



**PATIENT**

Buddy Slater

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

**PRESENTING CLINICAL SIGNS**

**History:** Patient was recently in for routine biannual exam. Patient has lost over 1.5lb since last seen 4 months ago. Patients spine/hips/ribs are all easily palpable. Patient found to have repeated hypercalcemia verified with an ionized calcium level and imaging was recommended given unknown cause of weight loss and hypercalcemia. Patient received Gabapentin 100mg and butorphanol 0.4mg/kg IV prior to scan.

**Abnormal PE/Chem/CBC/UA Results:** - Weight loss and loss of body condition but otherwise exam unremarkable CBC: WNL Biochem: BUN 44 (16-37) Calcium 12.8 (8.2-11.2) Follow up Ionized calcium: 1.53 (1.13-1.38) T4: WNL U/a: 1.025, Trace protein, 2+ blood, WBC 2-5HPF and 20-30 HPF

**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 was 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. Pinpoint, non-obstructive mineralization was noted. The left kidney measured 3.45 cm. The right kidney measured 4.57 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Tudini

**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 0.3 cm. The right adrenal gland measured 0.3 cm.

**Spleen**

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

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**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of



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normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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***Gastrointestinal***

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Soft shadowing material was noted in the stomach, consistent with hairball accumulation. One portion of distal small intestine revealed soft shadowing material. This may represent transit of hairball. 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.

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***Pancreas***

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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.

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

Non-specific age related renal changes with pinpoint mineralization, non-obstructive.

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Splenic enlargement, likely reactive.

Soft shadowing material in the stomach, likely hairball.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening of the spleen would be indicated given its minor enlargement, yet this is likely reactive. There is a potential for round cell neoplasia. Given the pyuria urine culture and sensitivity is warranted. 48-72 hour IV fluid protocol is recommended to correct azotemia and reassess the clinical signs.

