



**PATIENT**

Lucifer Debroux

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

11.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sonopath Imaging  
Center

**HOSPITAL NAME**

Black River Vet

**REFERRING VET**

Dr. Hewitt

**INVOICE**

44722

**DATE**

6/1/23

**PRESENTING CLINICAL SIGNS**

History: Ascites, 9/2021 dx with suspect IBD via ultrasound only, no biopsies. 2/6 murmur. current meds: Budesonide 1 mg q 24 hrs, metronidazole 75 mg q 24 hrs, methimazole 5 mg q 24 hrs  
Abnormal PE/Chem/CBC/UA Results: Gluc 240, Potassium 3.4, ALP 154, Eos 0.07

**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. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was 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 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 4.08 cm. The right kidney measured 4.3 cm with pinpoint mineralization.

**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 right adrenal gland measured 0.35 cm.

**Spleen**

The **spleen** was enlarged, heterogenous and nodular. The spleen measured 1.8 cm. This is essentially twice the normal width. Subtle reticular pattern was noted. There is a strong concern for mastocytosis or similar.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was at the upper limits of normal to slightly enlarged and measured 0.6 cm.

**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.

**Pancreas**

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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**Free Abdomen**

A large amount of ascites was noted in this patient. Heterogenous omental changes were noted.

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Feline

**ULTRASONOGRAPHIC FINDINGS**

Splenomegaly and ascites.

**BREED**

Domestic Shorthair

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Abdominocentesis and cytospin of the free fluid as well as FNA of the spleen is indicated if not already performed. The prognosis is guarded to poor.

**SEX**

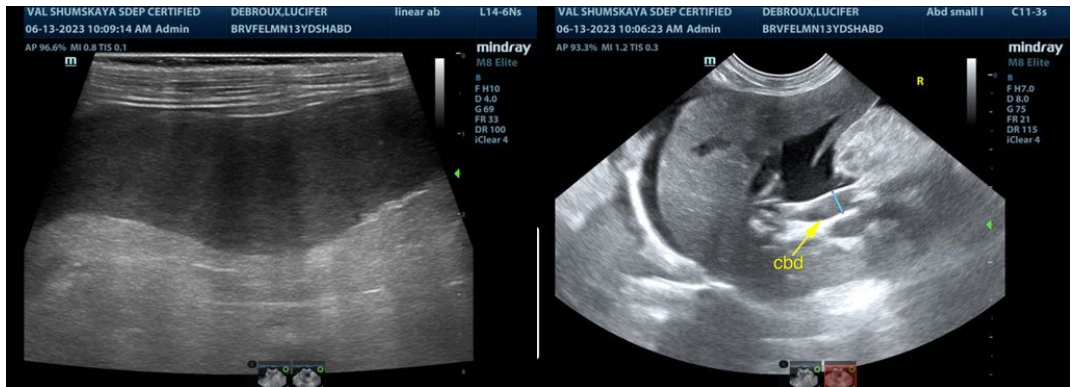
Neutered male

**AGE**

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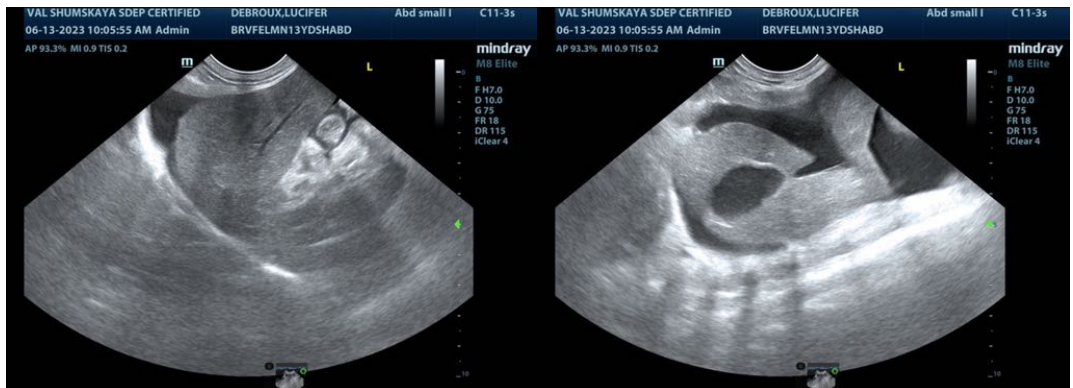
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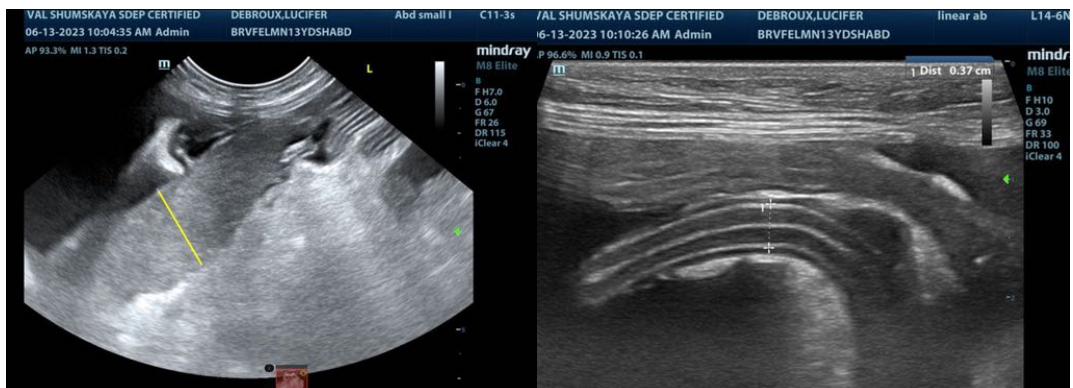


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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