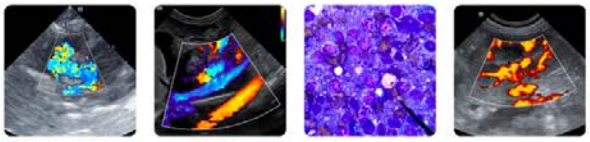

PATIENT

Sherman Britton

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

17 Years

WEIGHT

12.7 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Rachel Bunn, DVM

HOSPITAL NAME

Wellesley Animal Hospital

REFERRING VET

Rachel Bunn, DVM

INVOICE

76073

DATE

6/19/26

PRESENTING CLINICAL SIGNS

Chronic weight loss since 2023 (was 16.67 lbs at that time) Weight has increased periodically during that time but then progressively trends downward. Recent bout of hematochezia & vomiting. Also has chronic rhinitis & receives Convenia 3-4x yearly.

Abnormal PE/Chem/CBC/UA Results: Severe neutrophilic leukocytosis with bands (40K/uL WBC, 25 K/uL Neuts, 2 K/uL bands), although clot present in sample & WBC clumping. Stable CKD 2/4 (Creat 1.7 recently), marked hyperglobulinemia (8.1 g/dl) Sherman has no teeth (previous FME). He has mild seromucoid nasal discharge, is deaf, and has diffuse dandruff. Upon shaving the abdomen there are multifocal well demarcated regions of hyperpigmentation & occasional fur loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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. Left kidney measured 3.9 cm. Right kidney measured 4.0 cm. Blood flow to the kidneys appeared adequate to slightly subnormal on color flow assessment. The kidneys do not appear end stage.

Adrenal Glands

The **left adrenal gland** was 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. Left measured 0.40 cm.

In the region of the **right adrenal gland** there was a hypoechoic 0.90 cm structure noted. This may represent lymph node or potential adrenal.

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.

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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. 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.

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

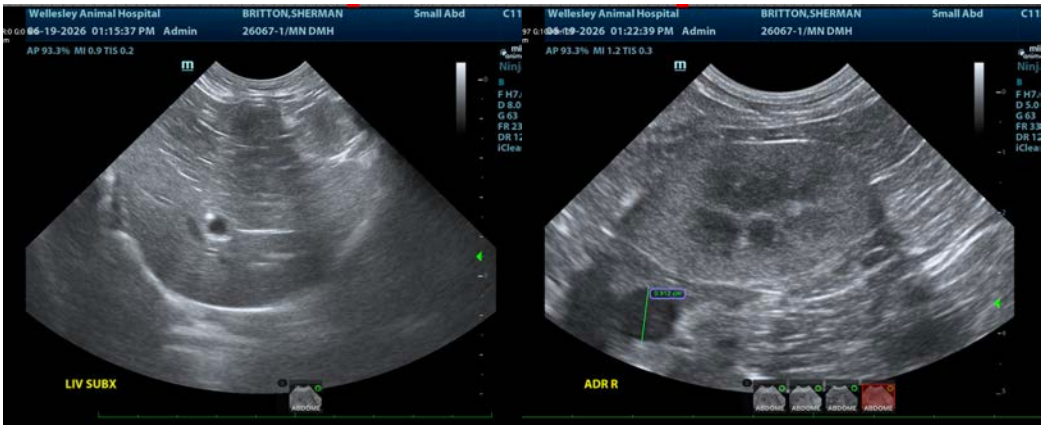
The left and right limbs of the pancreas were enlarged, irregular and hypoechoic with nodular changes.

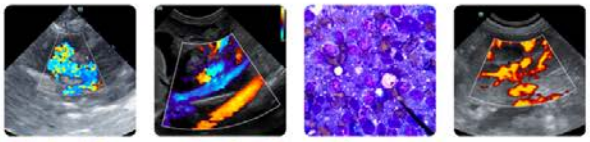
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Age related renal changes.
- Hypoechoic structure in the region of the right adrenal gland.
- Age related hepatic changes.
- Chronic pancreatic changes with nodules – hyperplasia, chronic active pancreatitis, carcinoma all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Ultrasound guided 25-gauge FNA of the pancreatic changes recommended to ensure carcinoma or other neoplasia is not present. If hypokalemia is present, aldosterone level indicated. Further imaging of the right adrenal area would be ideal. Given the globulin protein levels in this patient, FNA of the spleen warranted even though it appears normal. Chest radiographs warranted if not already performed as well as infectious disease testing to assess for cause of globulin elevation.





