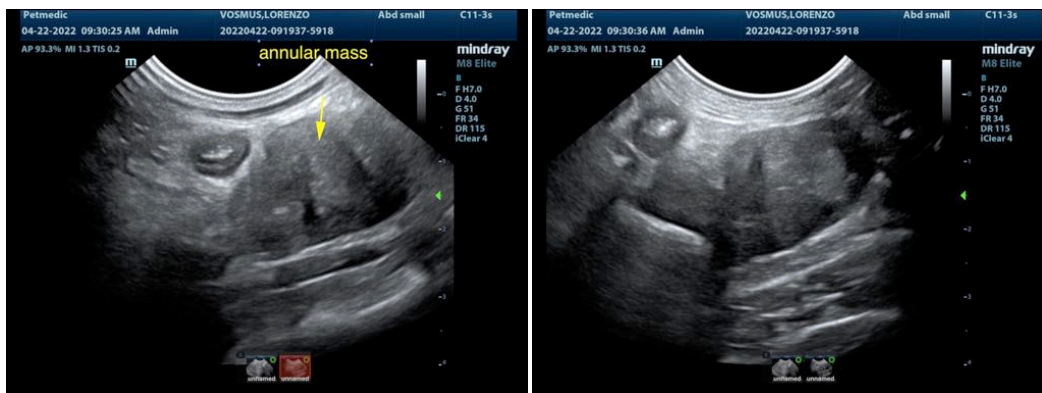
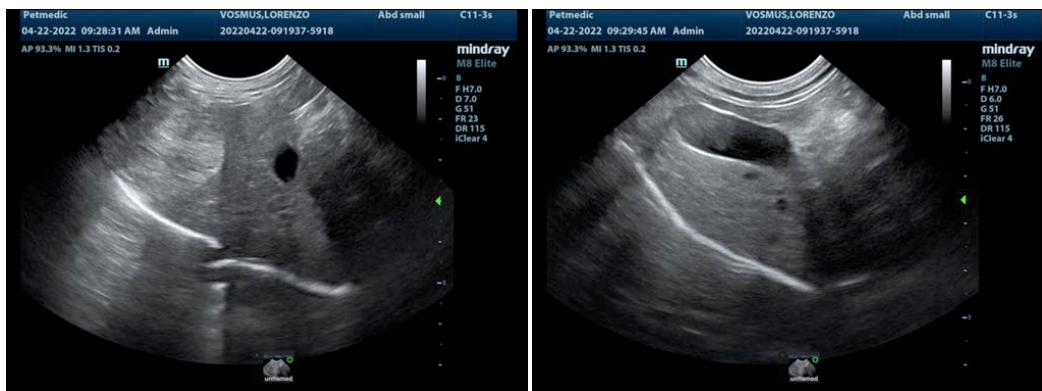
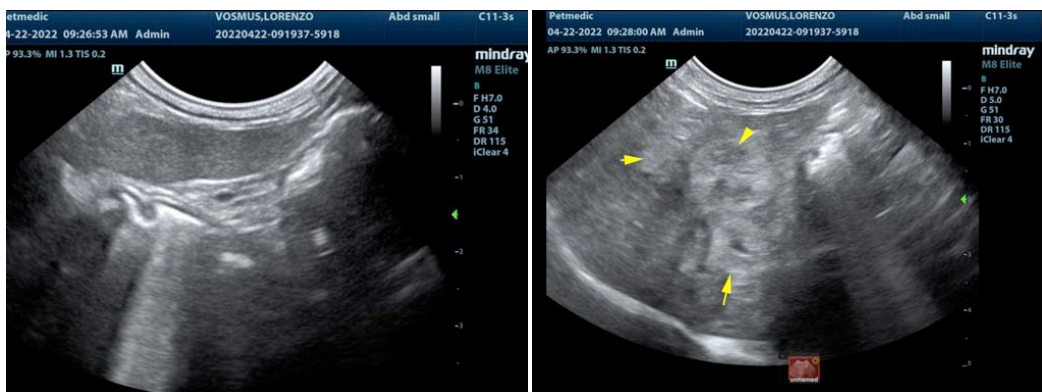
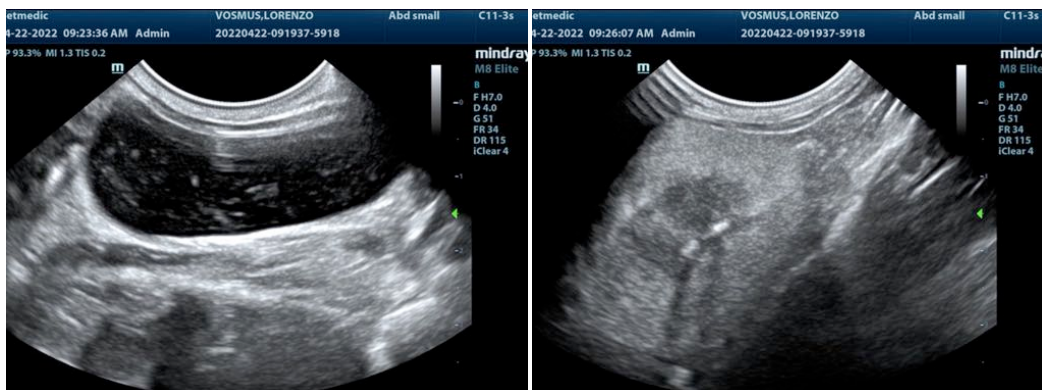
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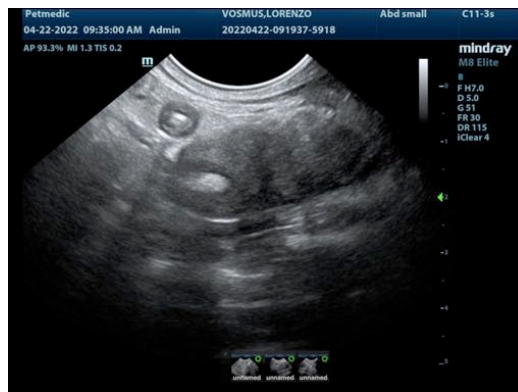
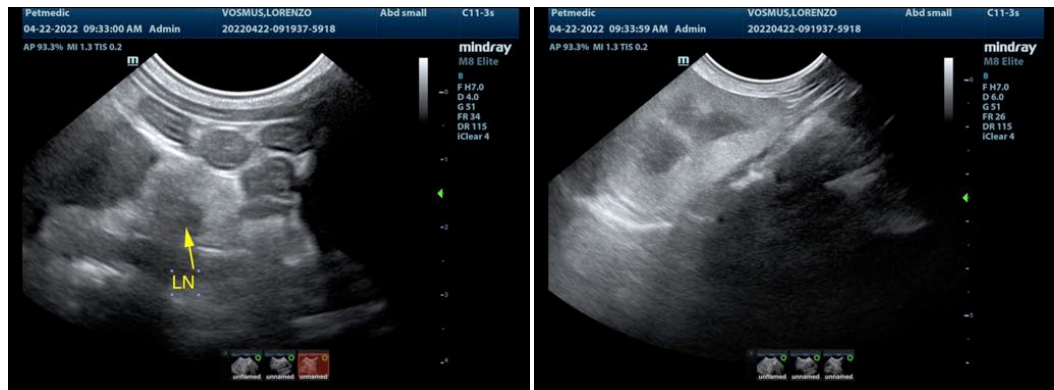
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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