



**PATIENT**

Smokey Weisensel

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

16 years

**WEIGHT**

7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Wallisch

**HOSPITAL NAME**

Sondel Family VC

**REFERRING VET**

Dr. Wallisch

**INVOICE**

31572

**DATE**

7/11/22

**PRESENTING CLINICAL SIGNS**

Weight (3 lbs) over last three months. Eating/ drinking normally, occasional vomiting, no diarrhea. Abnormal PE/Chem/CBC/UA Results: CBC nsf. Chem increased lipase, glucose 168 Xrays chest/abdomen: no significant findings, VHS 7.6, some opacities on caudal ribs GI panel: consistent with GI disease

**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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The kidneys revealed pelvic mineralization and cortical infarcts. The left kidney measured 2.5 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.

**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.

**Liver**

The **liver** in this patient revealed multiple, mixed, echogenic parenchymal and cystic masses that occupied the majority of the liver. The largest liver mass measured 4.5 cm in the left liver. The masses are non-resectable. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident



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**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

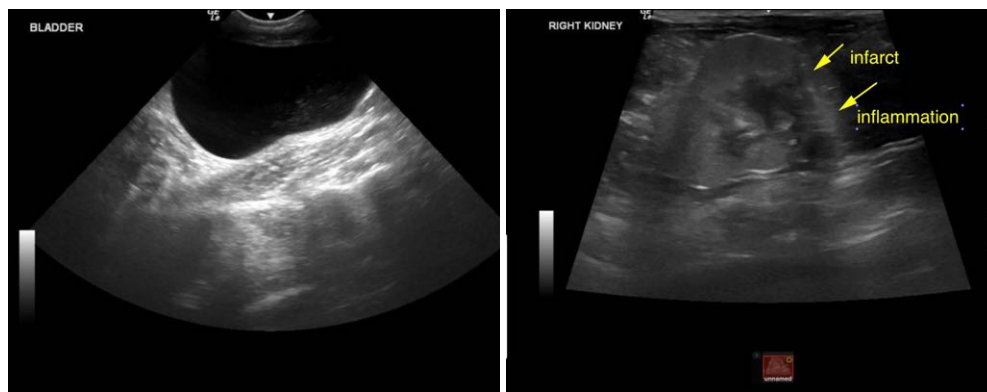
**ULTRASONOGRAPHIC FINDINGS**

Multi-centric hepatic masses. Cystadenomas +/- biliary carcinomas are suspected.

Moderate degenerative renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the parenchymal portions of the hepatic mass is recommended in addition to the parenchymal masses. Micro and macrocystic lesions were noted throughout the liver. Full urinary work-up and blood pressure measurements are recommended as well as bile acid profile. Supportive care for quality of life with specific management of renal function and hepatic function is recommended. The prognosis is guarded.





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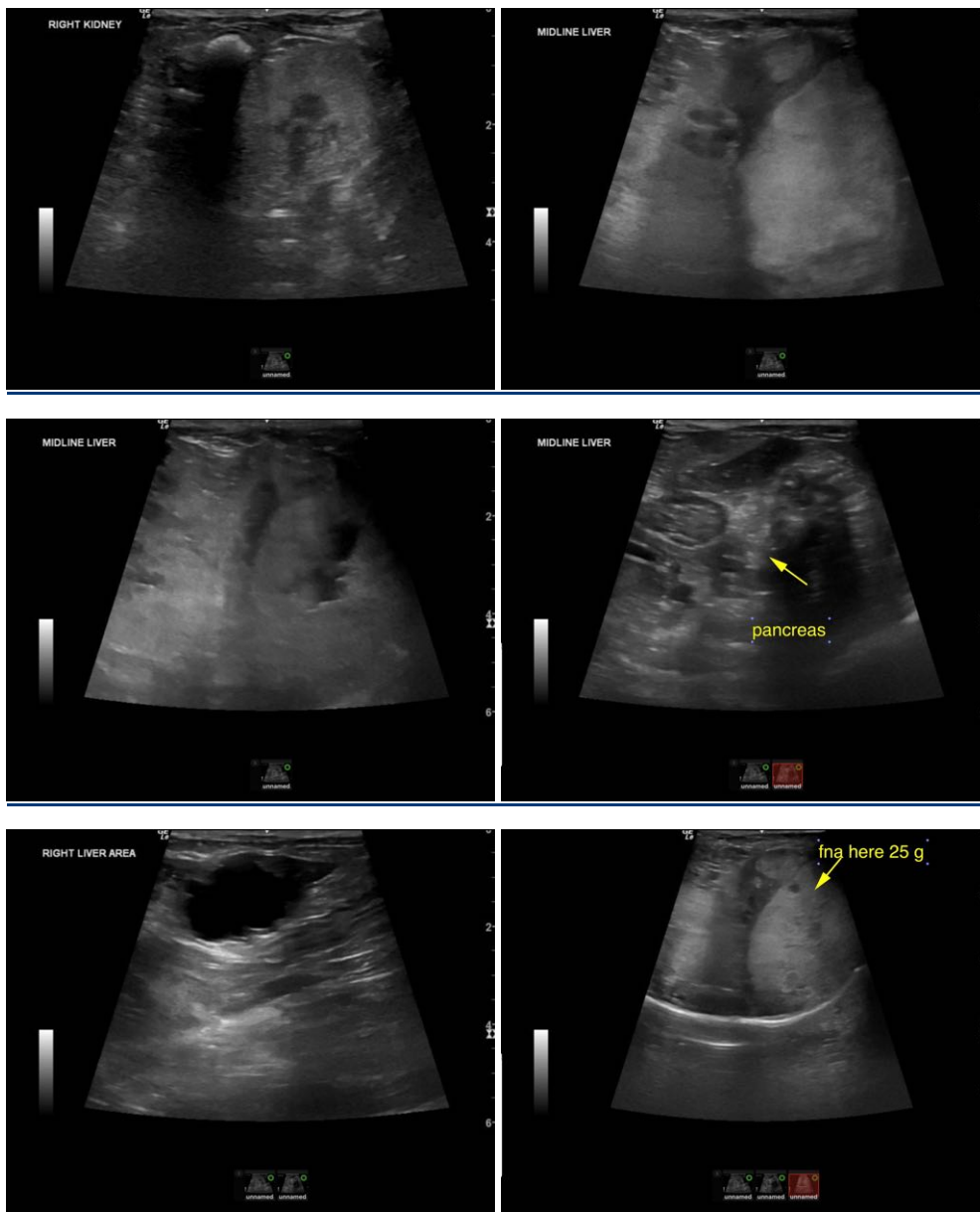
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com