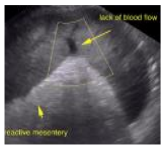
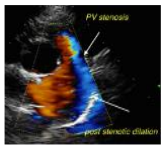
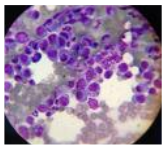
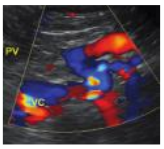
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buddy Auer

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

4.36 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Raul Casas

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Raul Casas

INVOICE

21819

DATE

4/3/23

PRESENTING CLINICAL SIGNS

Has always been vomiting about once a day with clear liquid started a week ago, owner thinks Px has something stuck in his throat, no Hx of chewing something as far as O knows, seems to be acting normally Eating and drinking normal- given canned food and dry treats sometimes No diarrhea, no meds, indoor mainly PE- mild dental dz, debris in AS- npo mites CBC- WNL

Abnormal PE/Chem/CBC/UA Results: ALP- 183 U/L ALT- 308 U/L TBIL- 1.5 mg/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 4.16 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was uniform, slightly enlarged, measuring 1.0 cm. Cranial folding of the spleen was noted.

Liver

The **liver** revealed coarse architecture, increased portal markings and granular type appearance with scalloping contour. Hyperechoic lipogranulomatous type nodules were noted. The gallbladder and common bile duct (2.0 mm) were unremarkable. No evidence of posthepatic obstruction. Subtle heterogenous hypoechoic nodules were present.

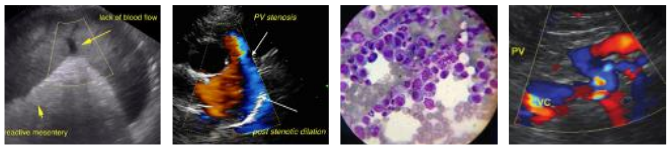
Gastrointestinal

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buddy Auer

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

4.36 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Raul Casas

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Raul Casas

INVOICE

21819

DATE

4/3/23

Free Abdomen

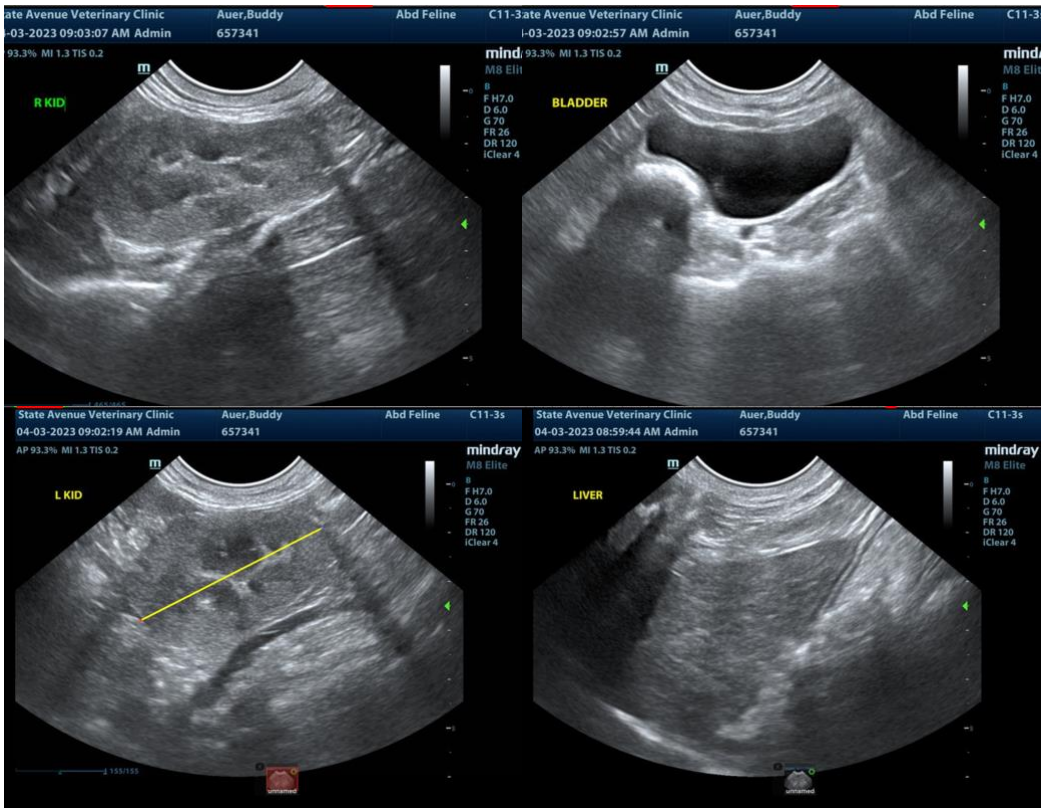
Slight epigastric **lymph node** enlargement was noted, measuring 5.0 mm. Trace free fluid was noted between the liver lobes.

