



**PATIENT**

Po Fyfe

**PRESENTING CLINICAL SIGNS**

History: Enlarged abdomen, constipation  
Abnormal PE/Chem/CBC/UA Results: BW done recently , non diagnostic

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

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**

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pelvic mineralization was noted. The left kidney measured 4.62 cm. The right kidney measured 4.5 cm.

**AGE**

14 years

**WEIGHT**

8.9 kg

**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 0.4 cm. The right adrenal gland measured 0.48 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gira

**Spleen**

The **spleen** was enlarged with scalloping contour. The spleen measured 1.4 cm at the maximum width. Hypoechoic nodular changes were noted in the spleen and were partially disruptive. The largest of which measured up to 1.28 cm.

**HOSPITAL NAME**

Resolution Veterinary  
Ultrasound

**Liver**

The **liver** was mildly enlarged and fairly uniform. The vena cava was mildly dilated and measured 1.0 cm. There is a potential for passive congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

**REFERRING VET**

Dr. Falk Glanmorgan  
AC

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**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.

**DATE**

5/20/22



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**Pancreas**

Po Fyfe

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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

A moderate amount of free fluid was noted in the abdomen. Heterogenous omental changes were noted with nodules.

Domestic Shorthair

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered male

Splenomegaly.

**AGE**

Ascites.

14 years

Nodular omental changes.

Dilated vena cava.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

8.9 kg

Strong concern for lymphomatosis, carcinomatosis or similar. Splenic FNA and abdominocentesis is recommended. Chest radiographs and echocardiogram are recommended to assess for causes of passive congestion. Abdominocentesis, cytospin, FNA of the spleen and echocardiogram with focus on the right heart and any potential tricuspid insufficiency velocities are indicated to assess for right-sided heart failure.

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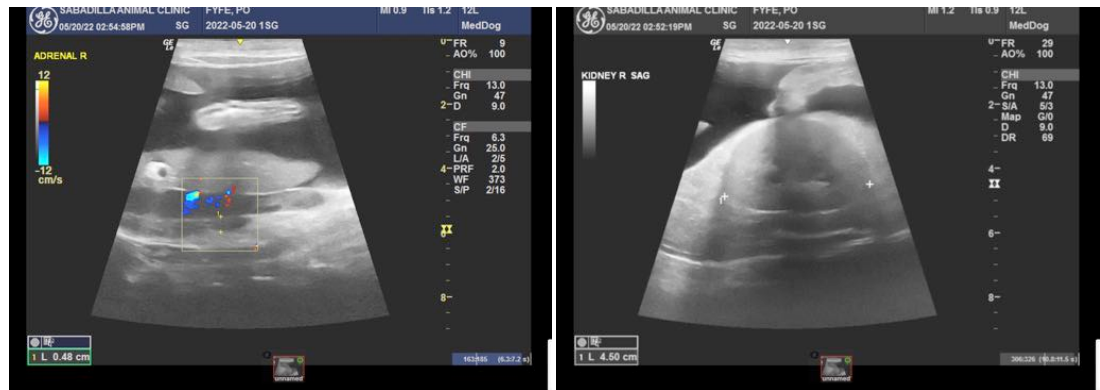
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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