



PATIENT

Monsters Ferrer

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

21 years

WEIGHT

3.2 lg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach Pet
Hospital

REFERRING VET

Dr. Singh

INVOICE

30434

DATE

5/16/22

PRESENTING CLINICAL SIGNS

History: inappropriate urination, PU/PD, vomiting
Abnormal PE/Chem/CBC/UA Results: Marked elevation in amylase and lipase, mild non-regenerative anemia, stage II renal disease, SNAP fPL elevated

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 was noted. Ureteral papillae were normal.

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 chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Thickened, hyperechoic medullary rim band was noted.

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.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed mild, coarse architecture with increased portal markings noted. A hepatic cyst was noted in the left limb. Hypoechoic nodules were noted in the liver as well. This may be represent metastatic disease. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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. No associated abnormal lymphatic activity was noted.



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Pancreas

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A mixed, hypoechoic mass was noted in the region of the **pancreas**. The mass measured 3.0 cm with a dilated duct. The duct dilation is likely owing to the circumferential or stricturing action of the mass. The mass occupied the majority of the left limb, but also continued to the right. The pancreas measured 2-2.5 cm at maximum width with a dilated duct that measured up to 0.5 cm.

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ULTRASONOGRAPHIC FINDINGS

Pancreatic mass with nodular changes and strictured pancreatic duct.

Nodular hepatic changes with benign cyst.

Chronic interstitial nephrosis renal pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver nodules and pancreas are strongly recommended in this patient to assess for carcinoma, pancreatic lymphoma or pronounced nodular hyperplasia. Sampling is essential in this patient.

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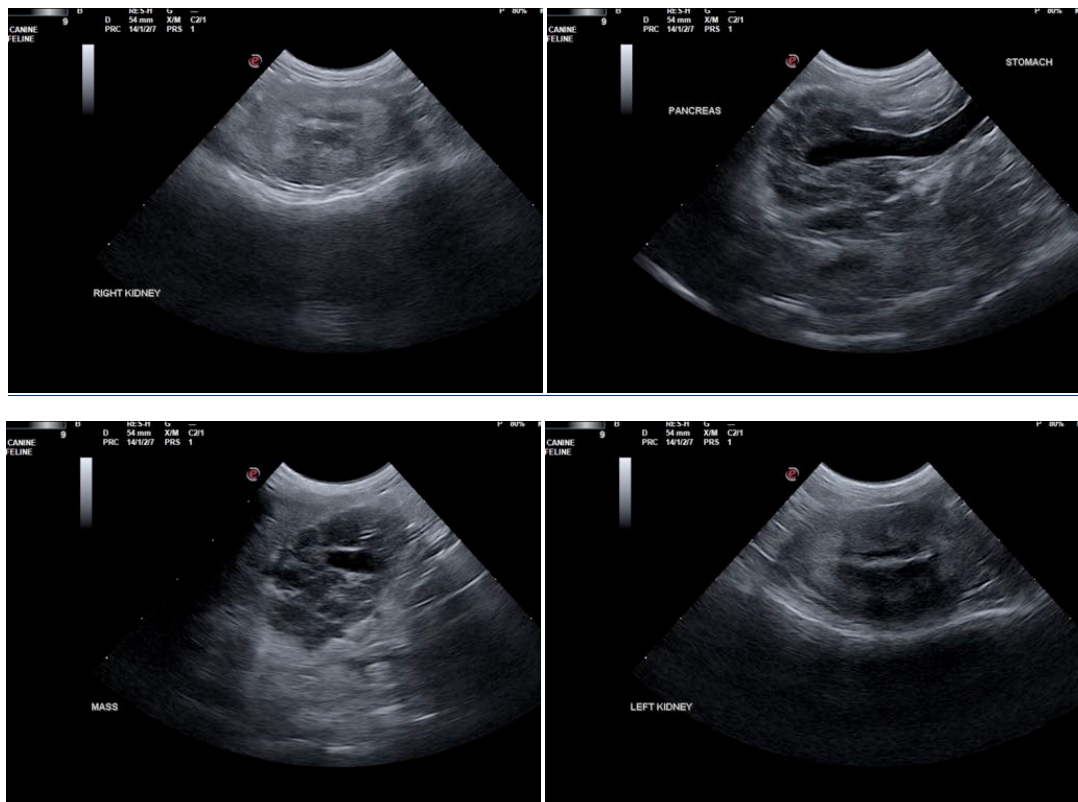
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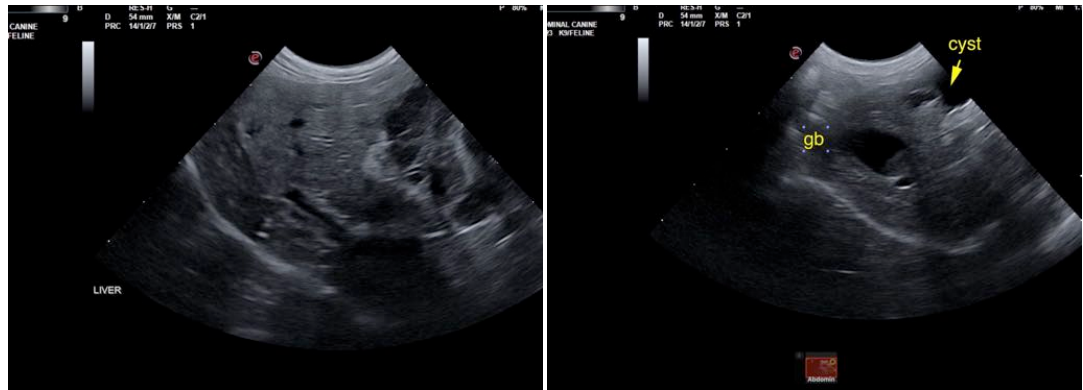
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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