



PATIENT

Akiba Hillman

PRESENTING CLINICAL SIGNS

History: Patient presents for vomiting, increasing loss of appetite, and weight loss.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Maine Coon

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.17 cm. The left kidney measured 3.57 cm.

AGE

9 years

WEIGHT

36.9 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.

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

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on Hudson

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.

REFERRING VET

Dr. Tierney

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Gastrointestinal

Akiba Hillman

There was retention of ingesta noted in the **stomach**. The pyloric outflow and upper duodenum revealed concentric infiltrative pattern. The mass measured 2.45 x 1.76 cm. Wall thickness measured up to 1.03 cm. This is strongly consistent with gastric lymphoma. The epigastric lymph node was mildly enlarged and measured 1.17 x 0.61 cm.

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Pancreas

BREED

Maine Coon

The **pancreas** revealed a 1.46 x 0.56 cm cyst at the left lobe. The pancreas had heterogenous parenchymal changes with variable duct dilation.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Gastric mass with regional lymphadenopathy. Not a surgical presentation.

AGE

9 years

Pancreatic cyst or abscess.

Geriatric abdomen with chronic renal changes elsewhere.

WEIGHT

36.9 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the gastric presentation is recommended with immediate chemotherapeutic intervention. Micrometastasis to the liver is a potential. Ultrasound-guided drainage of the pancreatic cyst can be considered as the debris in the cyst may potentially be purulent.

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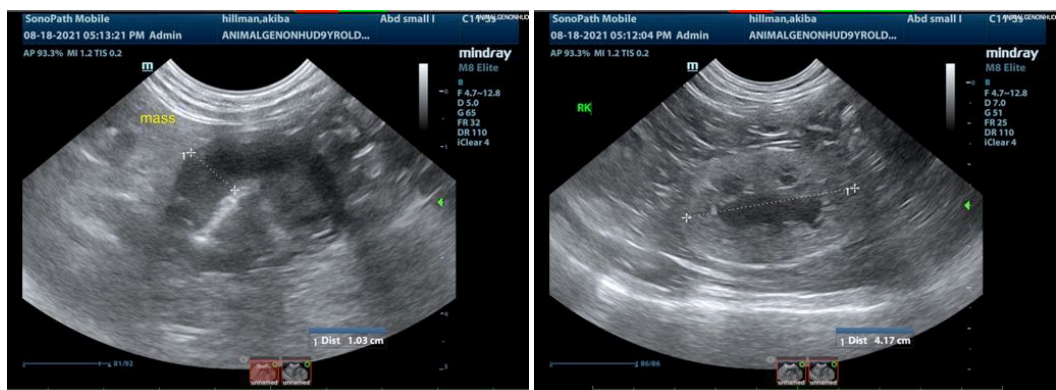
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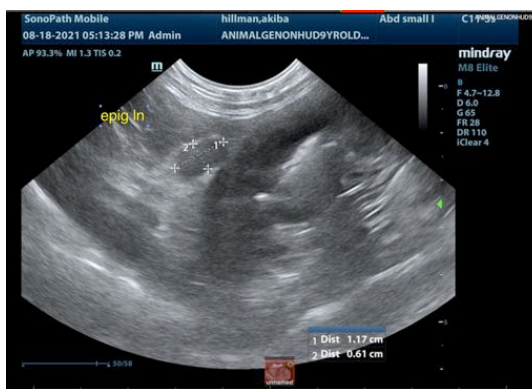
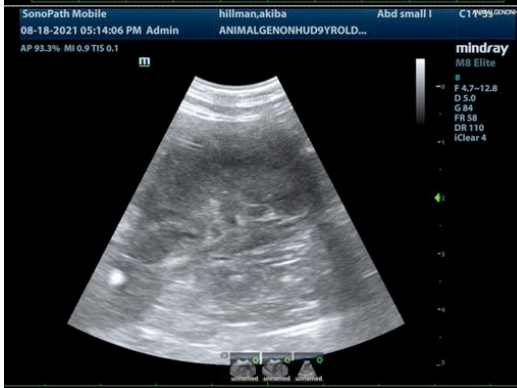
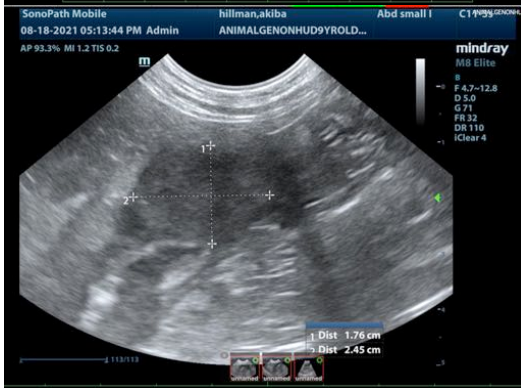
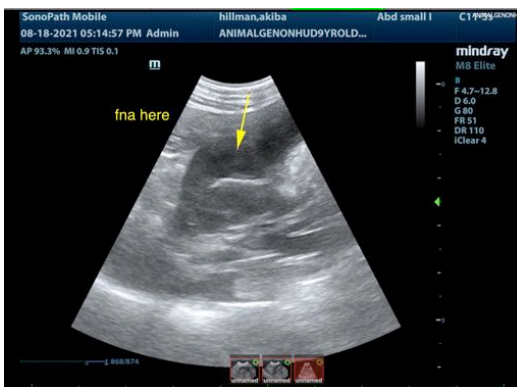
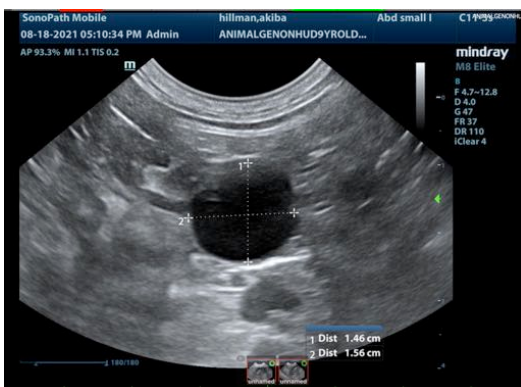
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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