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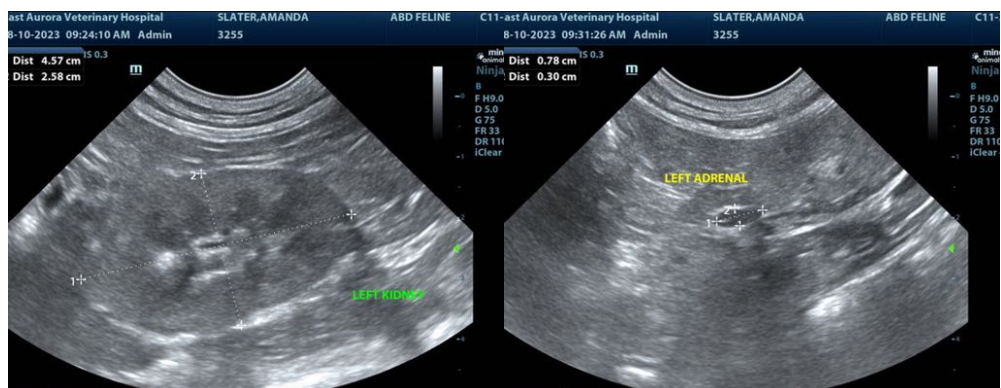
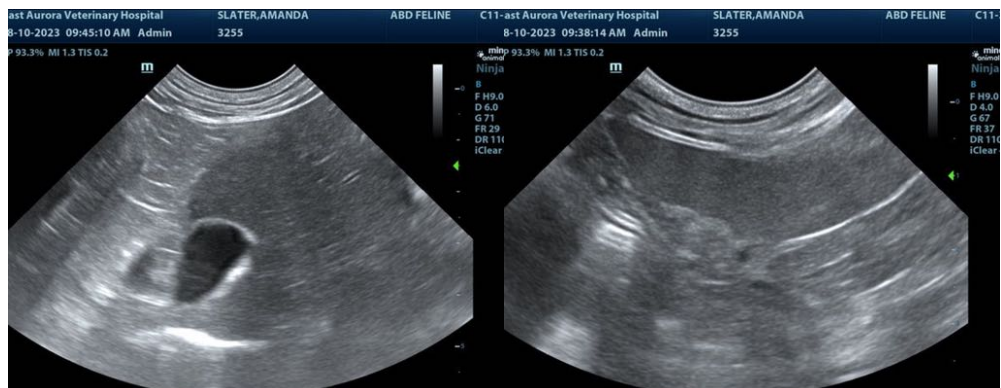
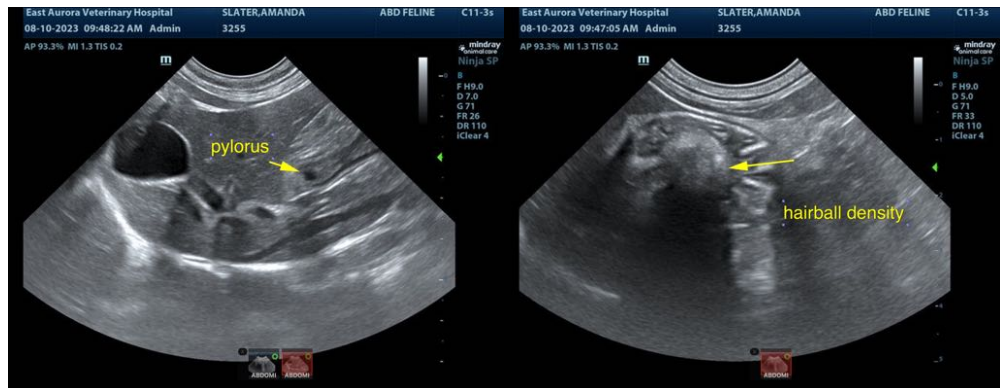
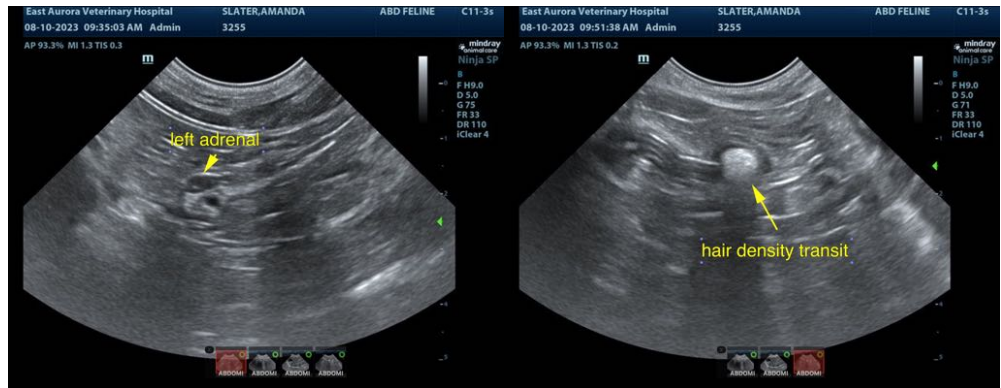
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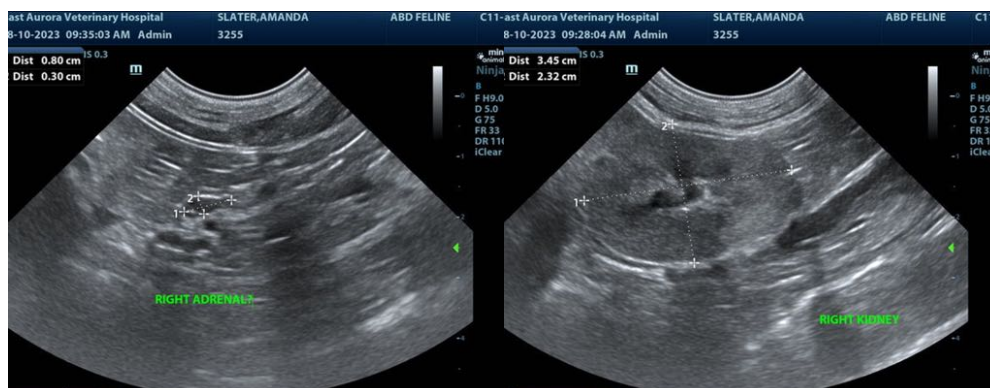
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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