



PATIENT

Mouse Bousquet

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

9.6

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Hudson

INVOICE

44076

DATE

7/18/23

PRESENTING CLINICAL SIGNS

Elevated ALT, weight loss, intermittent hyporexia.

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 **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. Mild changes on the left and moderate on the right. The left kidney measured 3.6 cm. The right kidney measured 3.6 cm. Infarcts noted on the right kidney.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

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. The left lateral liver revealed a 1.75 cm hypoechoic nodule without disruption of architecture. 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

The **gastrointestinal tract** was largely unremarkable with the exception of a portion of jejunum that revealed minor thickening for an extension of approximately 2.3 cm with some loss of mural detail. This region should be monitored carefully for emerging neoplasia versus secondary event from an inflammatory episode in the past.



PATIENT *Pancreas*

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The **pancreas** was hypoechoic, prominent, irregular, and painful upon imaging. Right pancreatic limb measured 1.35 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Pancreatitis pattern
- Moderate degenerative right renal changes, mild on the left
- Undefined left liver nodule
- Focal jejunal thickening

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical treatment for pancreatitis warranted and recheck sonogram in 10-14 days depending upon clinical status of the patient.

AGE

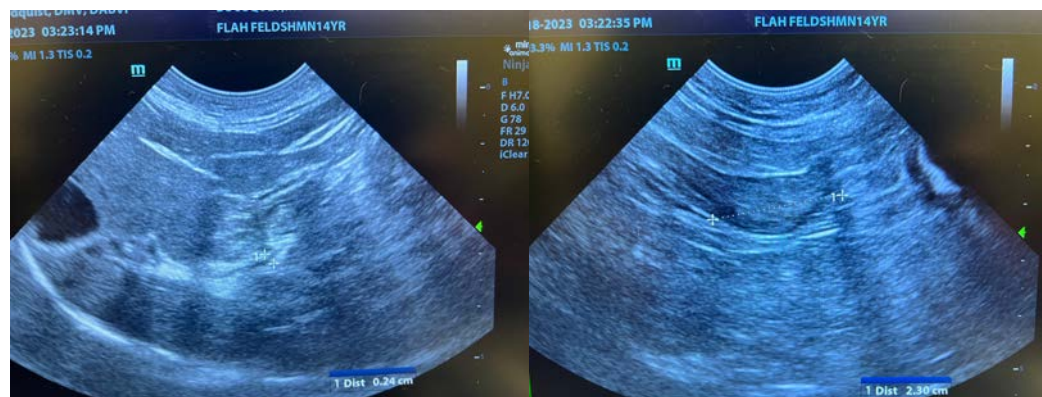
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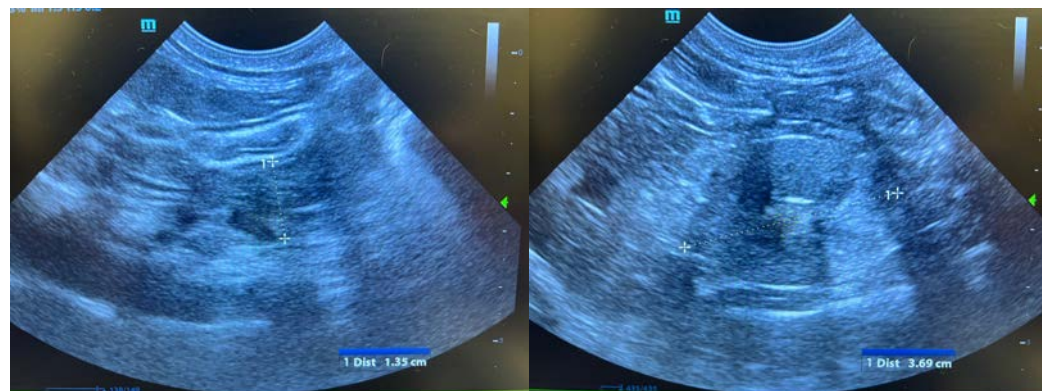
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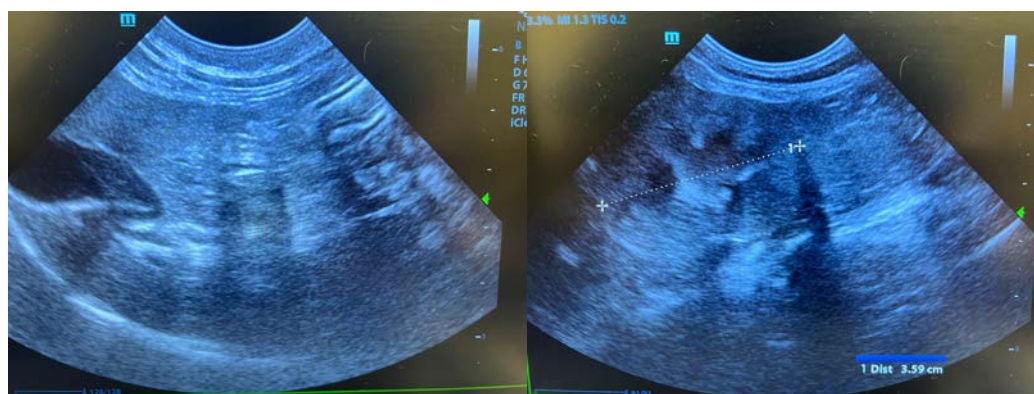
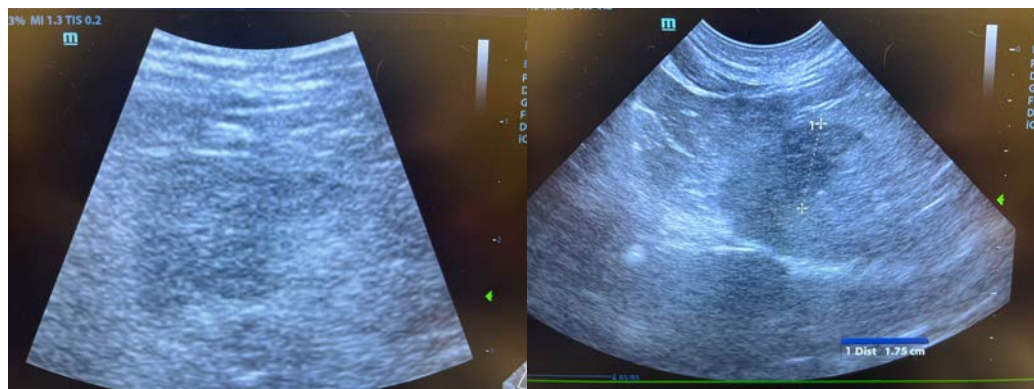
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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