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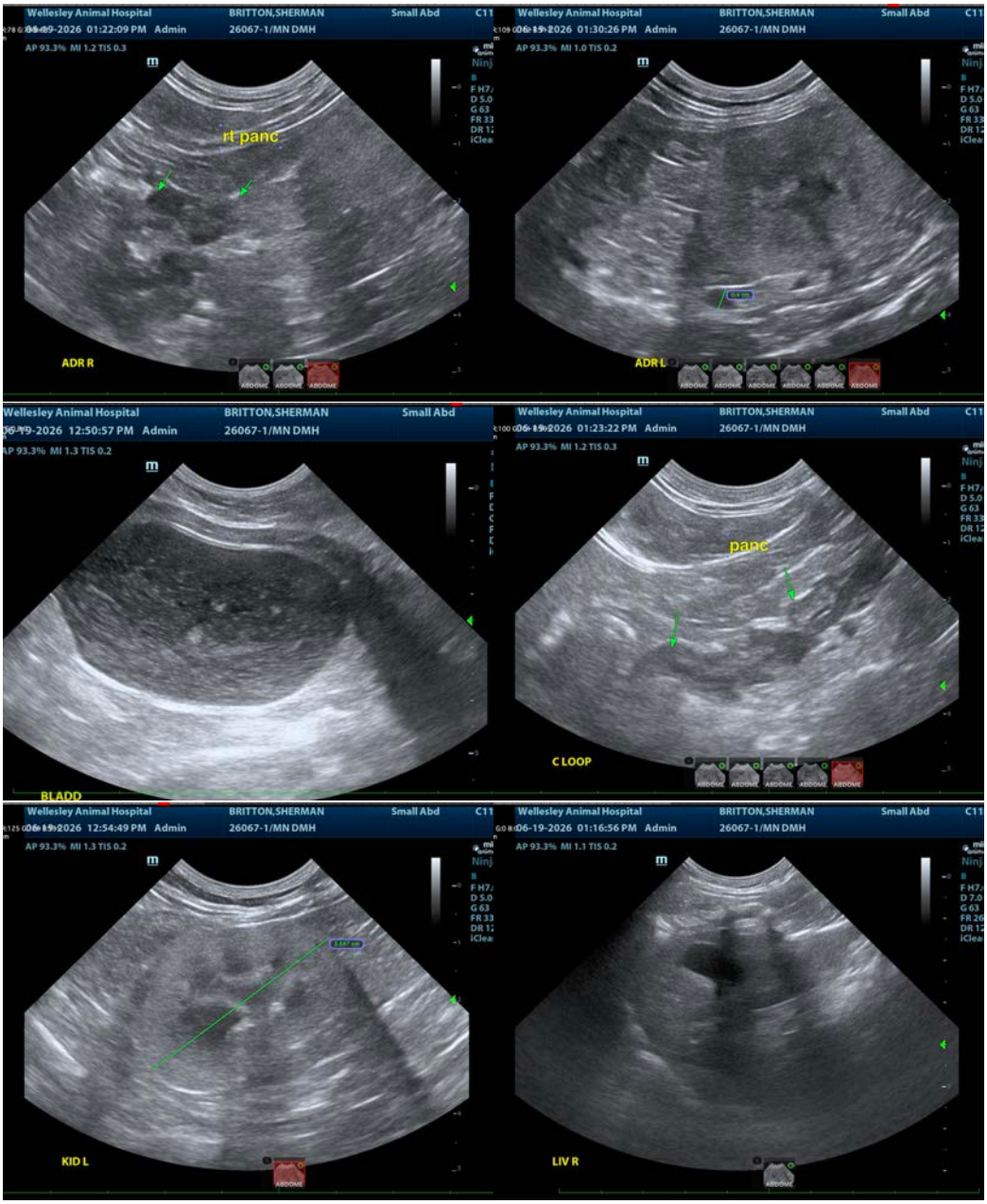

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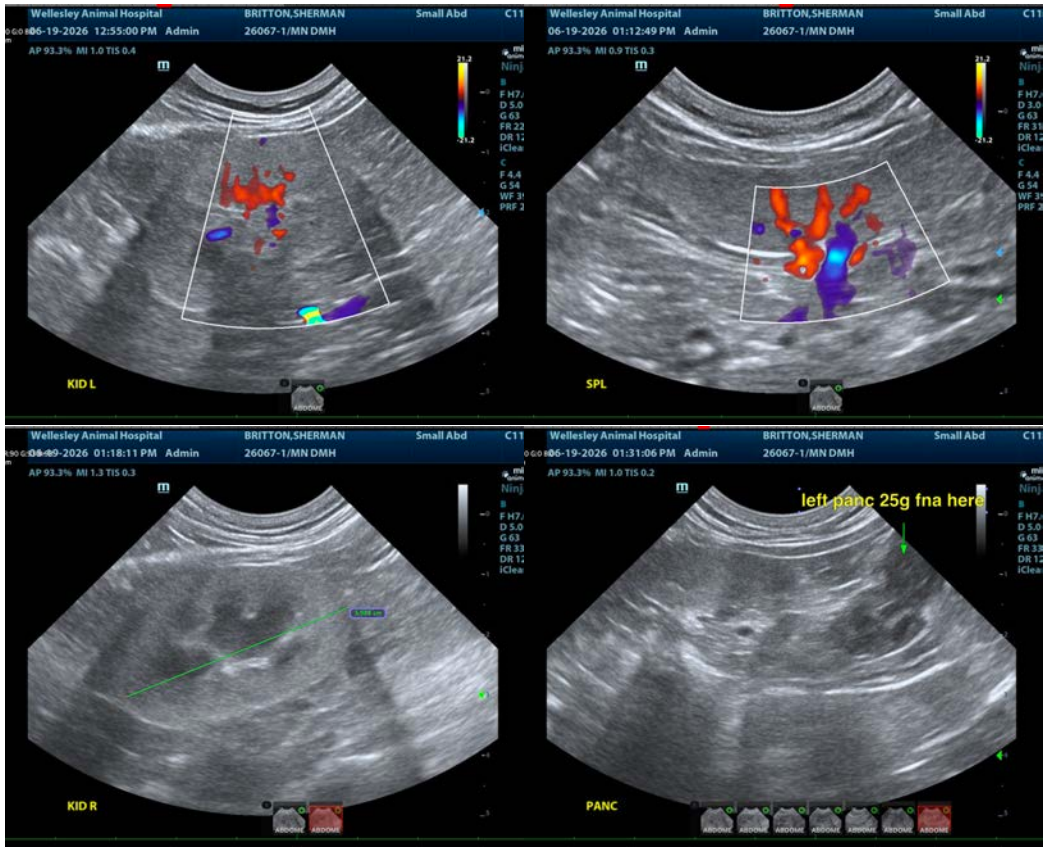

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com