



**PATIENT PRESENTING CLINICAL SIGNS**

Lavant Methamem

History: Presented as not eating since few days and being lethargic. the cat was purchased at a Pet Shop few months ago. At the clinical presentation the cat is in lateral recumbency. Generalized icterus with petechia, Dehydration 4 percent the palpation of the abdomen reveals discomfort on the cranial area. Body temperature 38,9. Heart and lung sound clear.  
Abnormal PE/Chem/CBC/UA Results: The CBC reveals anemia ipocromica. The comprehensive reveals ALP, ALT and bilirubin are quite high.

**SPECIES**

Feline

**BREED**

Domestic Longhair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered male

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.

**AGE**

4 years

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.54 cm. The right kidney measured 3.15 cm.

**WEIGHT**

4.57 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 0.7 x 0.5 cm.

**IMAGING PERFORMED BY**

Dr. Valentina

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**HOSPITAL NAME**

The Veterinary Surgery

**Liver**

The **liver** revealed diffusely hyperechoic parenchyma with attenuating sound beam and generalized enlargement. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**REFERRING VET**

Dr. Fresta

**INVOICE**

44049

**Gastrointestinal**

**DATE**

4/27/23

The **gastrointestinal tract** was structurally unremarkable and quiescent. This is consistent with ileus.



**PATIENT**

**Pancreas**

Lavant Methamem

The **pancreas** was enlarged, hypoechoic and irregular with slight amounts of free fluid. Heterogenous, hypoechoic pancreatic changes were noted throughout the right and left limbs.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

Heterogenous, hypoechoic pancreatic changes were noted throughout the right and left limbs.

**BREED**

Domestic Longhair

Hepatic lipidosis pattern with prominent, irregular pancreas.

**SEX**

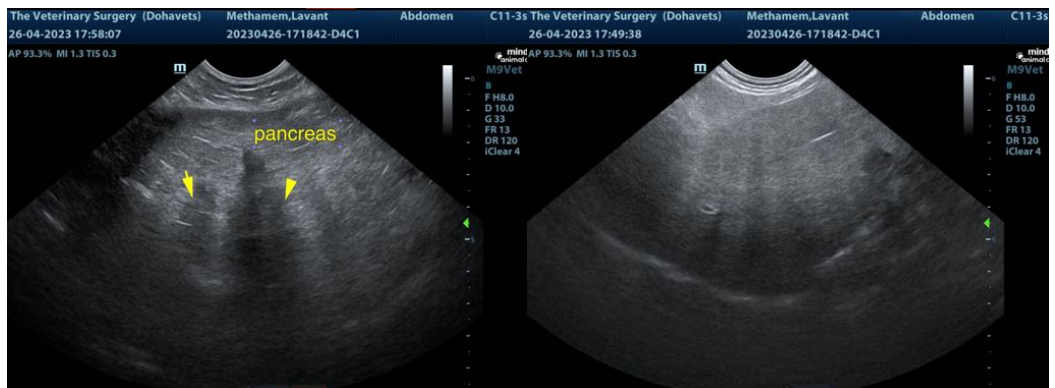
Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is potential for underlying hepatic lymphoma. Coagulation panel is warranted. Eventual 25-gauge FNA of the liver is indicated. However, this is a very precarious hepatic presentation. Concurrent pancreatitis is likely in this patient. Infectious disease should be considered as a potential underlying factor. Treatment for hepatic lipidosis and pancreatitis is indicated with IV fluid support and broad spectrum antibiotics. Force feeding protocol and GI protectants are indicated. Recheck sonogram is recommended in 72 hours to assess for progression and regression presentation.

**WEIGHT**

4.57 lbs

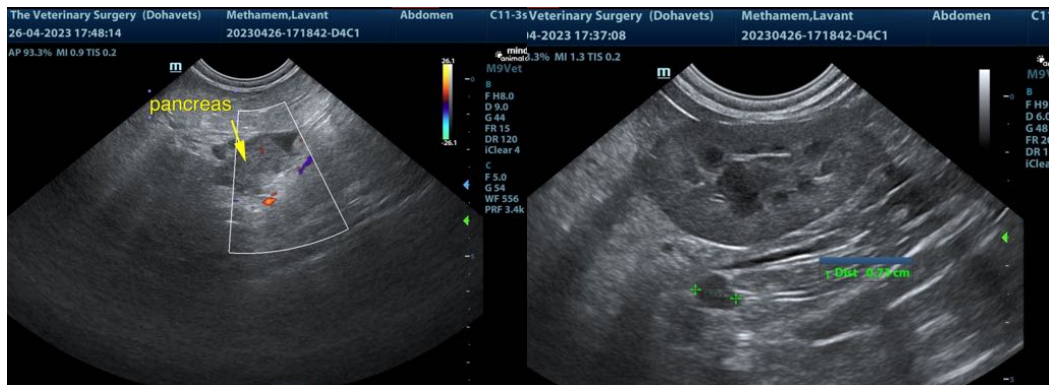


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**PATIENT**

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**AGE**

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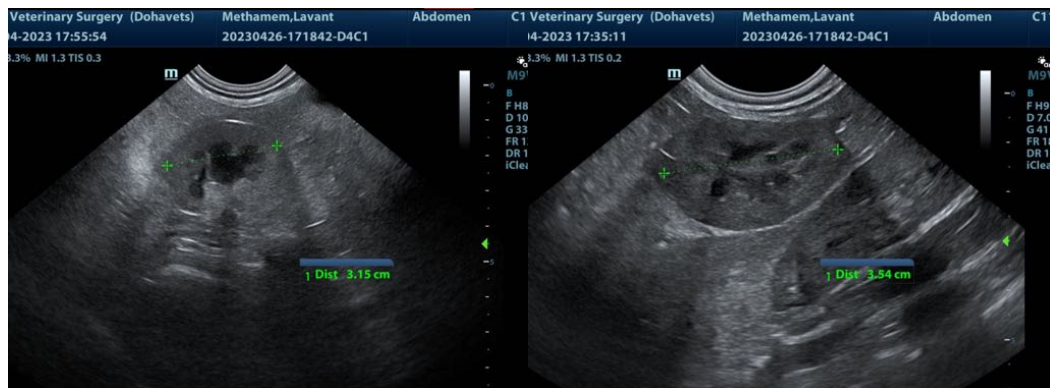
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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