



PATIENT PRESENTING CLINICAL SIGNS

Meiko Elsasser Weight loss, icteric, anorexia, vomiting. R/o Liver Dz, large cancerous growth on top of head. Current meds: fluids, GI protectants/ appetite stimulants
SPECIES Abnormal PE/Chem/CBC/UA Results: Glu 184, Crea 0.7, BUN 13, Glob 5.5, ALT 487, ALKP 283, GGT 21, Tbili 3.2, Lipa 1944, K 3.3, HCT 29.9, Lym 0.89, Mono 1.04, Baso 0.00

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Minor debris present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SEX

Neutered Male

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 right kidney measured 4.76 cm. The left kidney measured 4.7 cm.

AGE

15 Years

Adrenal Glands

WEIGHT

8 Pounds

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 0.67 cm. The left adrenal gland measured 0.56 cm.

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 were noted.

IMAGING PERFORMED BY

Jessica Miller

Liver

The **liver** revealed a complex, mixed hypoechoic, cystic and parenchymal mass, measuring 4.7 cm with regional free fluid. The cystic mass occupied the portal hilus and is non-resectable. Cystic structures also noted throughout the liver. Isoechoic nodular changes noted throughout the liver. The gallbladder was unremarkable.

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Ashmore

Gastrointestinal

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

INVOICE

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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. Heterogeneous pancreatic changes also noted and may be the primary source for the mass. Pancreatic

DATE

4/27/22



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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.

SPECIES

Feline

Free Abdomen

Coalescing omentum present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Hepatic +/- pancreatic neoplasia - non-resectable, with secondary free fluid, consistent with carcinomatosis or similar.

SEX

Neutered Male

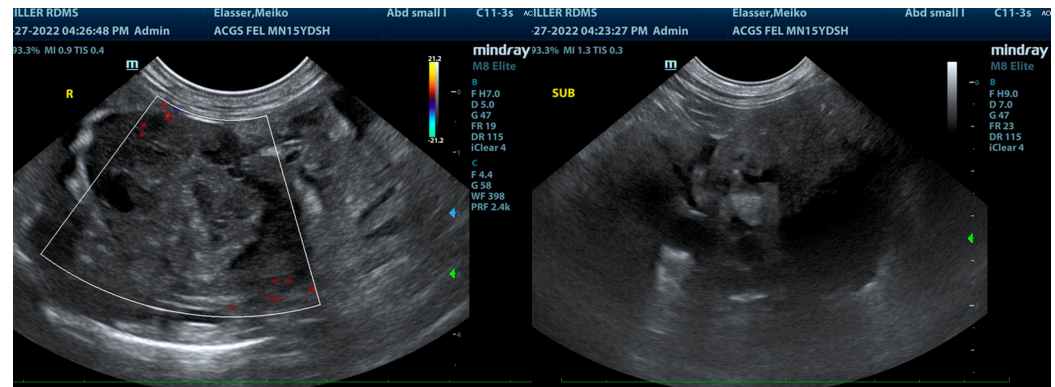
Prognosis is poor.

AGE

15 Years

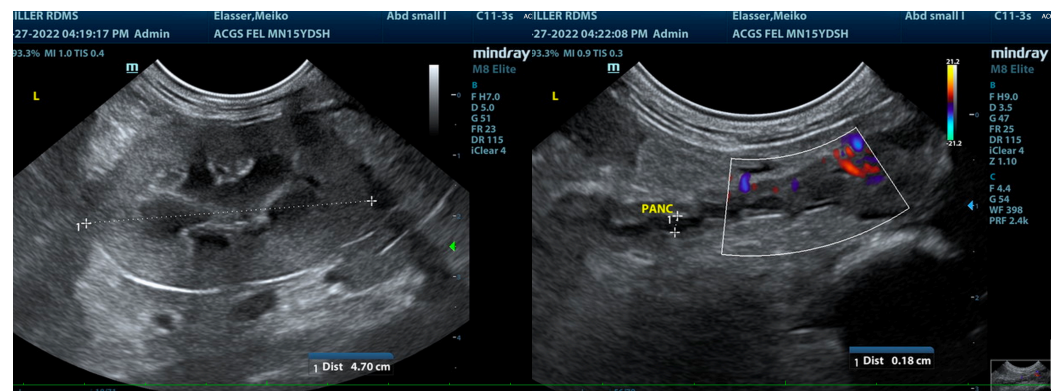
WEIGHT

8 Pounds



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Eric Lindquist, DMV



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IMAGING PERFORMED BY

Jessica Miller

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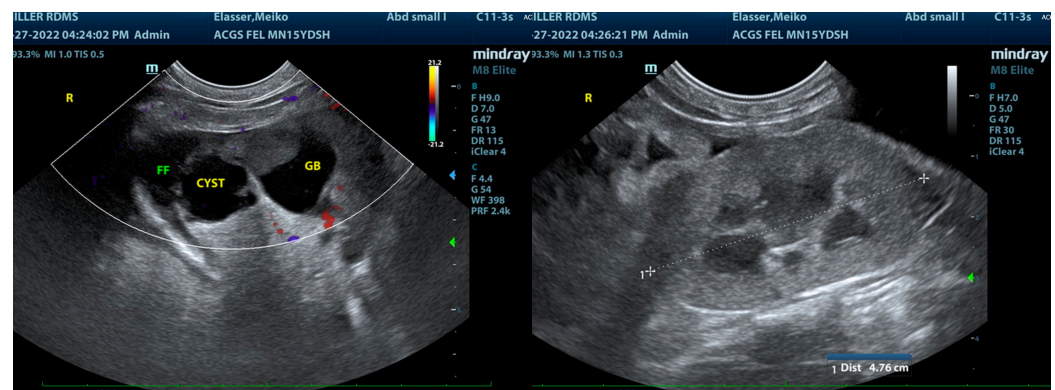
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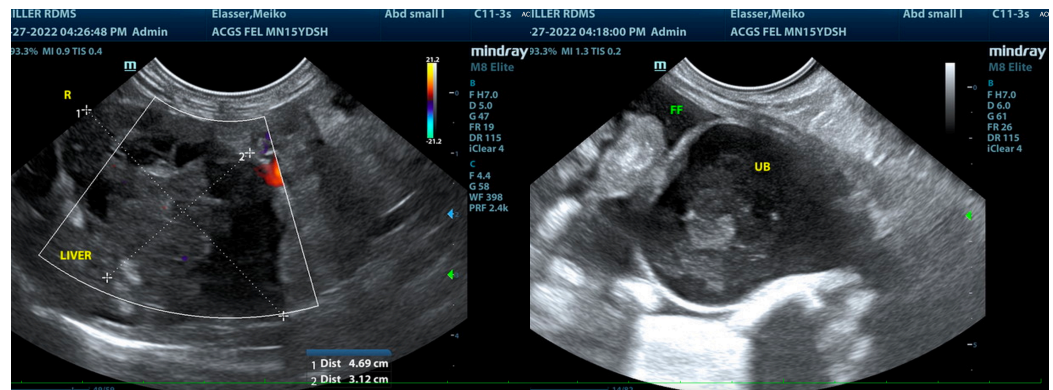
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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