

**DATE PRESENTING CLINICAL SIGNS**

4/27/22 Pet has had weight loss, balancing issues, and some mild otitis with intact TM. Unkempt coat. Rads showed possible shifted stomach axis and potential suspicious cranial chest/mediastinum.

PATIENT

King Solomon Eyer

Current Medications: Dermavet Oint 15 ml: 8 drop AU bid x14 days (starting on 4/15/2022).
 Lab Results: Eos 3096 R/O parasites /IBD/Food allergy/ Lymphoma/ MCT. chems wnl T4 = 2.1.
 Radiographs: Rads showed possible shifted stomach axis and potential suspicious cranial chest/mediastinum.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

5/11/10

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 3.82 cm. The right kidney measured 3.56 cm.

WEIGHT

12.2 Pounds

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

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was rounded and folded upon itself, likely a congenital malformation, yet appears subjectively benign. This created a mass type effect.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. A hyperechoic microcystic nodule was noted in the right cranial liver measuring approximately 3.72 cm, consistent with cystadenoma. It does not appear resectable. Other nodular changes noted in the liver. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Rolling Hills AH

REFERRING VET

Dr. Gviden

Gastrointestinal**INVOICE**

37245

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

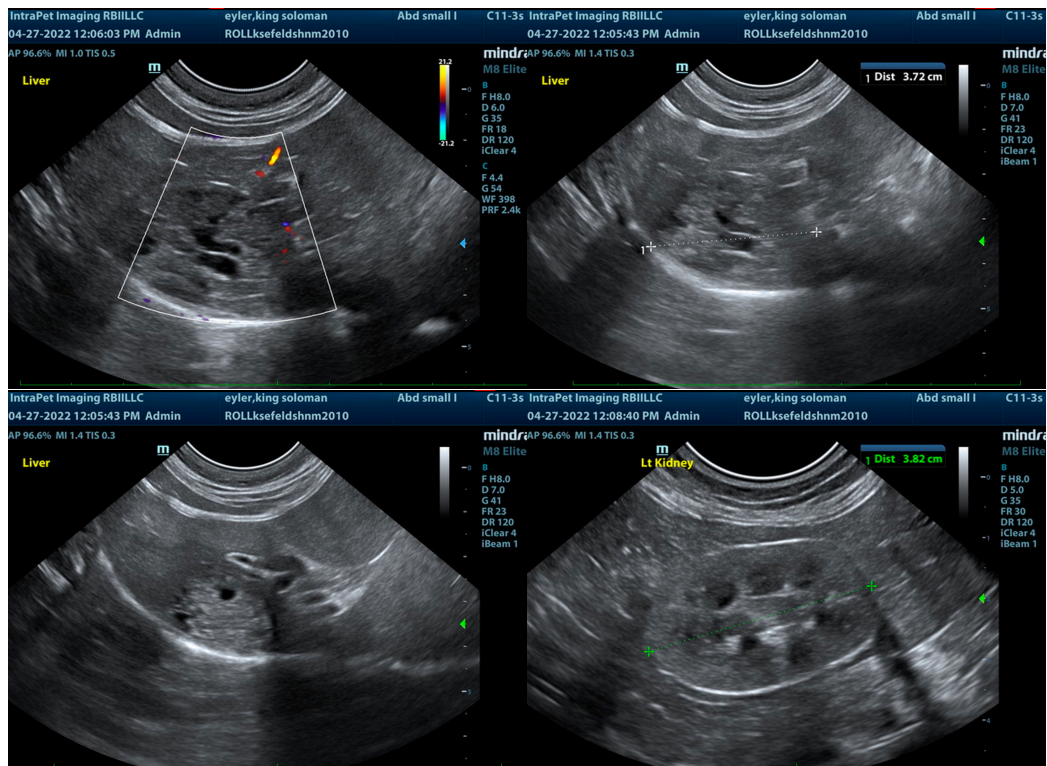
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

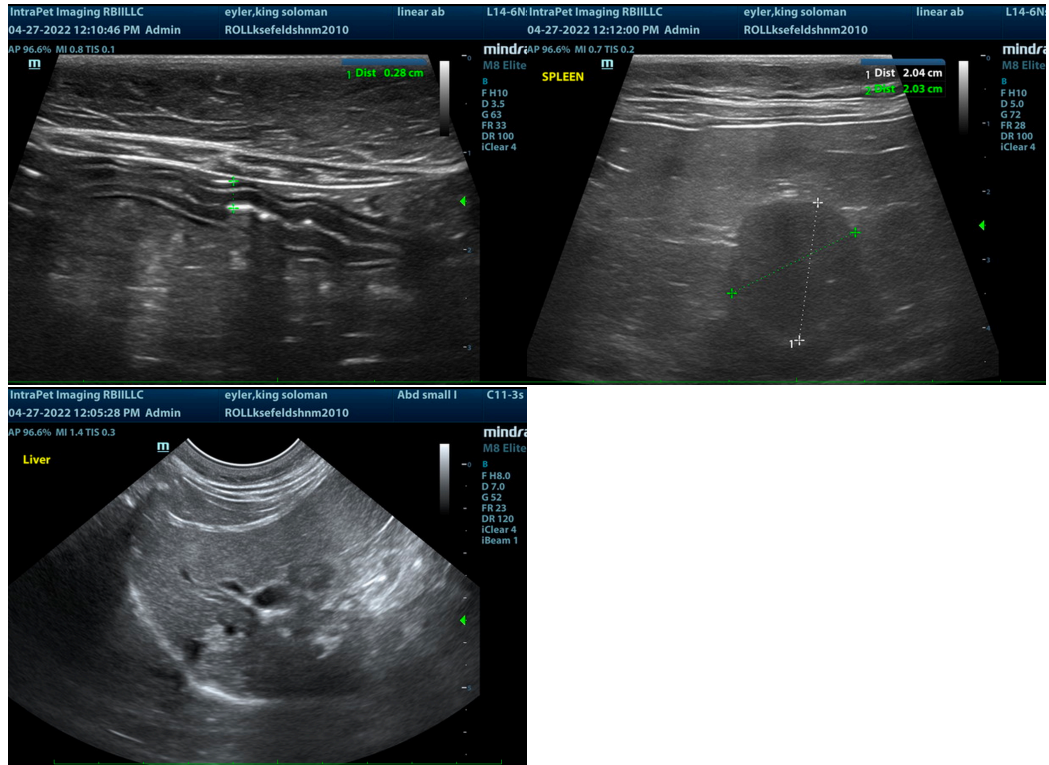
ULTRASONOGRAPHIC FINDINGS

- Hepatic cystadenoma and other nodular changes, likely benign
- Age related abdominal changes elsewhere

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is not evident in this patient. 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. No overt evidence of neoplasia. The splenic changes are likely a congenital malformation or other benign positional variant.





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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