



**PATIENT**

Mewies Ludwig

**PRESENTING CLINICAL SIGNS**

Weight loss, elevated liver values  
Abnormal PE/Chem/CBC/UA Results: ALT 353, ALK PHOS 190, TOTAL BILI 1.4,

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared unremarkable. 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 was noted. Ureteral papillae were normal.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

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. Mineralization was noted in the kidneys. The right kidney measured 3.97 cm with minor pyelectasia. The left kidney measured 3.89 cm.

**AGE**

15 years

**WEIGHT**

14 lbs

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 was noted.

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**Liver**

The **liver** was structurally unremarkable. Slight, coarse hepatic architecture was noted. This is a non-specific presentation. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. DenHeyer

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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.

**DATE**

7/11/22



**PATIENT**

**Pancreas**

Mewies Ludwig

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

**Free Abdomen**

**BREED**

Domestic Shorthair

Sublumbar lymph nodes are slightly enlarged. The largest lymph node measured 1.0 x 0.5 cm.

**SEX**

Neutered male

Pyelectasia of the right kidney with age related changes.

Slight, coarse hepatic architecture.

Slightly enlarged sublumbar lymph nodes.

**AGE**

15 years

Otherwise, structurally unremarkable abdomen.

**WEIGHT**

14 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver is indicated given the liver enzyme profile. Hepatitis is likely with a minor potential for occult neoplasia/lymphoma at a very early phase. Full urinary work-up is warranted if not already performed. Ultrasound-guided FNA of the sublumbar lymph node is warranted.

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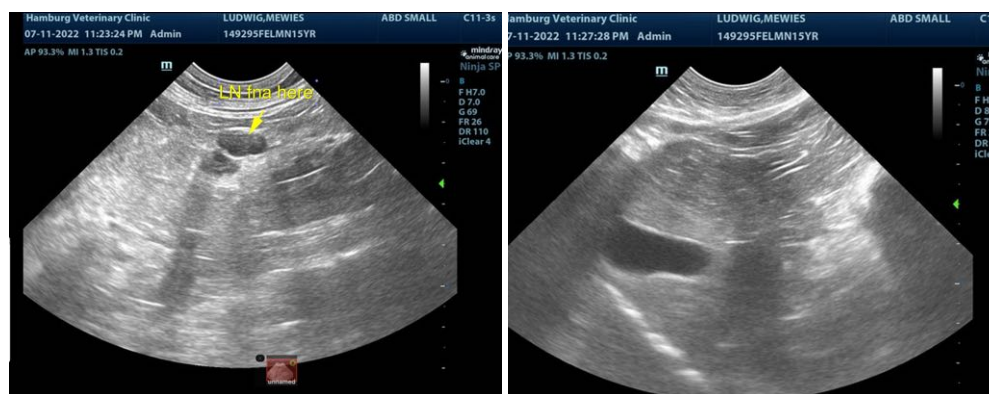
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**PATIENT**

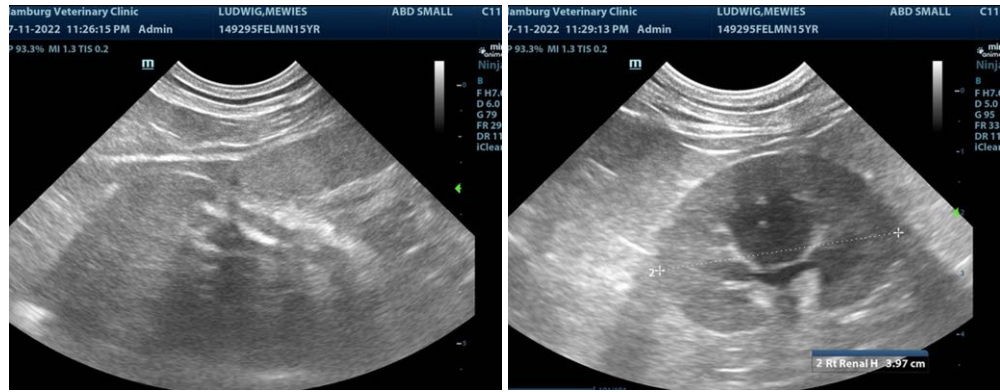
Mewies Ludwig

**SPECIES**

Feline

**BREED**

Domestic Shorthair



**SEX**

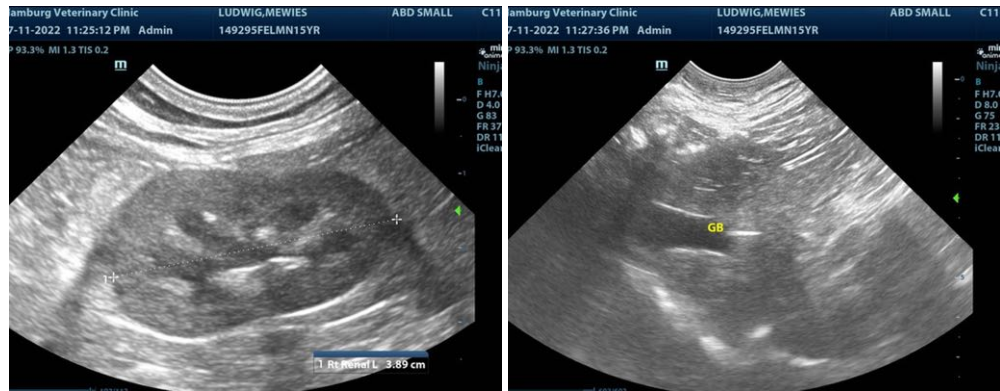
Neutered male

**AGE**

15 years

**WEIGHT**

14 lbs



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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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