



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Leia Valdes

**SPECIES**  
Feline

History: Patient presented for second opinion regarding liver enzyme elevations Hx of vomiting and hyporexia x 3-4 days

Abnormal PE/Chem/CBC/UA Results: PE: 5-6% dehydrated, icteric, tense cranial abdomen CBC: NSF Chem: ALP 290, ALT 538, AST 145, T bili 6.8, Anion gap 2.7 FeLV/FIV: Negative x 2 Radiographs: irregular liver and kidney margins

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic Shorthair

**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 was noted. Ureteral papillae were normal.

**SEX**

Spayed female

**AGE**

6 years

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 3.45 cm. The right kidney measured 4.0 cm.

**WEIGHT**

11.6 lbs

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sanchez

**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.

**HOSPITAL NAME**

Sunset AH

**REFERRING VET**

Dr. Sanchez

**Liver**

The **liver** is diffusely hyperechoic to the falciform fat. The liver was enlarged with slightly irregular contour. A microcystic nodule was noted and measured 1.5 cm in the left cranial liver adjacent to the gallbladder. The gallbladder was unremarkable with no evidence of post hepatic obstruction.

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**Gastrointestinal**

**DATE**

4/3/23

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



**PATIENT**

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Hepatic lipodosis pattern with likely inflammatory hepatopathy given the patient's history.

Spayed female

Hepatic nodule, subjectively benign, yet should be monitored.

**AGE**

6 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a minor potential for neoplasia. Coagulation panel, 25-gauge FNA cytology and culture is indicated. Treatment for lipodosis is warranted. Focal hepatic nodule, subjectively benign, yet should be monitored.

**WEIGHT**

11.6 lbs

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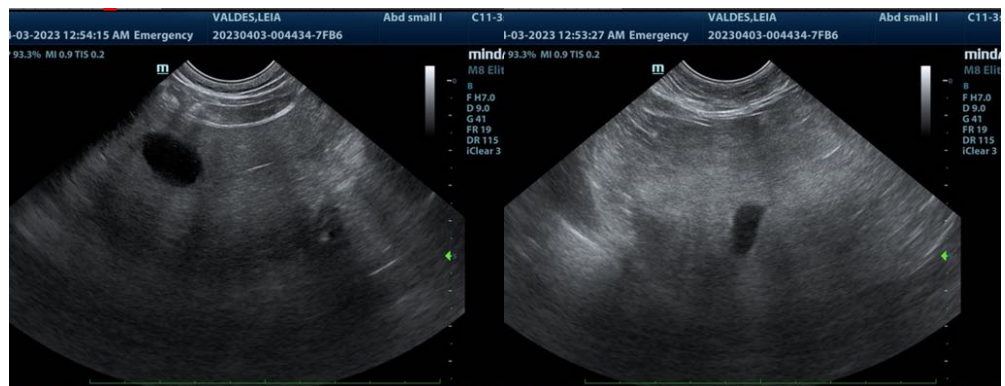
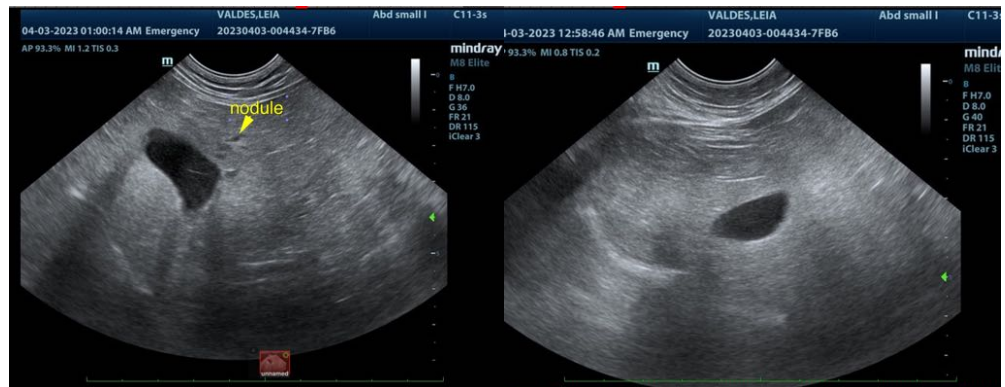
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**PATIENT**

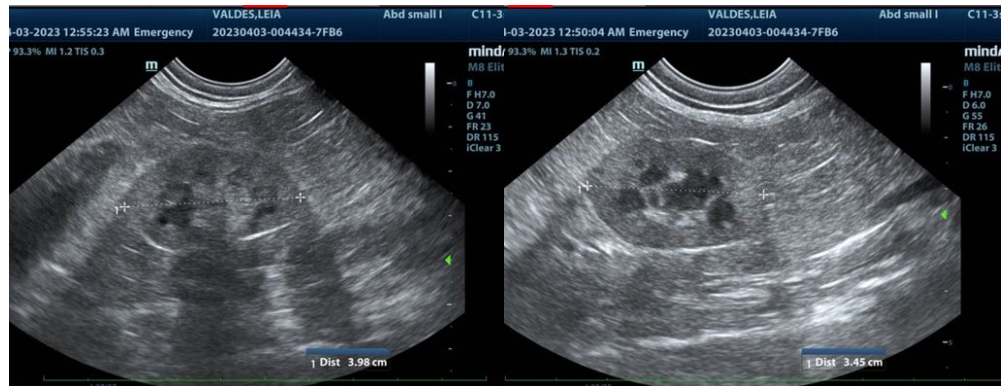
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**SEX**

Spayed female

**AGE**

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**WEIGHT**

11.6 lbs

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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