



PATIENT

Johnny D Klein

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

16 years

WEIGHT

11.68 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Krogman

HOSPITAL NAME

RB Northside AH

REFERRING VET

Dr. Coughlin

INVOICE

46637

DATE

8/15/23

PRESENTING CLINICAL SIGNS

History: Progressive weight loss and decreased appetite over the last 4 weeks. Bloodwork is unremarkable. chem creat 1.3 N sdma 20.9 mild inc was prev 13.9 cbc - plt 120 adequate T4 1.7
Abnormal PE/Chem/CBC/UA Results: chem creat 1.3 N sdma 20.9 mild inc was prev 13.9 cbc - plt 120 adequate T4 1.

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. The right kidney measured 3.75 cm. The left kidney measured 4.56 cm.

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. Both adrenal glands measured 0.46 cm.

Spleen

The **spleen** revealed multi-focal, hyperechoic, lipid plaques measuring up to 1.0 cm. Mild splenic enlargement was present.

Liver

The **liver** revealed a hyperechoic nodule noted in the mid cranial liver measuring 1.4 cm without disruption of architecture. A cystic nodule was noted in the left cranial liver and measured 1.01 cm. This is most consistent with cystadenomas. Other coarse, parenchymal changes were noted in the liver, yet not overtly pathological and largely expected for this age patient. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Geriatric abdomen with cyst adenomatous type changes in the liver.

Geriatric GI changes.

Splenic lipogranulomas, not overtly pathological.

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16 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.68 lbs

Given the weight loss in this patient screening FNA of the spleen would be appropriate. Assessment for maldigestion is indicated. The changes are largely expected for this age patient with the exception of the cyst adenomatous type hepatic lesions that are likely benign. The splenic nodules are likely lipogranulomas/benign, however, given the patient's history FNA is indicated.

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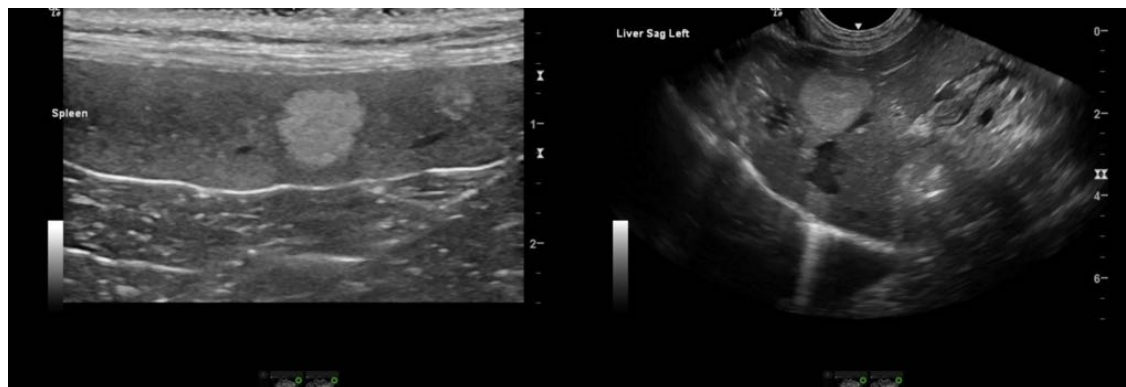
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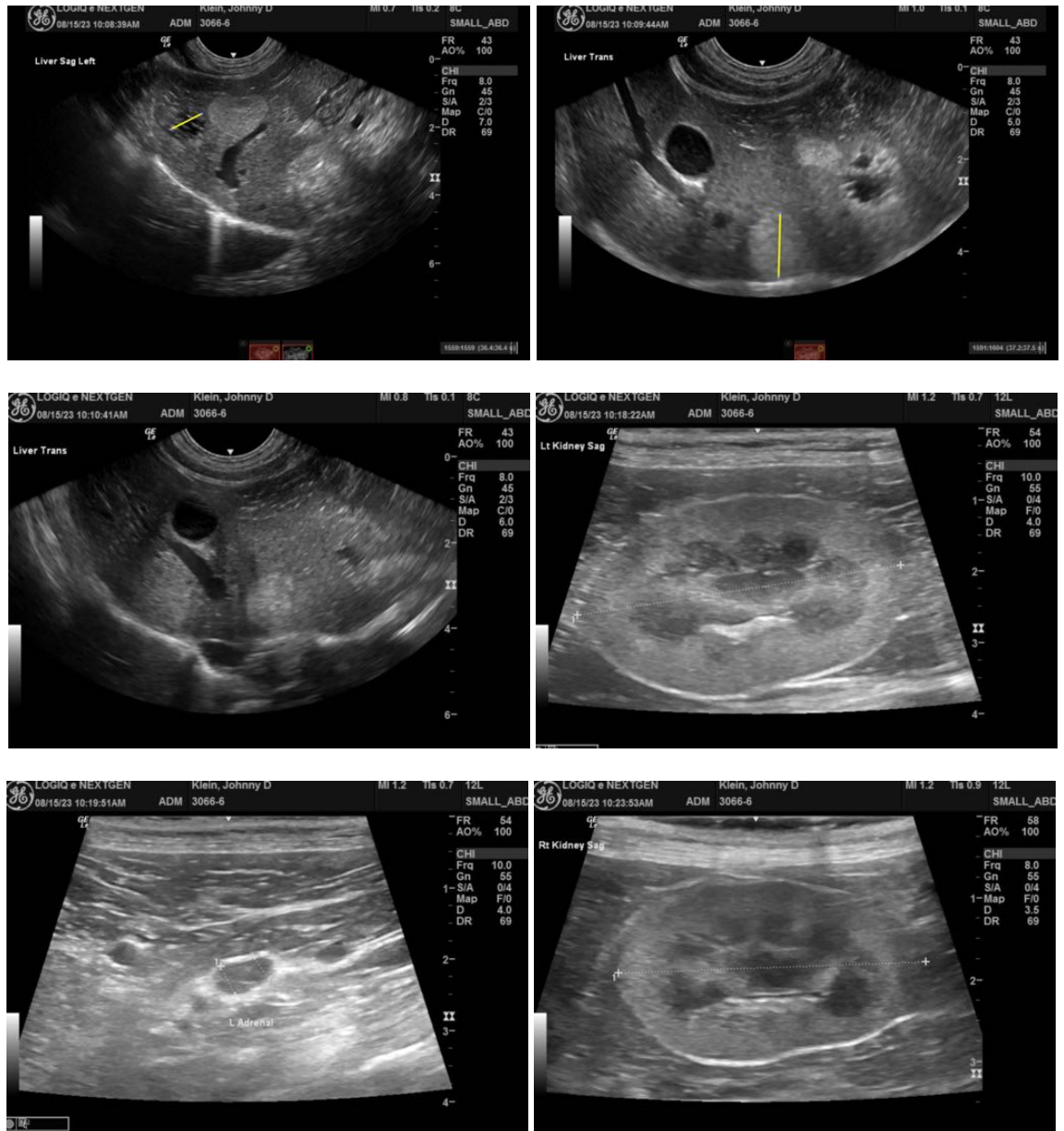
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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