

PATIENT

Tom Soto

RESENTING CLINICAL SIGNS

History: Diagnosed with Sarcoma - evaluate for metastasis Diabetic. Labs attached.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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.

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. Slight pyelectasia was noted in the kidneys and measured 0.43 x 0.29 cm on the right kidney and 0.44 x 0.33 cm in the left kidney. The right kidney measured 4.66 cm and the left kidney measured 4.65 cm.

AGE

2011

WEIGHT

13.07 lbs

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 0.39 cm. The right adrenal gland measured 0.41 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 was noted.

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

Liver

The **liver** was mildly enlarged with lobar biliary calculi noted as well as non-obstructive gallbladder calculi. This is likely secondary to history of cholangitis.

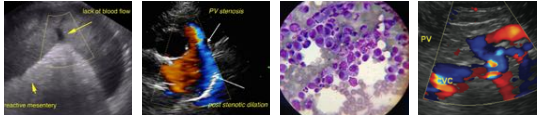
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32319

Gastrointestinal

DATE

8/11/22



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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Wall thickness measured up to 0.27 cm. The mesenteric lymph nodes were reactive and measured 1.0 x 0.42 cm.

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.

ULTRASONOGRAPHIC FINDINGS

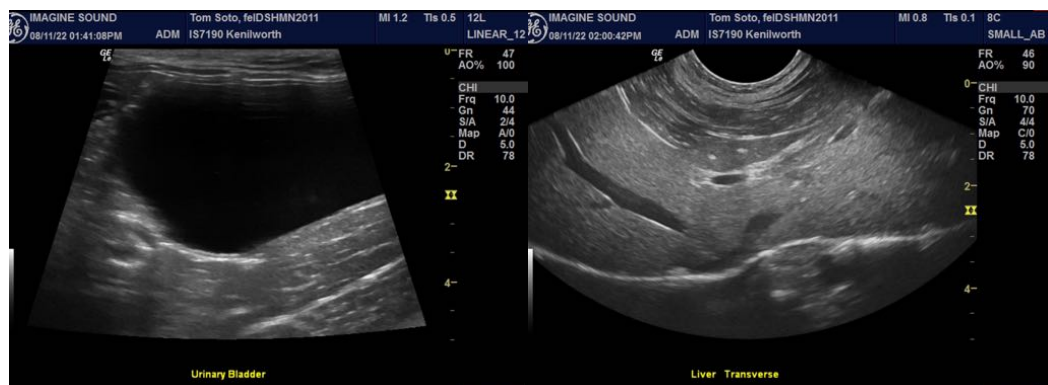
Minor intestinal thickening.

Lobar biliary calculi.

Minor renal pyelectasia and age related changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is recommended in an attempt to dissolve the biliary calculi; however, this is highly variable patient to patient. There is no overt evidence of metastatic disease. Recheck sonogram is recommended after 3 months of Ursodiol to assess biliary mineralization.





