



PATIENT PRESENTING CLINICAL SIGNS

Rory Riley

P presented for recheck abdominal ultrasound. P initially seen for vomiting, weight loss, and diarrhea. P had been diagnosed with hyperthyroidism prior and placed on felimazole orally for weight loss on April 28th 2023. Three weeks after starting medication p continued to lose weight, vomiting worsened, and p broke with diarrhea. P was hospitalized on IVF and supportive care. P is now off all medication and doing better according to the o. Vomiting and diarrhea has resolve. Good appetite and almost normal energy again. Abdominal ultrasound recheck today with aspirates of liver and spleen.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

9.96

Abnormal PE/Chem/CBC/UA Results: PE - TPR wnl, p gained 1lb since May 19th CBC - mild neutropenia Chem - ALT 564 U/L, all else wnl T4 - 1.9 ug/dL (on May 19th, did not recheck today) Chest x-rays wnl, abdominal x-rays - fluid and gas accumulation in SI Abdominal ultrasound - mild hepatopathy vs. round cell neoplasia, splenomegaly, and focal jejunal thickening PT/PTT - wnl Splenic and Liver aspirates - pending

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 were noted. Ureteral papillae were normal.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

The **kidneys** were mildly enlarged and swollen with slight loss of corticomedullary definition. The right kidney measured 3.91 cm with slight pyelectasia noted. The left kidney measured 3.94 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. The right adrenal gland measured 0.40 cm. The left adrenal gland measured 0.40 cm.

IMAGING PERFORMED BY

Dr. Miranda Fritz

Spleen

HOSPITAL NAME

Waterbury VH

The **spleen** was enlarged, more so than the prior sonogram. The spleen measured 1.4 cm.

Liver

REFERRING VET

Dr. Miranda Fritz

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 cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

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DATE

6/13/23

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. Prior jejunal lesion does not appear to be persistently present. Likely focal granuloma that has self resolved.



PATIENT

Pancreas

Rory Riley

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

ULTRASONOGRAPHIC FINDINGS

BREED

- Swollen kidneys with pyelectasia of the right kidney
- Enlarged spleen

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Urinary workup warranted, given the renal pyelectasia.