ULTRASONOGRAPHIC FINDINGS

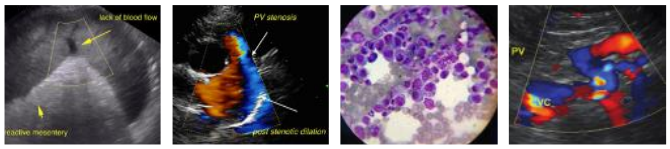
- Cholangitis liver pattern with potential conversion to round cell neoplasia
- Reactive spleen
- Prominent pancreas
- Slight epigastric lymph node enlargement
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA are indicated. Concurrent pancreatitis is possible. If neoplasia is not present on FNA, then chronic infectious disease should be considered as a potential complicating factor. Sampling is essential in this patient. Infectious agents such as toxoplasmosis and bartonella should be considered.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buddy Auer

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

4.36 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Raul Casas

HOSPITAL NAME

State Avenue VC

REFERRING VET

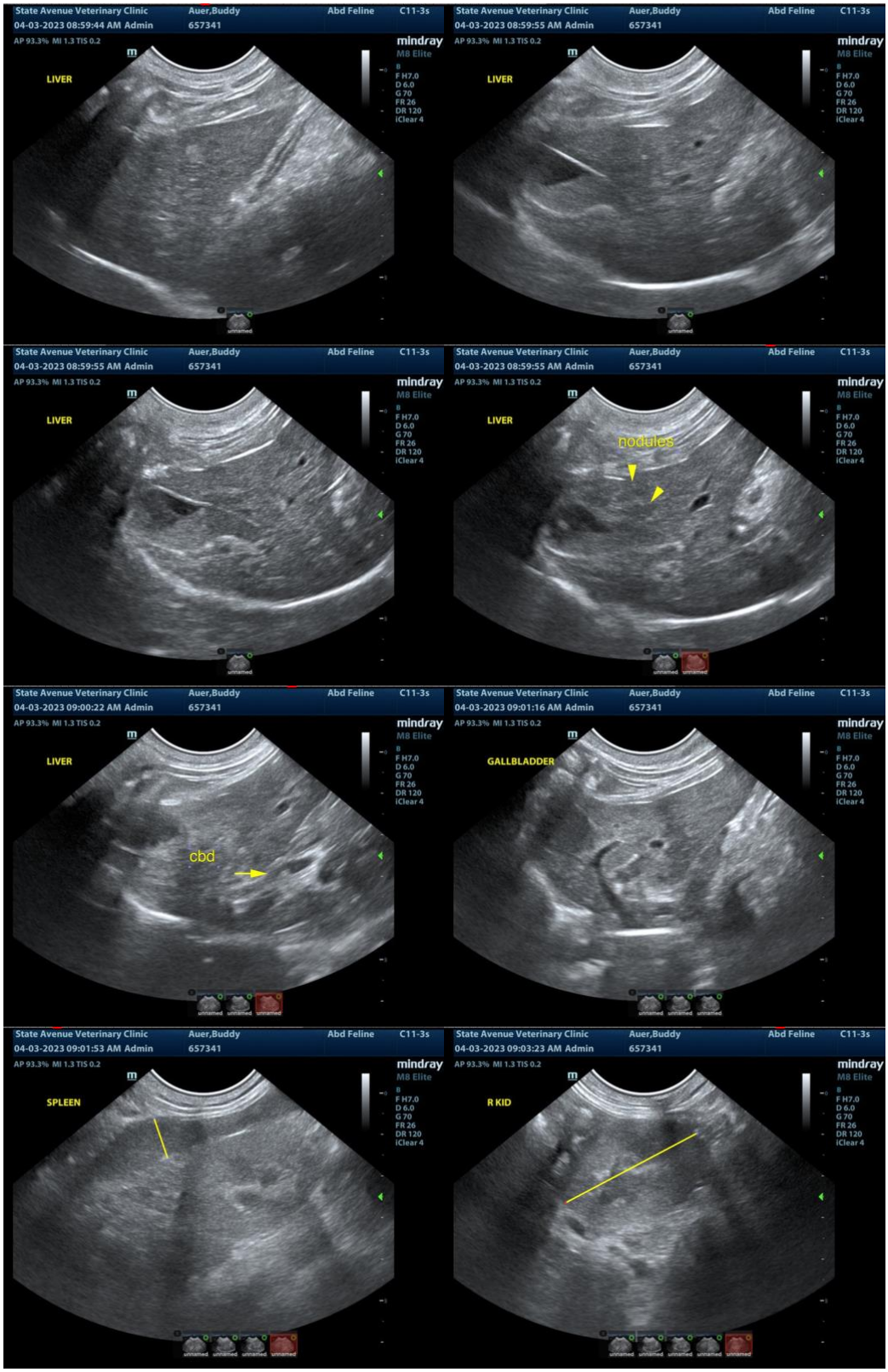
Dr. Raul Casas

INVOICE

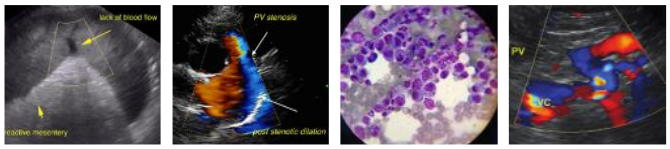
21819

DATE

4/3/23



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buddy Auer

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

4.36 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Raul Casas

HOSPITAL NAME

State Avenue VC

REFERRING VET

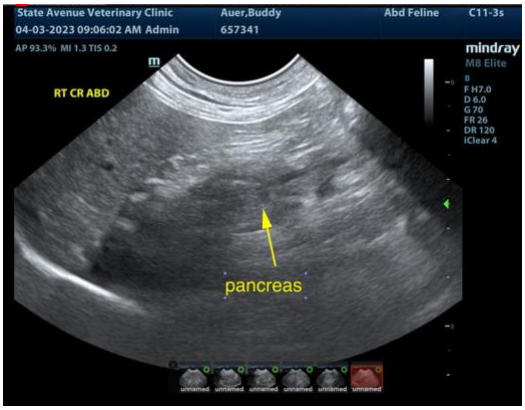
Dr. Raul Casas

INVOICE

21819

DATE

4/3/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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