



PATIENT

Tarquin Orlove

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years 7 Months

WEIGHT

11.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

M. Kermendy, CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Ericka Haynes

INVOICE

23895

DATE

8/11/23

PRESENTING CLINICAL SIGNS

Chronic history of weight loss, intermittent loose stool. Recent lab work showed hypothermia and hypercalcemia. Screening for ultrasonographic evidence of disease. (i.e. lymphoma, IBD)

Abnormal PE/Chem/CBC/UA Results: Calcium = 12.6 (8.2-11.2) USG = 1.018

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The right kidney measured 3.6 cm. The left kidney measured 4.24 cm. Microcystic cortical changes were noted in both kidneys; this is a degenerative process.

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 0.23 cm. The right adrenal gland measured 0.2 cm.

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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



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The **stomach** revealed progressively shadowing material, suspect hairball accumulation. The pylorus was mildly thickened in concentric fashion with luminal echogenic material with hair type density-this may be transit of chyme, however, the concentric thickening of the pylorus is concerning and should be monitored. Endoscopy or full thickness biopsies would be ideal given the patient history. The small intestine and colon were unremarkable.

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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. Some mild 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.

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ULTRASONOGRAPHIC FINDINGS

- Concentric pyloric thickening with hairball type density
- Microcystic cortical changes in the kidneys
- The remainder of the abdomen would be consistent with age-related changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.9 Pounds

Endoscopy with mucosal biopsies of the pyloric outflow would be ideal. No overt neoplastic criteria were present, however, I am concerned about potential emerging upper GI neoplasia- this should be monitored carefully. Empirical treatment for inflammatory bowel and hairball issues could be considered. 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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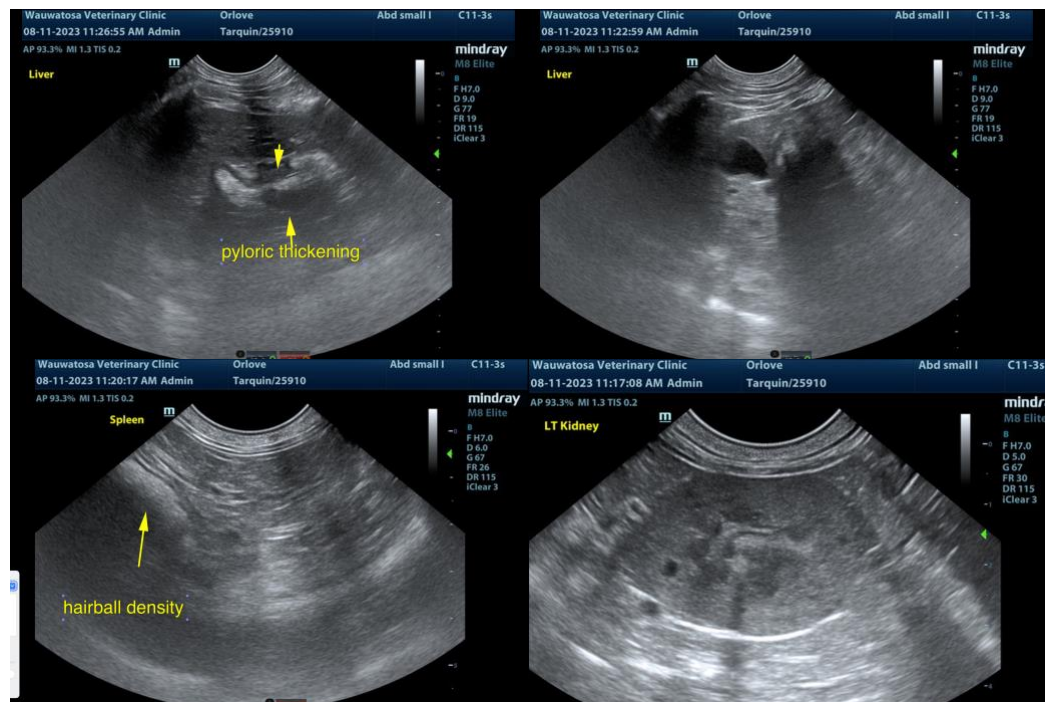
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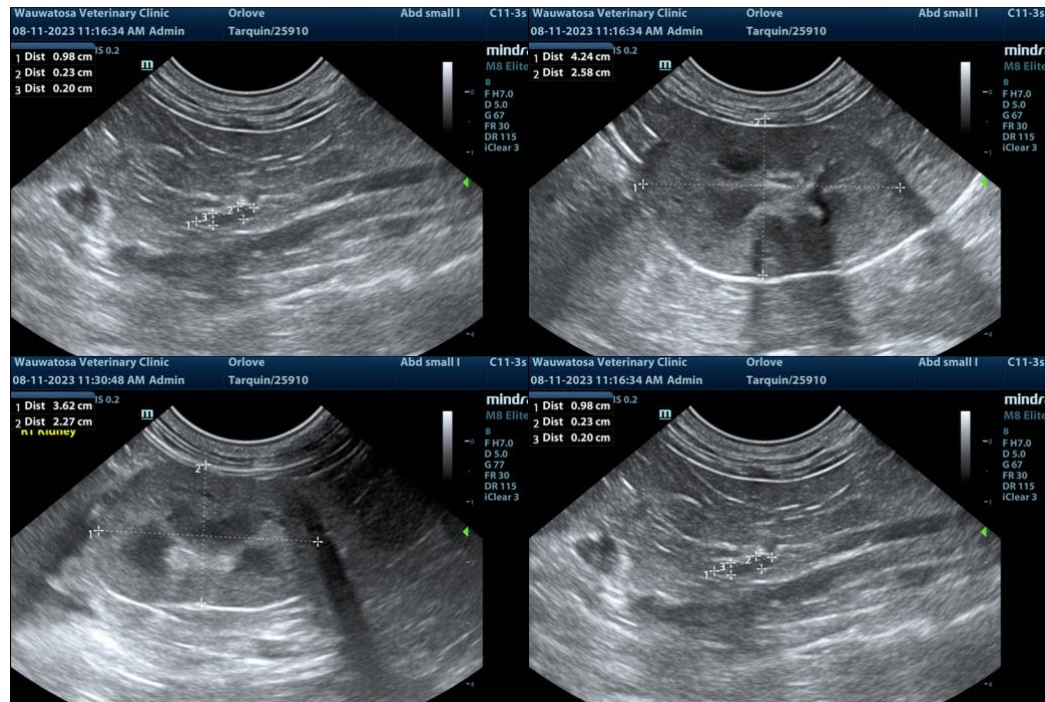
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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