



PATIENT

Fatso Berthelsen

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

WEIGHT

16.75 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Rosenberg

HOSPITAL NAME

London Cat Clinic

REFERRING VET

Sharon Rosenberg

INVOICE

21879

DATE

4/5/23

PRESENTING CLINICAL SIGNS

History: 3 mo hx of decr app and lethargy. Has eaten well last few days. Minimal vomit, stools N. DM mod well controlled, only on low dose sid insulin. Ongoing WL and significant mcs loss with some dehydration. On low dose daily fluids (75 mls) Severe cost concerns. Possibly sore around kidneys. Bloods from 1 mo ago mostly N - low urea, grey zone PLI. B12 and folate not assessed. U|A today isosthenuric, no pyuria but small amount of reds, culture pending. ** given 100 mg gabapentin for sedation. On US - 2 liver masses suspected, one on Left central, cranial to stomach, more well defined and hypoechoic, at edge of liver lobe. Second around portal hilus area, non-descript, variable texture with some anechoic areas, not sure if pancreas, liver or bile duct origin. Some views labeled as stomach but don't feel is in the stomach itself, except maybe in 1 view looked suspicious but feel is actually caudal to stomach.

Abnormal PE/Chem/CBC/UA Results: See above.

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 moderate 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. Left kidney pyelectasia was noted, measuring 0.36 cm. The left kidney measured 4.73 cm. The right kidney measured 4.81 cm.

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 left adrenal gland measured 0.31 cm

Spleen

The **spleen** was mildly enlarged (uniform), measuring 1.13 cm.

Liver

The **liver** revealed a 2.05 cm hypoechoic expansive mass in the left medial liver. A separate hypoechoic nodule was noted in the left lateral liver. The liver was diffusely hyperechoic elsewhere, consistent with lipidosis. The gallbladder and common bile duct were unremarkable.

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



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

Pancreas

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A mixed hypoechoic irregular and focally mineralizing mass was noted in the region of the right cranial **pancreatic** base, measuring 2.3 cm x 2.4 cm. Variable areas of the pancreas appeared to be nebulous and ill-defined.

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ULTRASONOGRAPHIC FINDINGS

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- Liver mass
- Mass in the region of the right pancreatic limb, mineralizing suspect pancreatic carcinoma and metastatic disease. Granulomatous disease and necrosis are possible.
- Age-related renal changes with pyelectasia of the left kidney and slight mineralizations
- Mild splenic enlargement- FNA is indicated. Reactive spleen vs round cell neoplasia

AGE

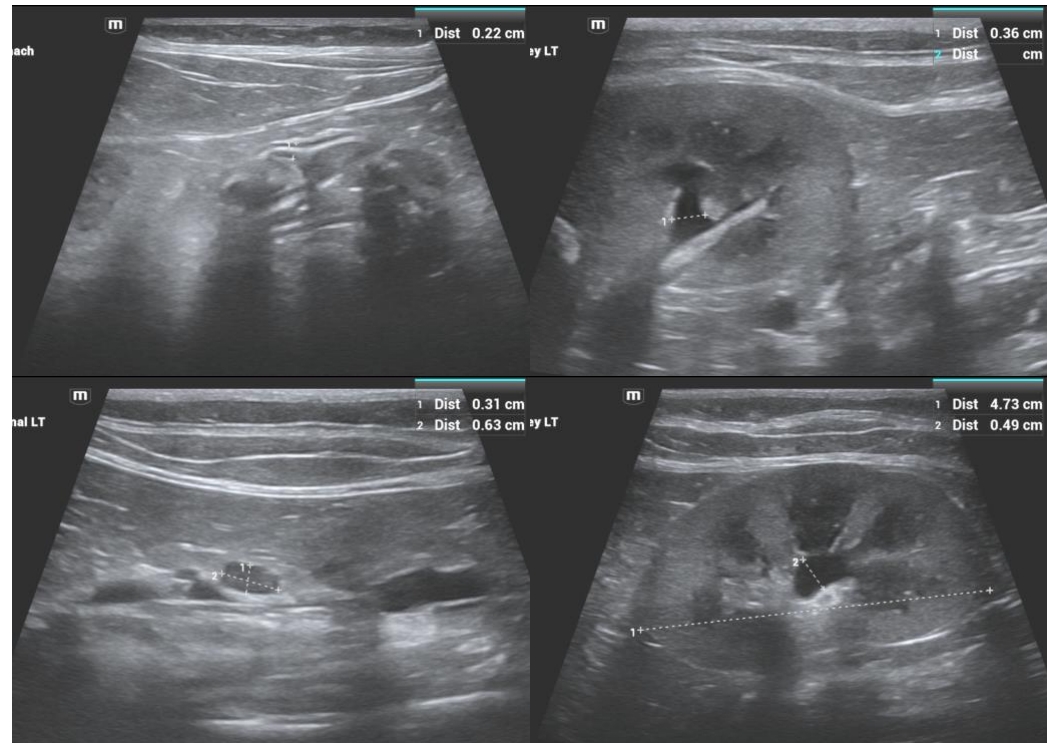
10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas and liver lesions are recommended for further definition.

