



PATIENT

Tiger Fehon

PRESENTING CLINICAL SIGNS

pancreatitis, suspect pyelonephritis with poss renal dz

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

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 and no evidence of pelvic dilation was present. The right kidney measured 4.76 cm.

AGE

14 Years

Adrenal Glands

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

WEIGHT

7.5 Pounds

Spleen

The **spleen** was mildly enlarged (1.1 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

INTERPRETED BY

Eric Lindquist, DMV

Liver

The **liver** revealed a complex mixed echogenic expansive 6.0 cm mass occupying the right liver and extending dorsally, enveloping the vena cava. The mass also impinged upon the diaphragm. The remainder of the liver revealed increased portal markings and hyperechoic lipogranulomatous type nodules.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

Gastrointestinal

HOSPITAL NAME

Rockaway AH

The **gastric** wall was mild to moderately thickened with echogenic submucosal layer and empty lumen. The small intestine and colon were unremarkable.

Pancreas

REFERRING VET

Dr. Maniar

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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ULTRASONOGRAPHIC FINDINGS

DATE

8/16/22

- Extensive liver mass enveloping the vena cava
- Splenic enlargement – splenitis, round cell neoplasia or reactive spleen.
- Chronic gastric changes – consistent with gastritis.
- Age related renal and pancreatic changes



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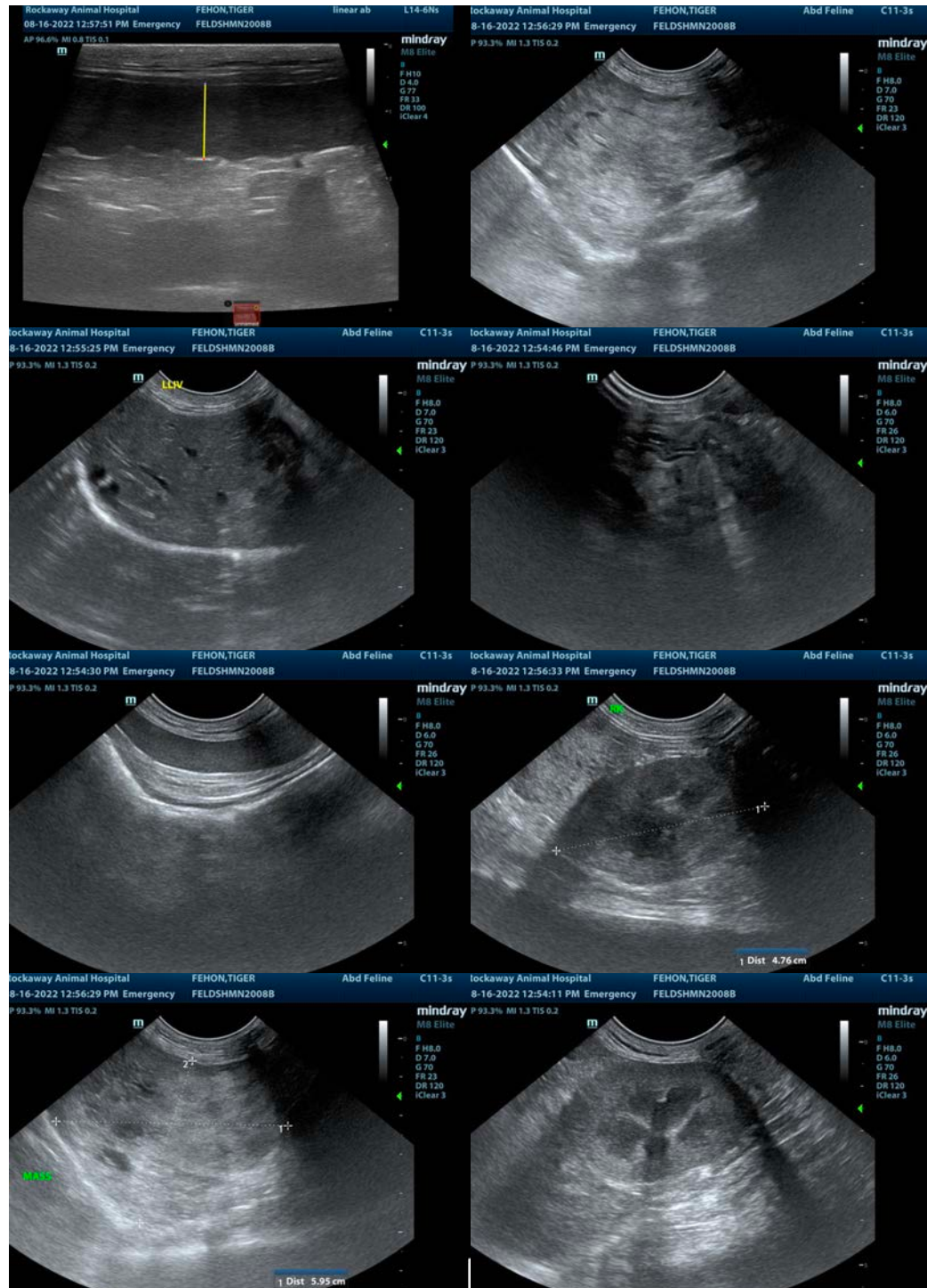
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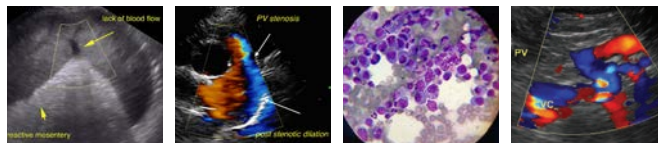
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the parenchymal portion of the liver mass and spleen indicated in this patient. The liver mass may not be a functional issue or causing any clinical signs, yet it is expansive. Likely carcinoma. These can be very slow growing. Supportive care for gastritis and further definition with splenic and hepatic mass FNAs indicated for further definition.





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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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