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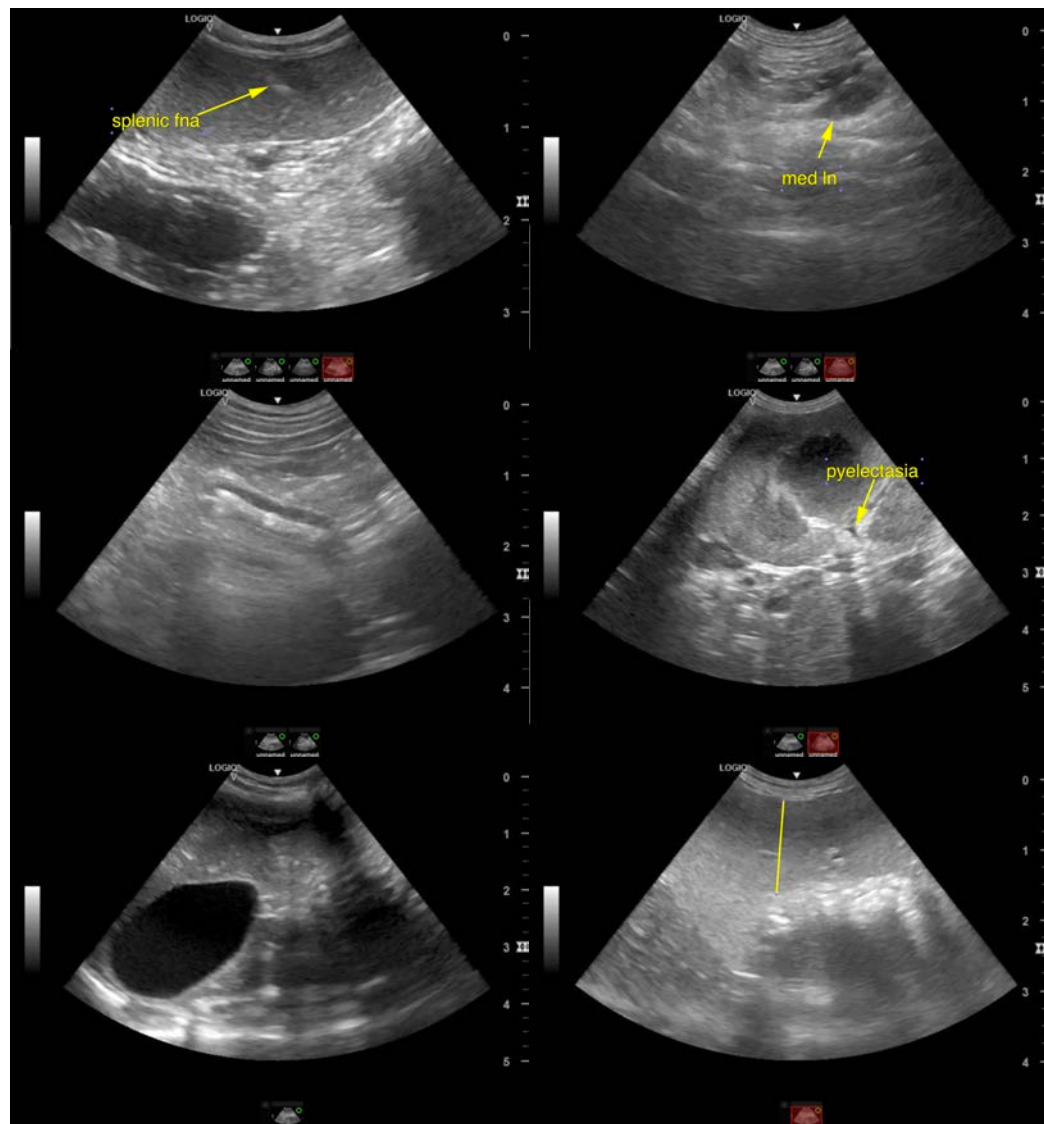
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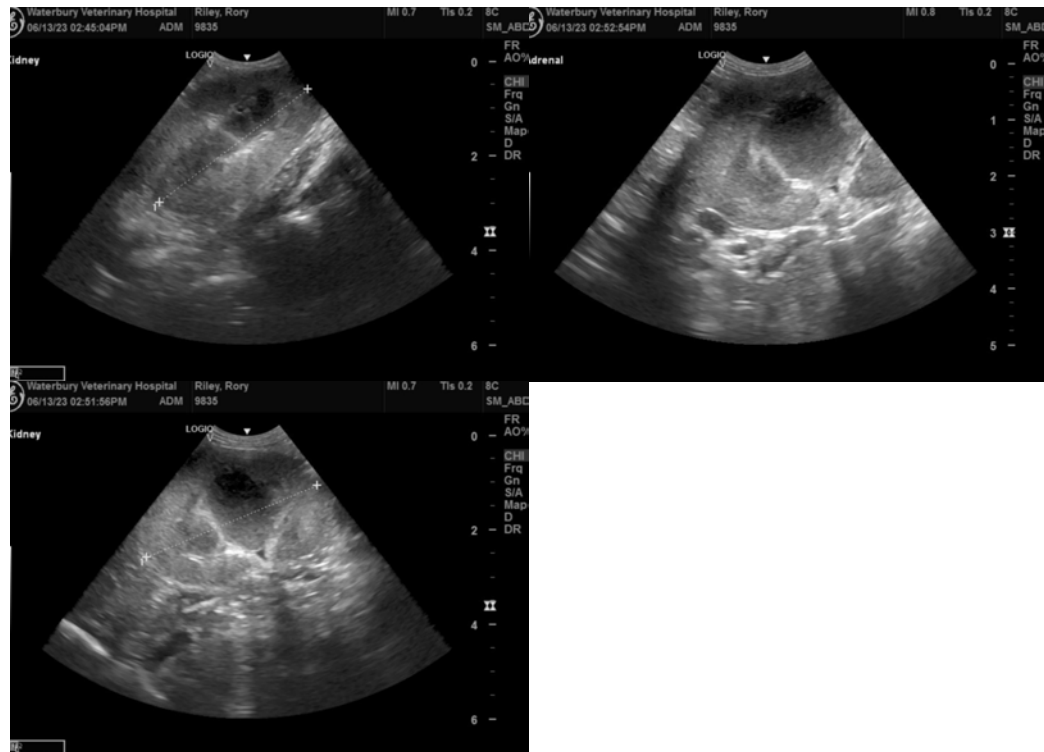
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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