



PATIENT PRESENTING CLINICAL SIGNS

Raj Olley

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

15 Years

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

38898

DATE

6/20/22

Presented at our hospital for AUS. May 10th started with dh for about 5 days, eyes weeping, sneezing, sounded hoarse, took to urgent care, high fPL, tx with Metronidazole and steroid for “allergy type” symptoms, rec a cream or spray for dermatitis. Now no BM, intake of food is down, drinking ++++. Very lethargic, sitting in one spot for 4 days. Missing litter box. Rec thyroid level check and AUS. Owner did stop steroid bc pet seemed worse, now seems a little more alert and with it. Stools are mixed solid and dh. Previous Health Concerns: toxoplasmosis tx about 2 yr ago Current Medications: herbal thyroid support meds (started yesterday) Appetite/When did they eat last: early this morning small amt Diet: hills i/d canned

Abnormal PE/Chem/CBC/UA Results: Dermatitis +++, skin is flaky, inflamed and sloughing in places. Painful on abdominal palpation. Bloodwork 6/6/22 fPL abnormal; Chem: LIP 215; Chl 129; pO2 62.5; BEecf -7.9; sO2 89.5; CBC: WBC 4.57; NEU 2.41; BASO% 1.9

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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. Slight mineralizations noted. The left kidney measured 4.0 cm. The right kidney measured 3.74 cm.

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. The left adrenal gland measured 0.40 cm.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 5.0 mm in width. 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** revealed heterogeneous parenchymal changes with a left lateral nodule with target type appearance. The nodule measured 2.0 cm. The gallbladder and common bile duct were unremarkable. A separate right liver nodule was noted, measuring 2.5 cm.



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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 **pancreas** revealed extensive mixed hypoechoic nodular changes with cysts.

PRIMARY FINDINGS

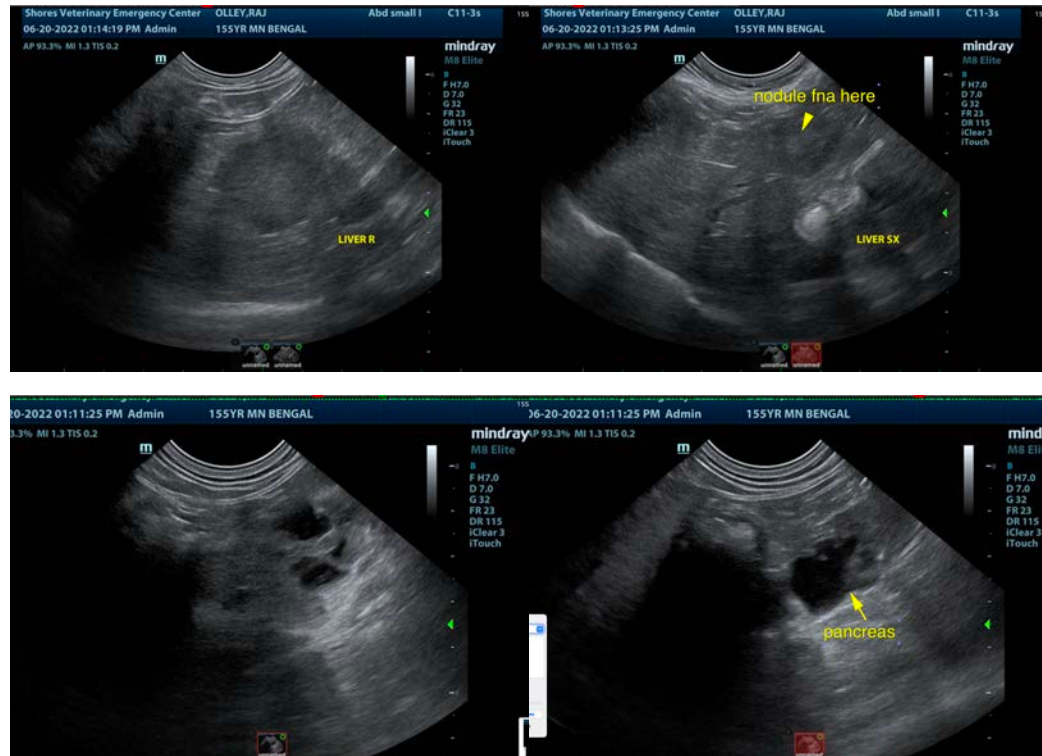
- Nodular and cystic pancreatic changes
- Nodular hepatic changes

SECONDARY FINDINGS

- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA and drainage of the pancreatic cysts, FNA of the parenchymal portions, as well as FNA of the splenic nodules recommended. Strong concern for pancreatic +/- hepatic carcinoma. Pronounced nodular hyperplasia and pancreatic pseudocyst possible, yet less likely.





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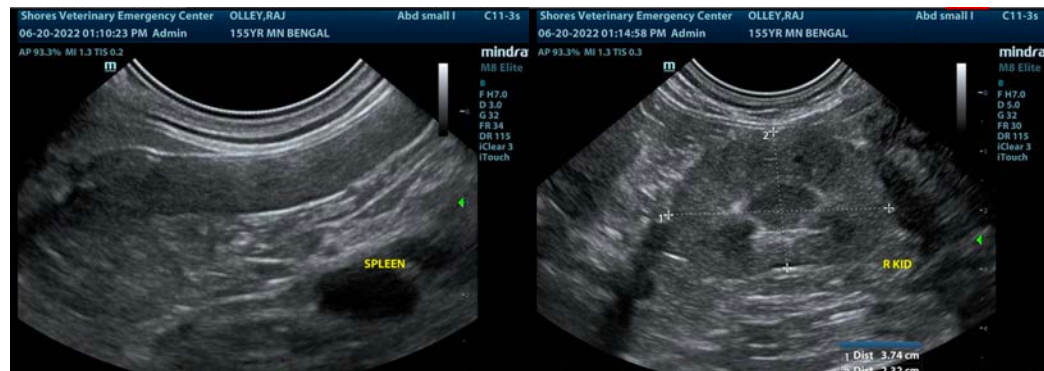
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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