



**PATIENT**

Rocky Gerace

**PRESENTING CLINICAL SIGNS**

History: bloody urine, increased drinking, vomiting urinary blockage

**SPECIES**

Feline

**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.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

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. Cortical infarcts and remodeling were noted. The left kidney measured 3.71 cm. The right kidney measured 3.94 cm. Blood flow to the kidneys appeared to be mildly subnormal.

**AGE**

15 years

**WEIGHT**

10 lbs

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 was noted.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**Liver**

The **liver** revealed heterogenous, irregular swelling in the right medial liver. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**REFERRING VET**

Dr. Maniar

**INVOICE**

30105

**DATE**

5/3/22



**PATIENT**

**Gastrointestinal**

Rocky Gerace

A minor amount of gastric fluid was noted. The small intestines were unremarkable. The descending colon revealed focal thickening with regional inflammation. The regional lymph nodes were mildly enlarged and measured up to 1.0 cm.

**SPECIES**

Feline

**Pancreas**

**BREED**

Domestic Shorthair

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15 years

Ileocecolic infiltrative pattern with regional lymphadenopathy, minor.

Chronic pancreatic and hepatic changes.

Irregular swelling at the right medial liver.

**WEIGHT**

10 lbs

Chronic interstitial nephrosis renal pattern.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the proximal colonic lesion, liver and lymph node if possible is recommended in this patient. I am concerned for emerging neoplasia. Emerging round cell neoplasia/lymphoma is possible.

