

**PATIENT**

Mickey Skrzypczak

**PRESENTING CLINICAL SIGNS**

Patient presents for elevated liver values, possible plasmacytoma that needs to be removed. Abnormal PE/Chem/CBC/UA Results: ALT 807, T. bili total 0.4, T. bili unconj. 0.3.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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.

**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 and no evidence of pelvic dilation was present. The right kidney measured 4.6 cm. The left kidney measured 4.02 cm.

**AGE**

13 Years

**Adrenal Glands**

**WEIGHT**

12.8 Pounds

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

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 0.82 cm. 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.

DABVP, Cert. IVUSS

**Liver**

**IMAGING PERFORMED BY**

Kelly Vazquez

The **liver** was mildly enlarged and slightly heterogeneous. Slight coarse architecture noted. The gallbladder was duplicated, not pathological, normal variant. The cystic duct was tortuous. This is an age related change. No overt obstruction present.

**HOSPITAL NAME**

Ho-Ho-Kus Vet

**Gastrointestinal**

**REFERRING VET**

Dr. Brittany Scott

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Likely hairball accumulation. Pylorus was free of evident pathology. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**INVOICE**

39775

**Pancreas**

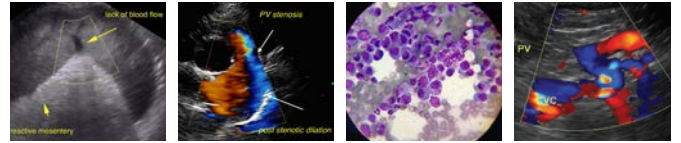
The **pancreas** was enlarged in the left limb at 1.0 cm with coarse, hypoechoic parenchyma. No overt evidence of inflammation.

**DATE**

7/22/22

**PRIMARY FINDINGS**

- Inflammatory hepatopathy with mild potential for underlying hepatic neoplasia – FNA indicated.
- Large hairball density in the stomach



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**SECONDARY FINDINGS**

- Age related renal changes
- Enlarged, hypochoic left pancreatic limb, no overt inflammation

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the liver enzyme elevations, FNA indicated. Hairball therapy indicated. Prognosis is guarded depending upon cytology results.

