



PATIENT **PRESENTING CLINICAL SIGNS**

Bast Innamorato

History: P presented for annual visit with no concerns 6/30/23, yearly bloodwork ran and abnormalities found (see below). P e/d well, normal BM and urine, vomits bile on occasion. P is on Prednisolone SID for IBD for past few years. Had I131 radioactive treatment 4/2022 did well. Today P presented for rads and ultrasound, P was icteric. Gave Vitamin B12 injection.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: AST - 316, ALT - 708, TBili - 2.1, Cholesterol - 322, WBC - 17.8, CPK - 45, all other values WNL, T4 - 2.2. Urine - 2+ protein, 2+ bilirubin, Renal tech index inconclusive. Radiographs showed slightly rounded liver lobes and a suspected caudal lung mass.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed female

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.

AGE

17 years

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. Slight pinpoint mineralization was noted. The left kidney measured 3.48 cm. The right kidney measured 3.74 cm.

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.22 cm.

IMAGING PERFORMED BY

Christina

Spleen

HOSPITAL NAME

Animal Health VC

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.

REFERRING VET

Dr. Readdy

INVOICE

75950

Liver

The **liver** is enlarged and hypoechoic to the falciform fat. The gallbladder was empty, essentially collapsed with a minor amount of debris.

DATE

7/6/23



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Gastrointestinal

A minor amount of non-shadowing, non-obstructive hair type density and gas was noted in the stomach. 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.

Pancreas

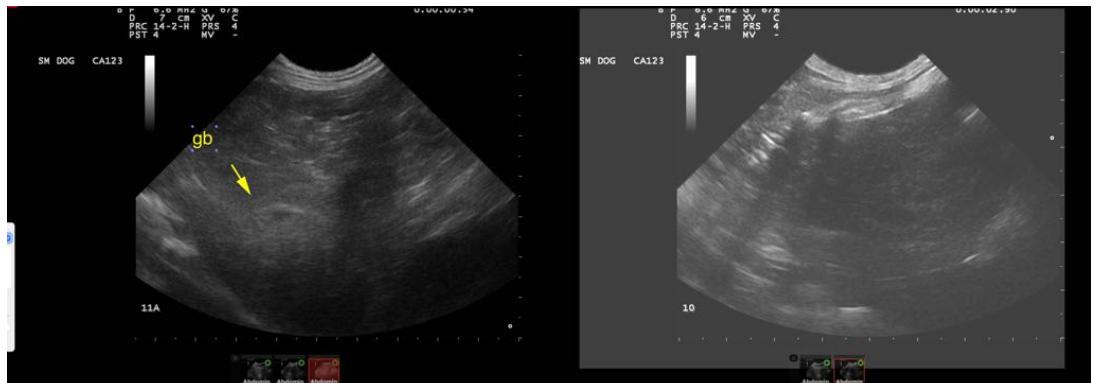
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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

Hepatomegaly.
Age related renal and pancreatic changes.
Hair type density in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The images were exceedingly dark. I suspect hepatic lymphoma or potential lipidosis. The prednisone may be suppressing a more significant presentation. Coagulation panel and 25-gauge FNA is indicated.





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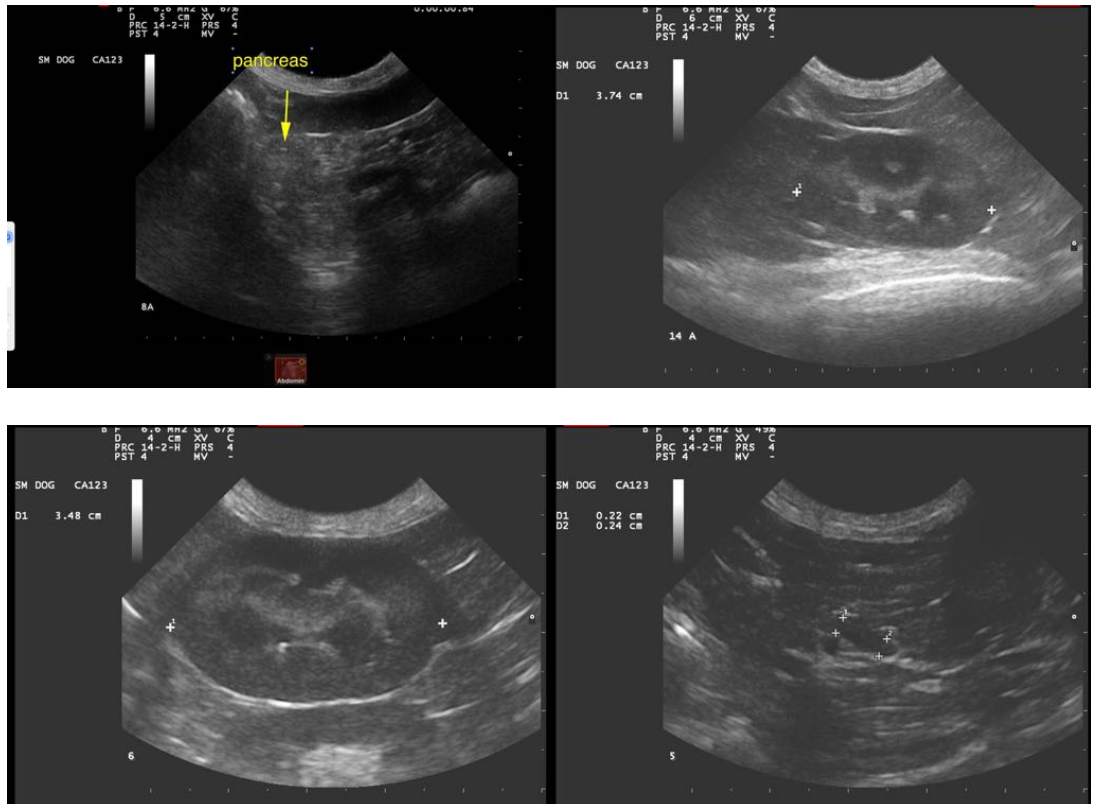
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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