**IMAGING PERFORMED BY**

Jenn

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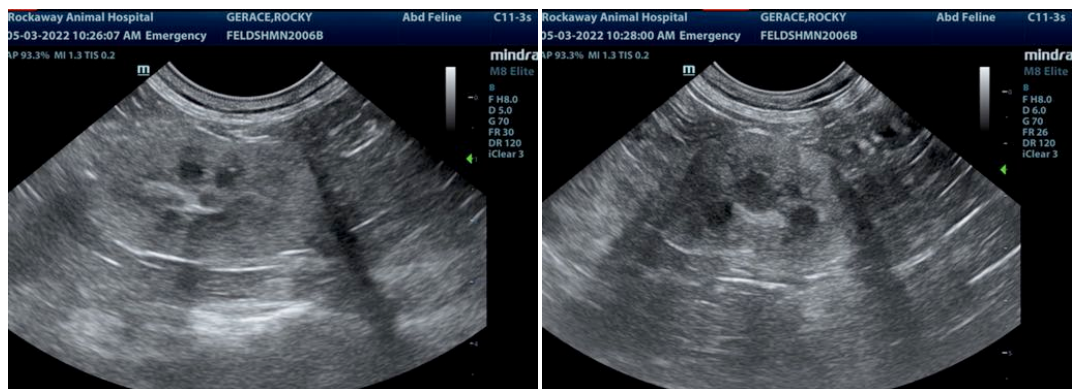
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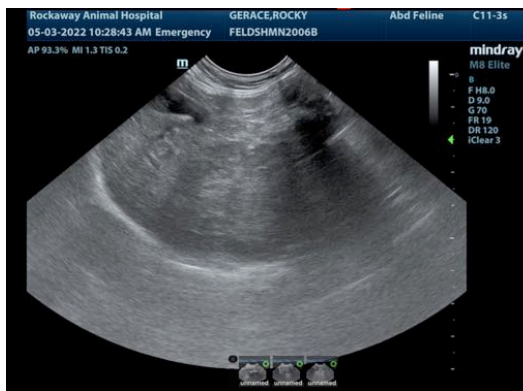
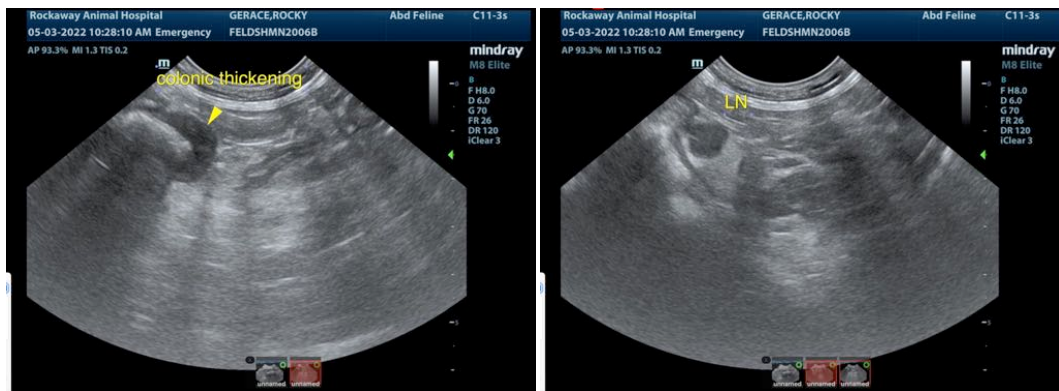
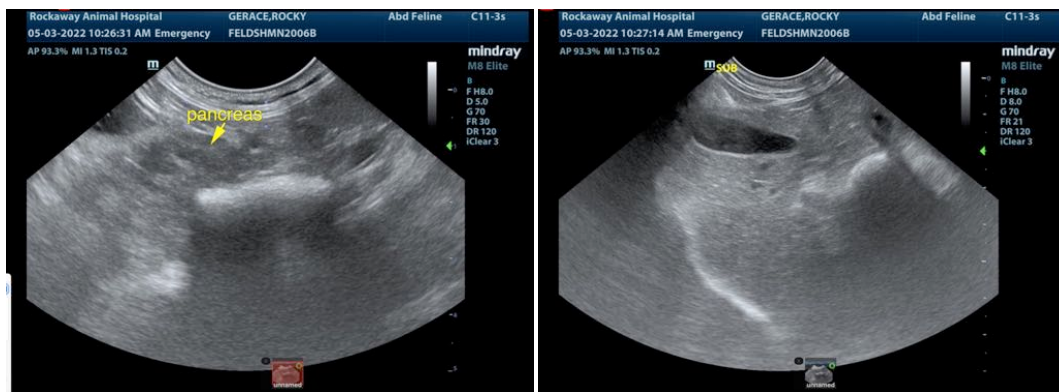
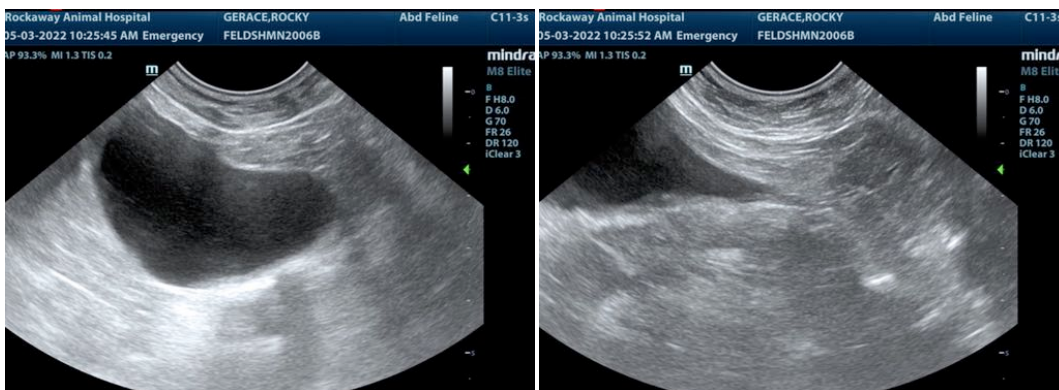
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**PATIENT**

Rocky Gerace

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.

**SPECIES**

Feline

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.

**BREED**

Domestic Shorthair

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

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