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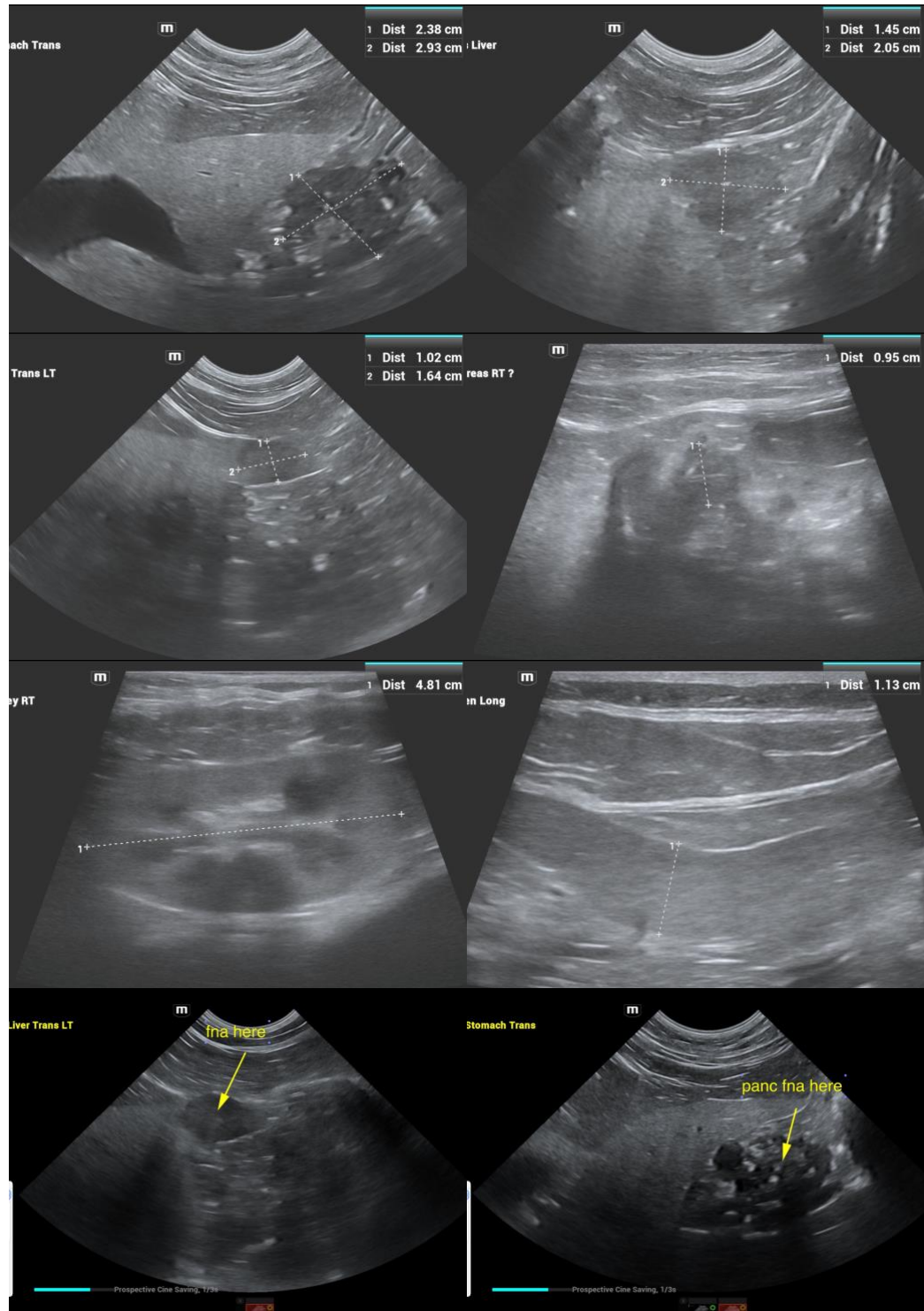
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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