



PATIENT

Firefly Suroz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

11.13 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Vitality

REFERRING VET

Dr. Sumoz

DATE

8/2/22

Invoice

16678

PRESENTING CLINICAL SIGNS

History: Occasional vomiting and inappetance high liver enzymes persistently hyperthyroidism, IBD

Abnormal PE/Chem/CBC/UA Results: ALT 948 , ALKP 160 , T4 7.9 (just decreased from 10 mg of Felimazole to see if it was causing liver toxicity) previous T4 normal Current Medications Prednisolone 5 mg 1/2 tab SID Felimazole 7.5 mg

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 left kidney measured 4.5 cm. The right kidney measured 4.5 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. The right adrenal gland measured 0.31 cm. The left adrenal gland measured 0.4 cm.

Spleen

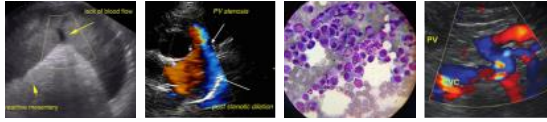
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable. Nonspecific chronic inflammatory hepatopathy pattern.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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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. 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

- Hepatic remodeling- chronic inflammatory hepatopathy pattern

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

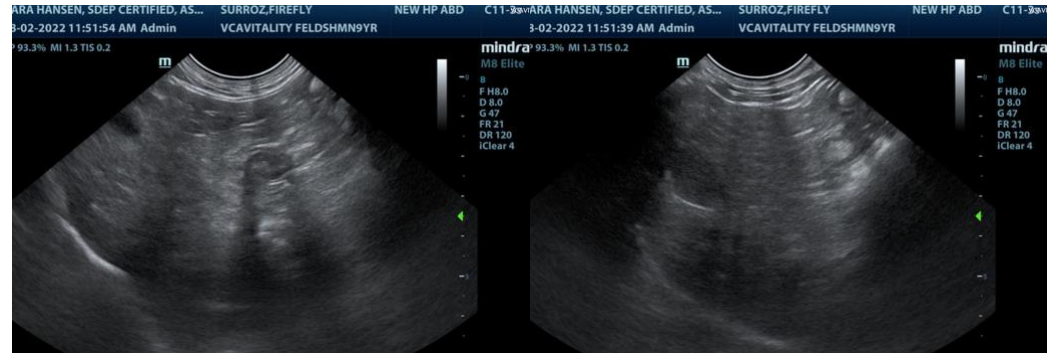
Hepatic FNA indicated for further definition. Bile acid profile would also be warranted. The prednisolone may be suppressing a more significant presentation. No evidence of neoplastic criteria present, however, an occult neoplasia or lymphoma is always a potential. Infectious agents should be considered as well.

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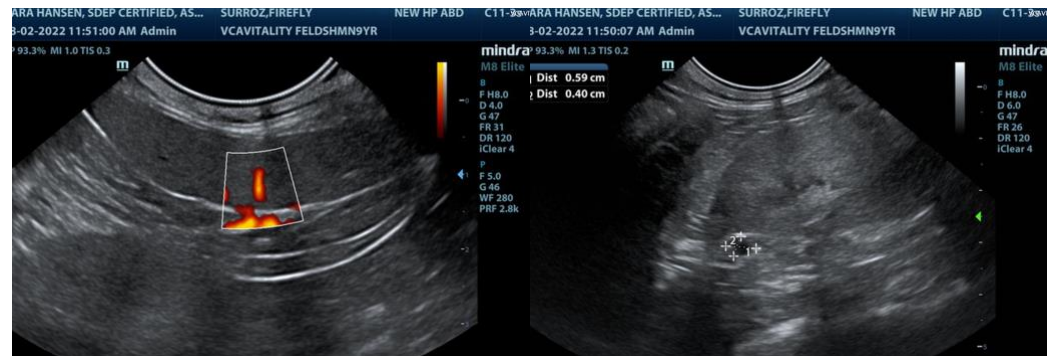


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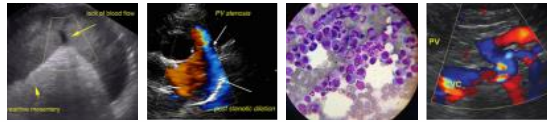
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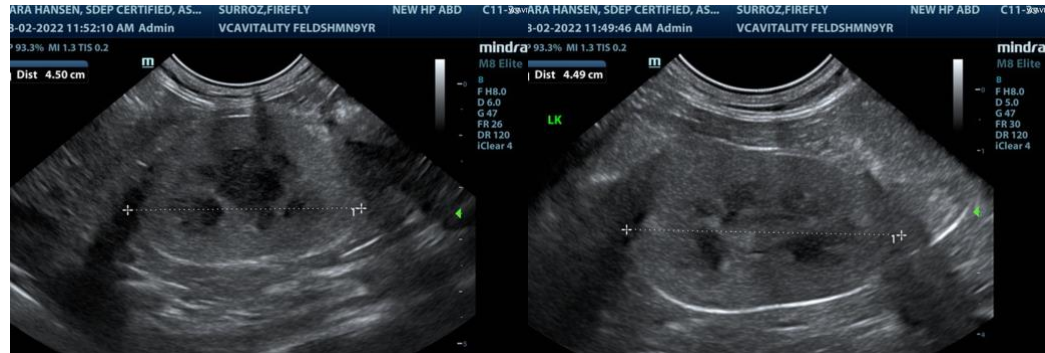
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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