



PATIENT PRESENTING CLINICAL SIGNS

Obi Lwai Anorexia, Weight loss, V+/D+

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Zilberman

INVOICE

22405

DATE

5/9/23

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.6 cm. The right kidney measured 3.82 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.55 cm. The right adrenal gland measured 0.57 cm.

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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. 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. The common bile duct measured the upper limits of normal size, measuring 0.32 cm.

Gastrointestinal

The **stomach** and small intestine were unremarkable. Fluid filled colon was noted.

Pancreas



PATIENT

Obi Lwai

The **pancreas** was hypoechoic and irregular in the left limb with enhanced surrounding mesentery and painful upon imaging, consistent with pancreatitis. Dilated pancreatic duct was also noted. The left limb measured up to 1.0 cm.

SPECIES

Feline

Free Abdomen

The mesenteric **lymph node** was slightly enlarged and rounded., measuring 0.97 cm.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Inflammatory bowel/pancreatitis/lymphadenitis pattern- Mild potential for emerging round cell neoplasia, primarily in the mesenteric lymph node.
- Stressed adrenal glands
- Age-related hepatic changes with common bile duct measuring the upper limits of normal size
- Age-related renal changes

AGE

16 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

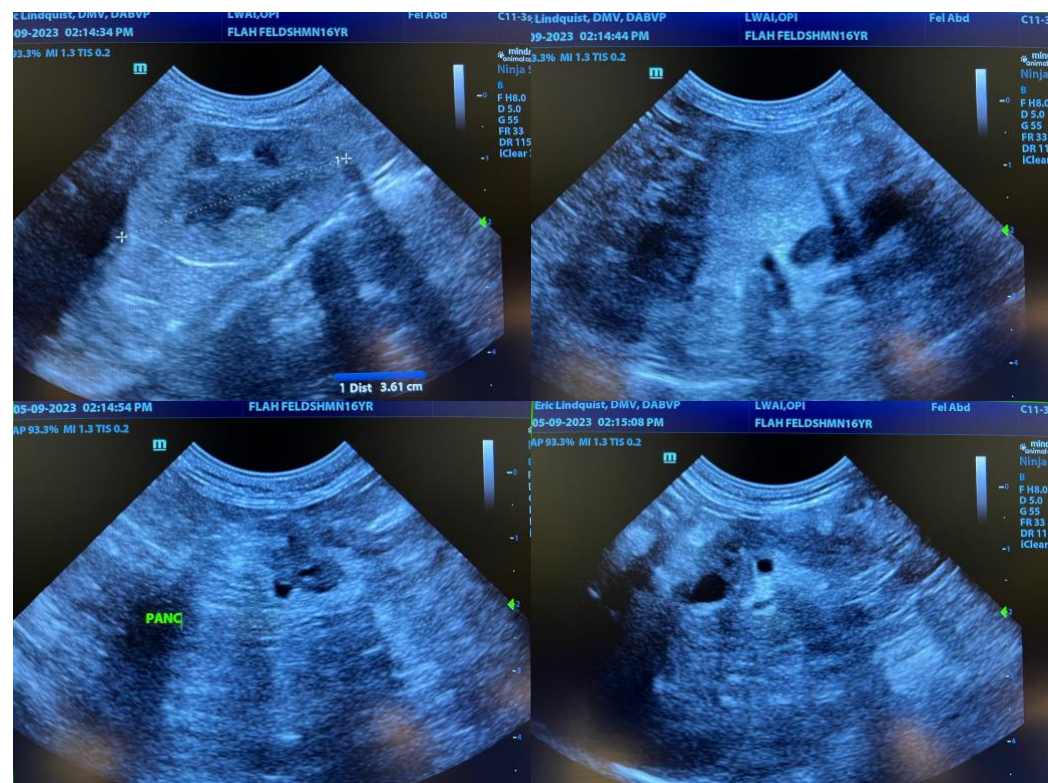
Treatment for pancreatitis is warranted. Ultrasound guided FNA of the mesenteric lymph node could be considered, however, it is relatively small and may be difficult to exfoliate. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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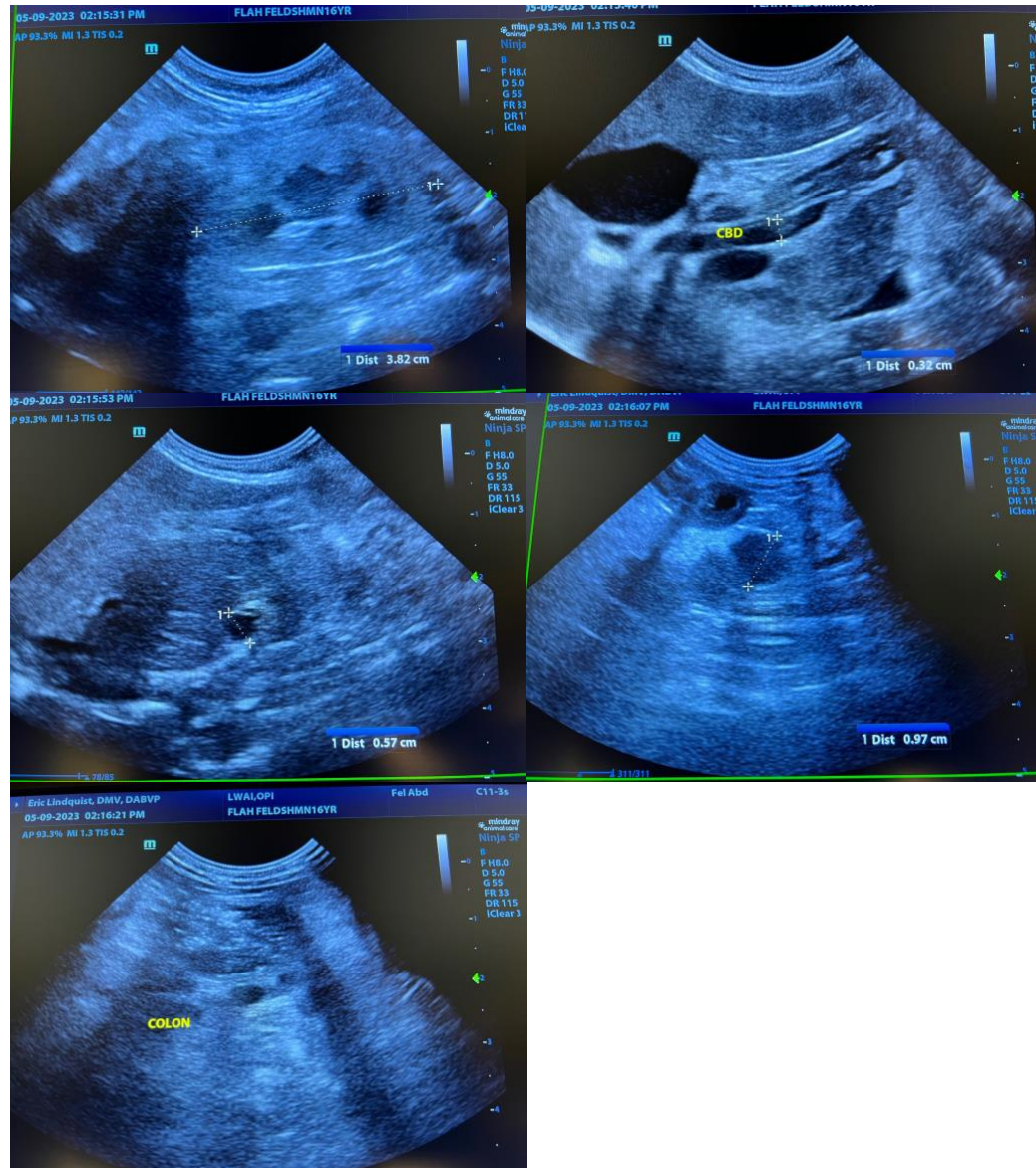
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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