



PATIENT

Patchey Cortez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

10.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

INVOICE

30410

DATE

5/17/22

PRESENTING CLINICAL SIGNS

History: hyperthyroidism well controlled with tapazole
Abnormal PE/Chem/CBC/UA Results: abdominal effusion and fluid wave on abdominal palpation, per owner was doing well at time of apt. BNP normal, mild elevation in SDMA/BUN, mild UTI, T4 normal. 4/26/22 Radiographs: Mild cardiomegaly, loss of abdominal detail, unusual mineralization in cranial abdomen, gas in intestines.

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. Hyperechoic medullary rim sign was noted. The right kidney measured 4.39 cm. The left kidney measured 4.29 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.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** presented multiple cystic lesions and coalescing masses that occupied the right medial liver in a non-resectable position. There was no evidence of passive congestion noted. The masses deviated the gallbladder ventral caudally. The masses and nodules disrupted architecture in the right and left liver. mineralized biliary changes were noted in some of the masses. This is strongly consistent with biliary carcinoma. Core biopsy is necessary for further definition. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The **gastrointestinal tract** was deviated caudally as well from the hepatic masses. 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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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.

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Neutered male

Free Abdomen

AGE

15 years

A moderate amount of free fluid was noted in the abdomen with echogenic debris. .

WEIGHT

10.9 lbs

ULTRASONOGRAPHIC FINDINGS

Diffuse hepatic neoplasia. Mineralized cystic masses with secondary free fluid owing to paraneoplastic effusion. Biliary carcinoma is suspected.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core hepatic biopsy is necessary for further definition. The pathology is non-resectable, multifocal and diffuse. The prognosis is poor.

IMAGING PERFORMED BY

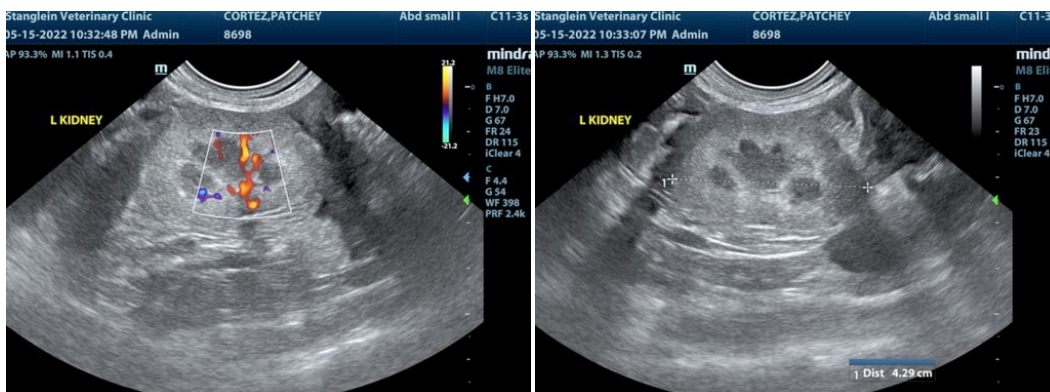
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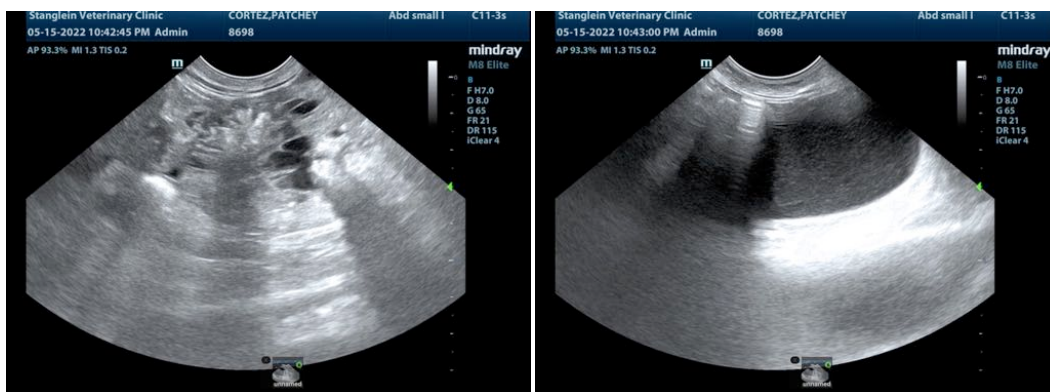
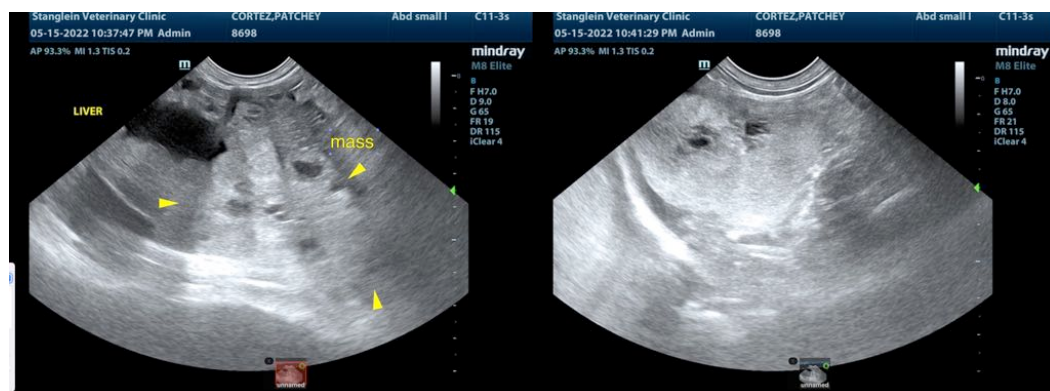
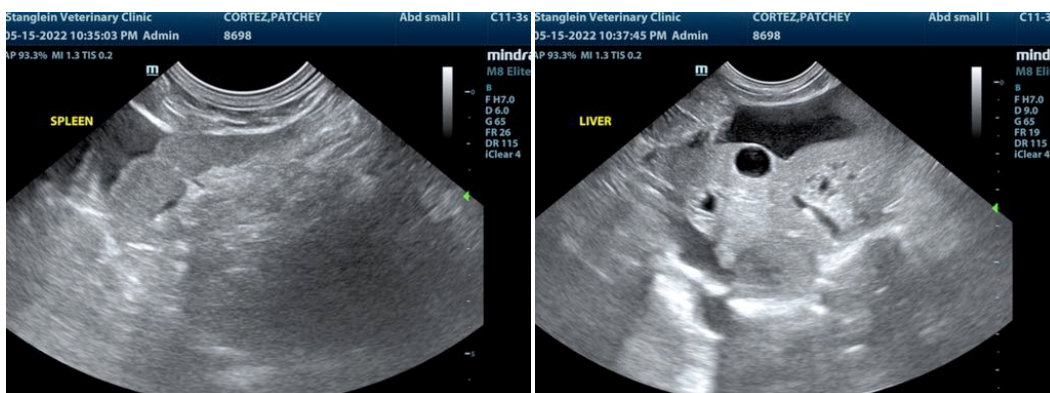
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com