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DSH

**SEX**

Neutered Male

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**WEIGHT**

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**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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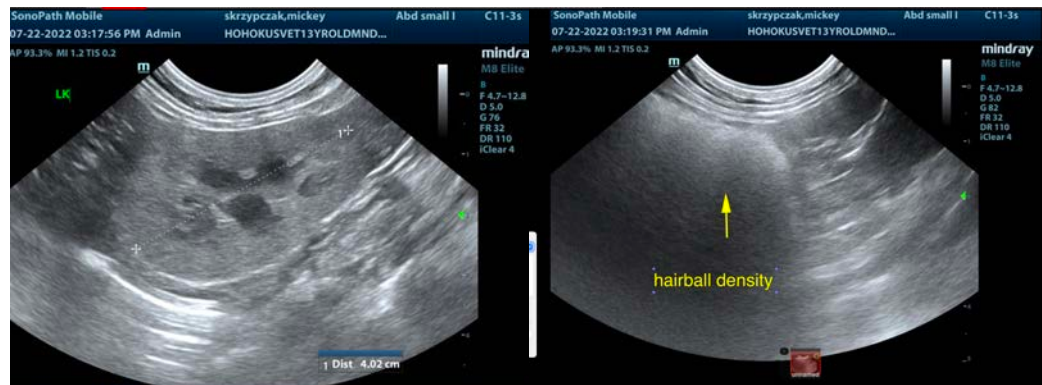
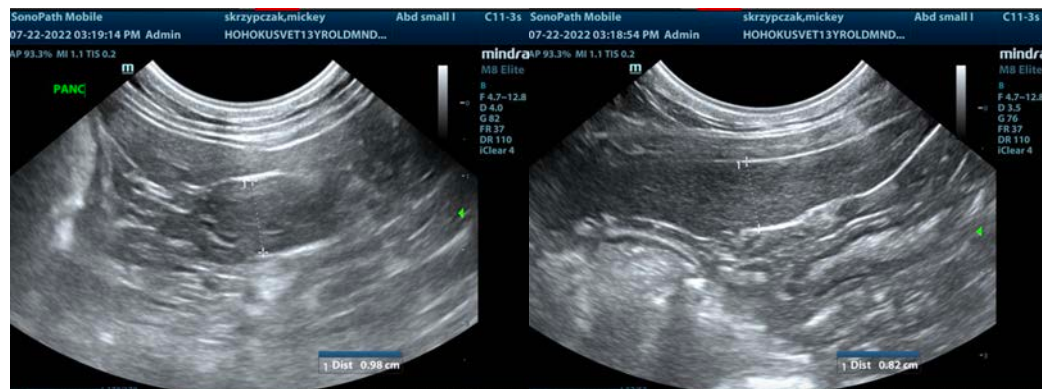
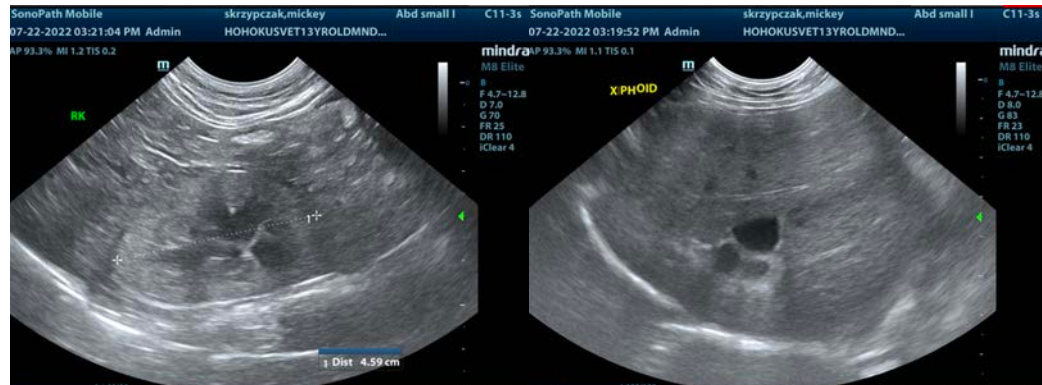
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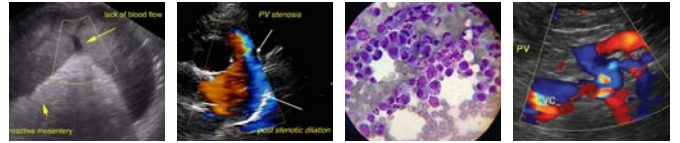
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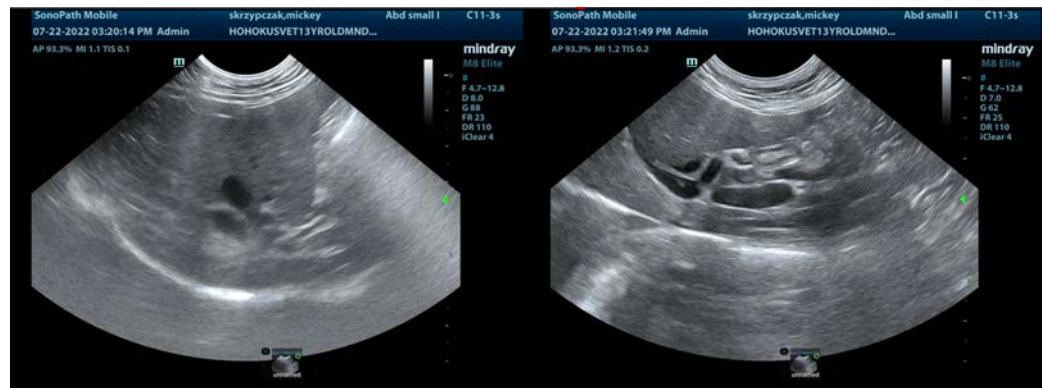
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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