



PATIENT

Prince Butaka

PRESENTING CLINICAL SIGNS

Continued weight loss and decreased activity at home. Hyper T4, well controlled on Methimazole.

SPECIES

Feline

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.

BREED

DSH

The **left kidney** presented a chronic interstitial nephrosis pattern with loss of corticomedullary definition and irregular contour. The left kidney measured 4.45 cm.

SEX

Neutered Male

The **right kidney** was dystrophic, subnormal in size, remodeled with echogenic infarcts. The right kidney measured 2.5 cm.

AGE

2008

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

WEIGHT

5 lb 6 oz

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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Gastrointestinal

The **stomach** was deviated dorsally. The mid abdomen revealed a stricturing mass with hard shadowing luminal content prior to the mass. The mass measured approximately 4.3 cm x 3.3 cm. Regional lymph nodes were enlarged, a grouping of which measured approximately 5.0 cm.

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Rizzo

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.

INVOICE

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8/12/22



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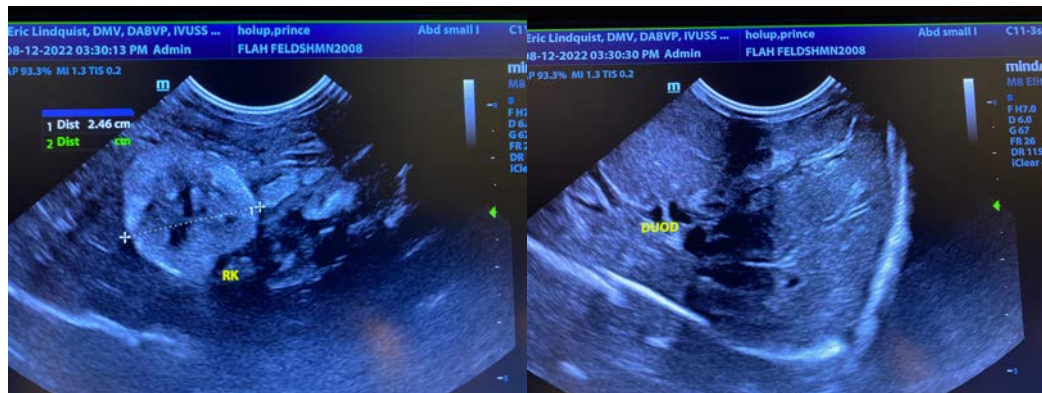
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ULTRASONOGRAPHIC FINDINGS

- Strictureing, obstructive intestinal/colic mass with regional lymphadenopathy
- Geriatric abdomen otherwise with dystrophic right kidney and chronic interstitial nephrosis left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Humane euthanasia should be considered in this patient. The mass does not appear resectable, given the lymph node involvement.





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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

info@SonoPath.com