

**DATE PRESENTING CLINICAL SIGNS**

8/1/23

Pet presented 7/29/23 for 1 weeks duration of vomiting. Has a history of lots of hairballs. Last stool 2 days prior was normal. Not eating well, though is nibbling at food. She has been more lethargic and clingy. Not know to eat things she shouldn't. HR 190 bpm. T 101.4. Abdomen non painful and no palpable abnormalities. Weight loss of 1.6 lbs since 3/29/23.

**PATIENT**

Buttons Dimaggio

**SPECIES**

Feline

Current Medications: SC fluids given along with Cerenia injection on 7/29/23. Cerenia 16mg 1/4 T once daily since then.

Lab Results: ALT 588.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED**

DSH

**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 were noted. Ureteral papillae were normal.

**AGE**

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. Cortical infarct noted in the cranial pole of the right kidney. The right kidney measured 3.28 cm. The left kidney measured 3.18 cm. Slight nephrolithiasis noted in both kidneys.

**WEIGHT**

7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Greenbrier Vet Clinic

**Adrenal Glands**

The **right adrenal gland** was 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 right adrenal gland measured 0.38 cm.

The region of the **left adrenal gland** was unremarkable.

**REFERRING VET**

Dr. Davies

**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.

**INVOICE**

44555

**Liver**

The right cranial **liver** revealed an isoechoic expansive 3.4 cm mass. Other heterogeneous changes noted throughout the liver with increased portal markings. Slight free fluid noted between the liver lobes. The gallbladder was moderately overdistended with echogenic debris.

### ***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***

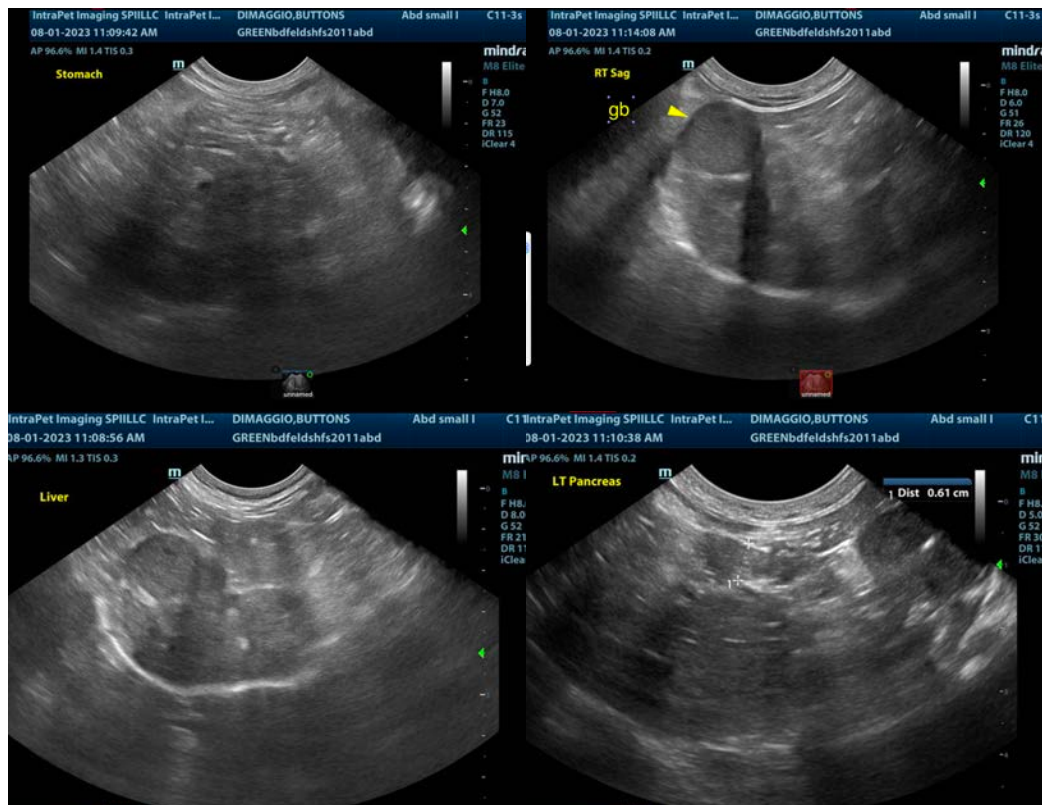
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

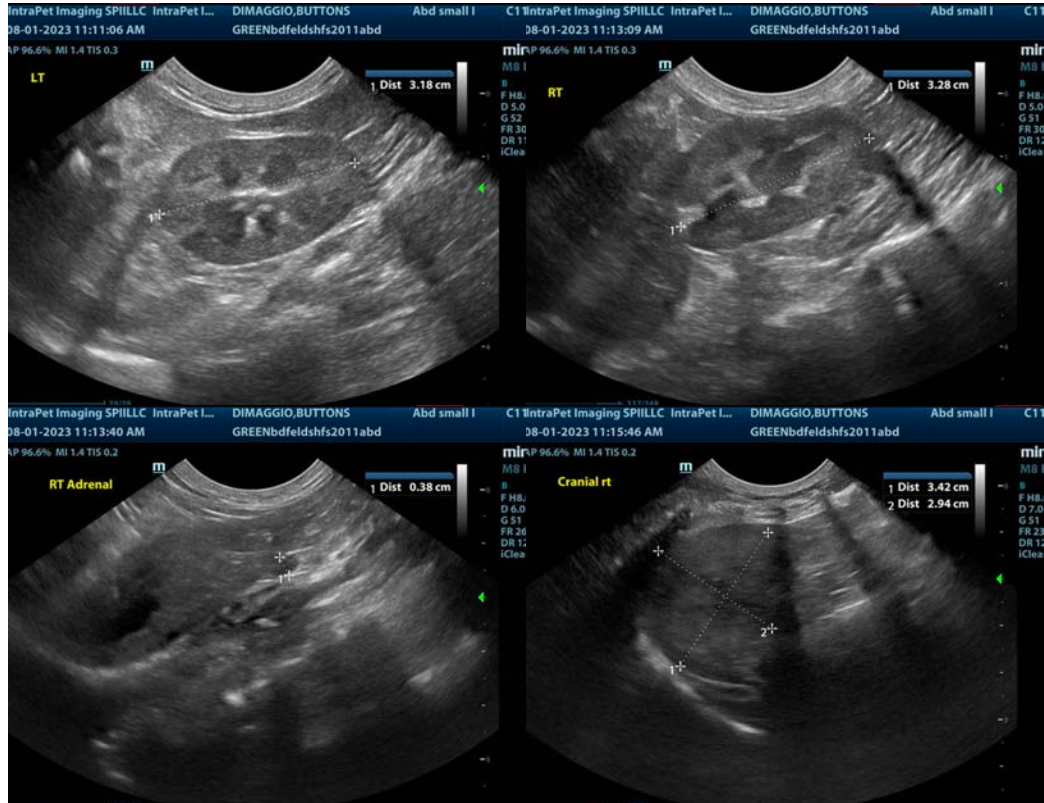
### **ULTRASONOGRAPHIC FINDINGS**

- Concerning nodular liver changes - cholangitis versus round cell neoplasia are primary concerns.
- Age related renal changes with right kidney infarct
- Prominent pancreas

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Right intercostal approach to FNA would be appropriate. No evidence of hairball accumulation.





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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