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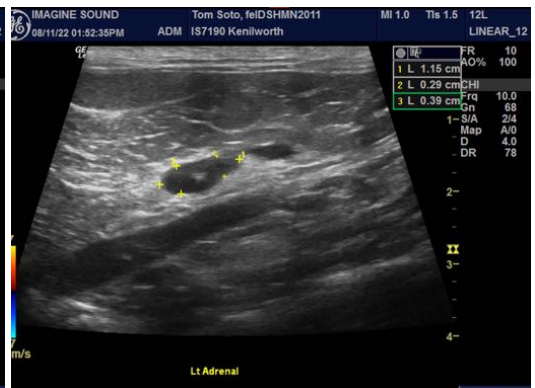
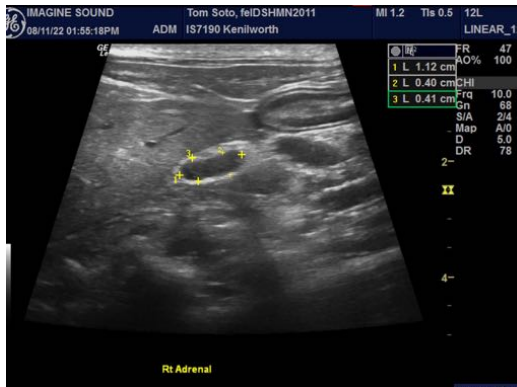
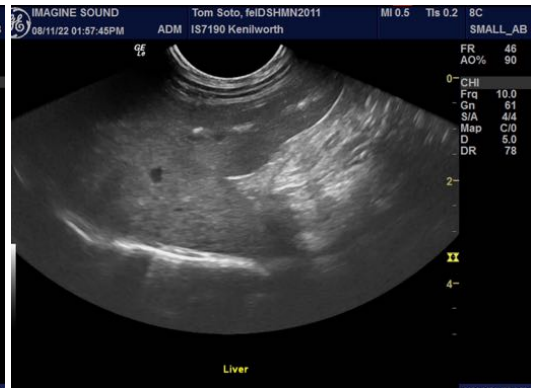
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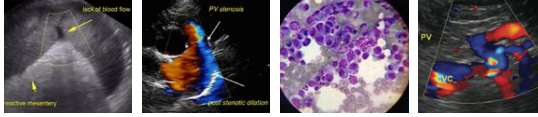
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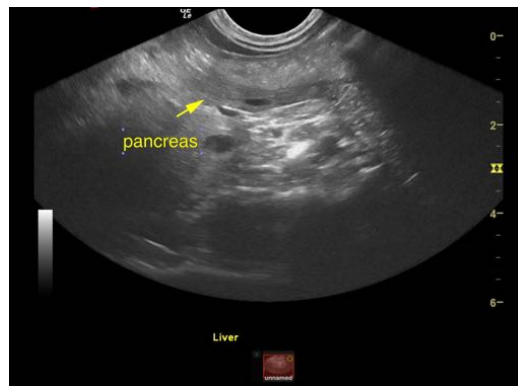
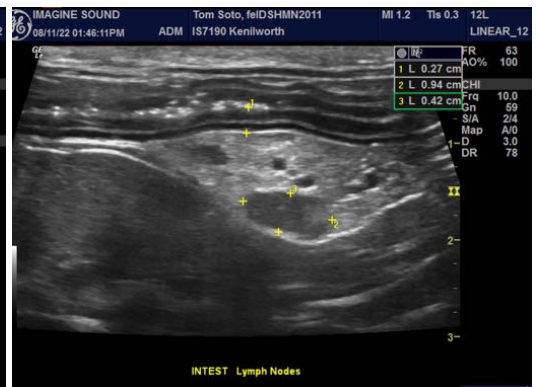
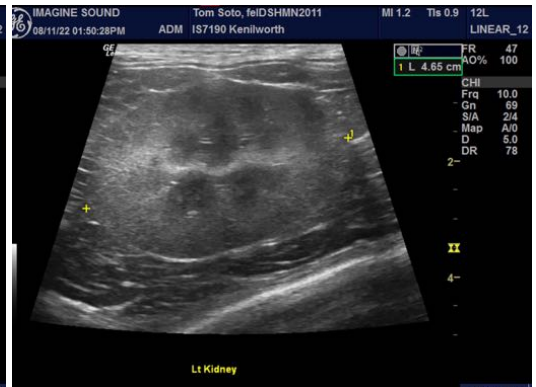
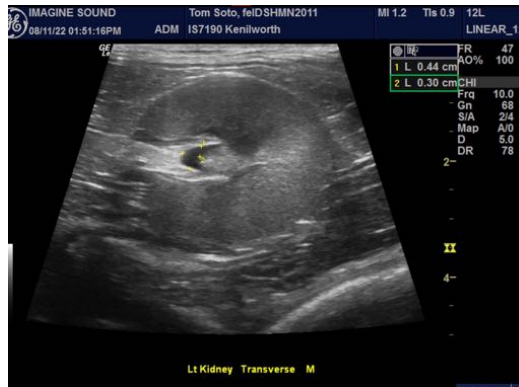
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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