



PATIENT

Carson Angert

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

4.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Laura De Cordon

HOSPITAL NAME

Mason Dixen AEH

REFERRING VET

Laura De Cordon

INVOICE

15195

DATE

5/15/22

PRESENTING CLINICAL SIGNS

History: Recent weight loss and vomiting that resolved with starting methimazole, presented for not eating 1 1/2 weeks, collapsed in litter box

Abnormal PE/Chem/CBC/UA Results: BW 5/9 showed mild neutrophilia; reticulocytosis elevated T4 and high N SDMA; HCT 32% BW 5.15.22 Chem: BUN 44.8 Phos 6.3 BG 208 CBC: HCT 17.8 - new was 32% on 5/9 Lat/VD whole body xrays: right middle lung lobe atelectasis; large gas distended colon; prominent spleen. FAST SCAN - no free fluid seen; liver had mixed echogenicity; spleen is enlarged. BP 116 mm hg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Suspended debris was present. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with moderate chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. A cortical infarct was noted at the caudal pole of the left kidney. The left kidney measured 3.2 cm. The right kidney measured 3.04 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

Liver

The **liver** revealed heterogeneous parenchymal changes with isoechoic nodules. The gallbladder and common bile duct were unremarkable. Areas of free fluid were noted between the liver lobes.

Gastrointestinal

The **gastrointestinal tract** presented variable thickening with loss of detail noted. Localized fluid was present adjacent to the intestine with reactive mesentery. Luminal gastric and intestinal material noted, partial obstructive pattern, however, not typical for a strict linear foreign matter.

Pancreas



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Heterogeneous **pancreatic** changes were present with enhanced surrounding mesentery.

Carson Angert

Free Abdomen

SPECIES

A mesenteric **lymph node** was mildly enlarged and somewhat rounded, measuring 1.0 cm x 0.8 cm.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

- Gastroenteritis pattern with reactive mesentery and luminal material, possible small amount of foreign matter yet not typical obstructive pattern
- Heterogeneous liver
- heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Strong concern for underlying neoplasia, such as mast cell disease. Exploratory surgery would be indicated given the aggressive GI presentation with expectation of liberation of any luminal material, but more importantly, obtain GI and hepatic biopsies. Prognosis is very guarded depending upon histopathology results.

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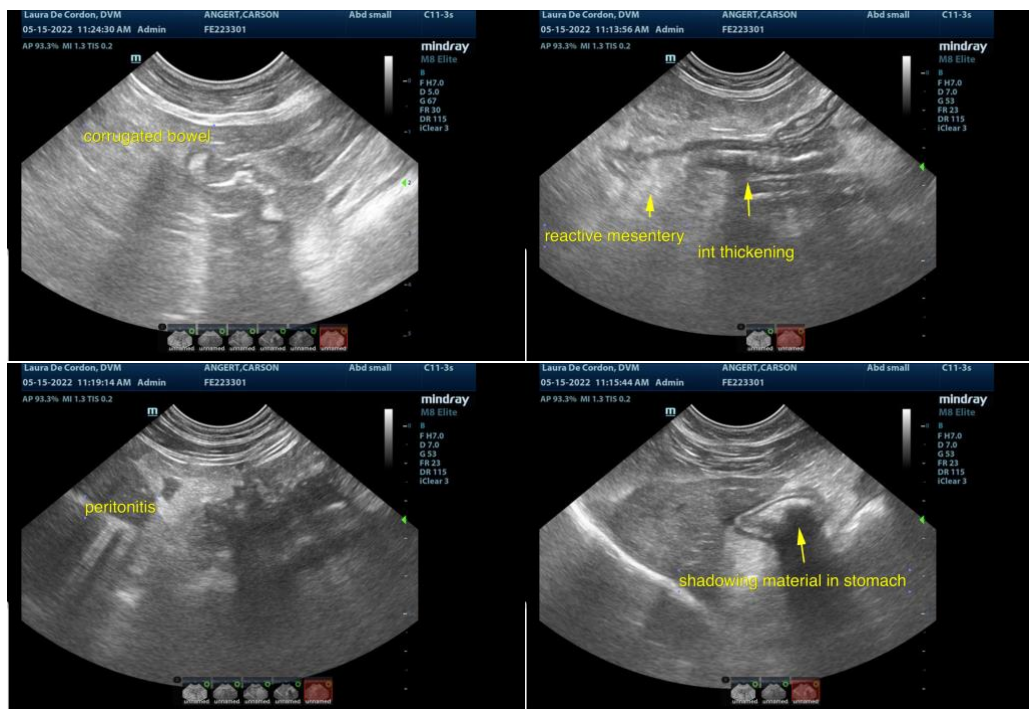
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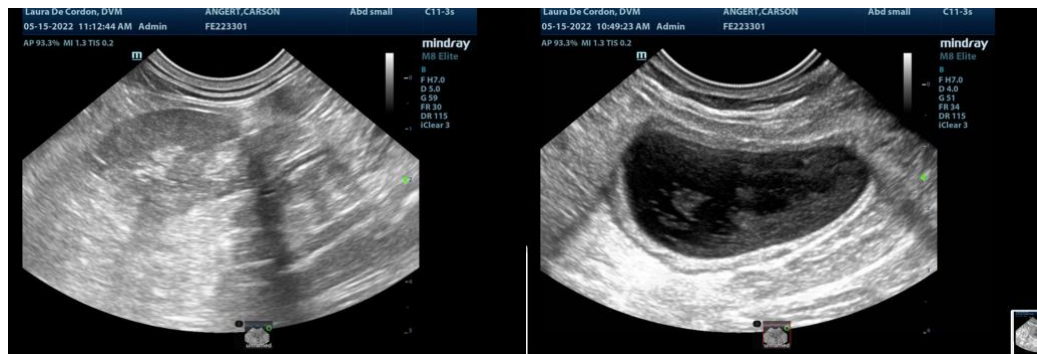
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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