



PATIENT

Wesley Sopp

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

6.85 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tyler Totman, LVT

HOSPITAL NAME

Adana Vet Clinic

REFERRING VET

Dr. Wildenstein

INVOICE

39253

DATE

7/6/22

PRESENTING CLINICAL SIGNS

Geriatric cat with moderate weight loss since January. Total loss of 2.5 lbs, low BCS. Aside from heavy periodontal dz, mostly normal PE until 7/5/22 when a small, irregular, firm mass palpated in mid-abdominal area. Has recently had normal chem/CBC/thyroid bloodwork. No hx of vomiting/diarrhea, very hungry.

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** 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 left kidney measured 3.62 cm. The right kidney measured 3.67 cm. Hyperechoic medullary rim sign noted in both kidneys, idiopathic.

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. The left adrenal gland measured 0.30 cm. The right adrenal gland measured 0.50 cm.

Spleen

The **spleen** was upper limits of normal in size at 1.0 cm, may be enhanced if sedation was utilized.

Liver

The **liver** revealed a cystic mass measuring 3.0 cm, deriving from the right medial liver/caudate area. Other nodular changes noted in the liver. The mass extended dorsally to the diaphragm and enveloped the vena cava, not likely to be resectable. However, CT evaluation could be considered for further definition. The cranial and left liver appeared unremarkable. The gallbladder and common bile duct were normal.

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. 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.



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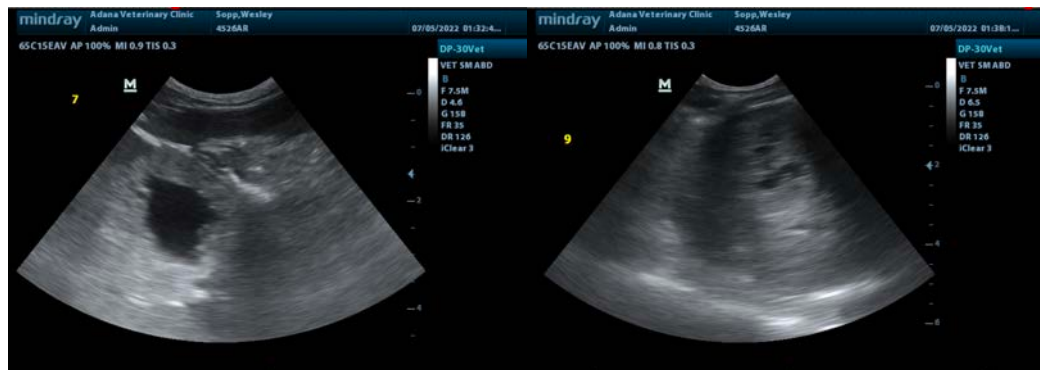
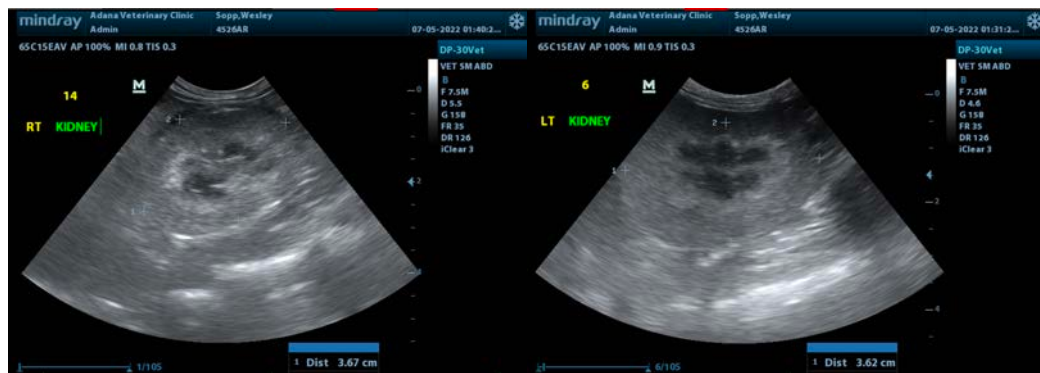
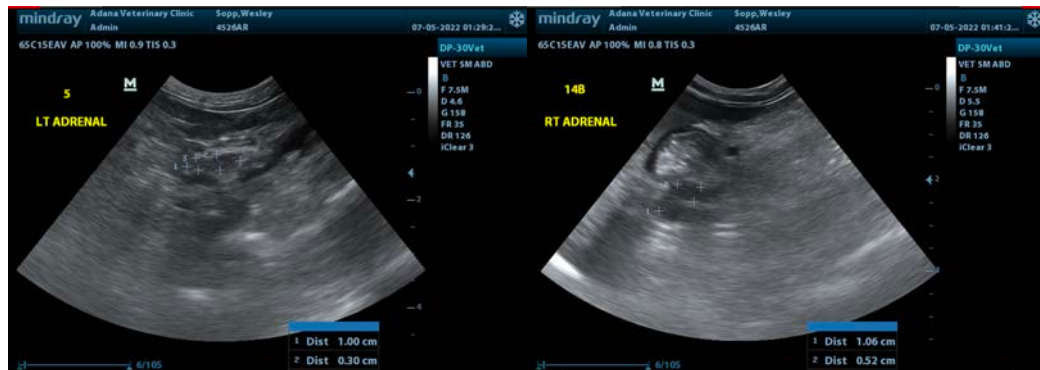
7/6/22

PRIMARY FINDINGS

- Mild intestinal thickening
- Cystadenoma or possible biliary carcinoma mass in the right medial liver – potentially resectable.
- Chronic interstitial nephrosis
- Intestinal thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation of the liver mass necessary for further definition. The liver mass may be incidental and not directly related. Maldigestion is a strong potential. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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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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