



**PATIENT**

Buster Bayliss

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

12.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Griffin

**INVOICE**

12645

**DATE**

8/20/21

**PRESENTING CLINICAL SIGNS**

History: Lethargic, not wanting to move around

Abnormal PE/Chem/CBC/UA Results: PE: Grade 4/6 heart murmur -chronic heart patient on benazepril, painful on palpation of cranial abdomen Rads: Mild enlarged heart, no evidence of CHF or neoplasia in chest, abdomen showed enlarged liver with loss of detail in cranial abdomen, formed feces in colon CBC: Bands present; total wbc and rbc wnl CHEM: TP 9.3 g/dL, Glob 6.6 g/dL, ALT 402 U/L, GGT 7 U/L, T. bili 3.1 mg/dL SDMA:25 ug/dL

**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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Both kidneys measured approximately 3.5 cm each.

**Adrenal Glands**

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

**Spleen**

The **spleen** was slightly enlarged, measuring 1.13 cm.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **gastrointestinal** presentation revealed minor uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. The pylorus was mildly thickened. Neoplastic criteria not met.



**PATIENT**

**Pancreas**

Buster Bayliss

The **pancreas** was hypoechoic and nodular with undulating contour and dilated duct, consistent with remodeling owing to prior insult or low-grade active inflammation.

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**ULTRASONOGRAPHIC FINDINGS**

- Minor splenic enlargement
- Suspect low grade chronic active pancreatitis
- Hepatitis also possible given the bilirubin elevation
- IBD GI

**BREED**

DLH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

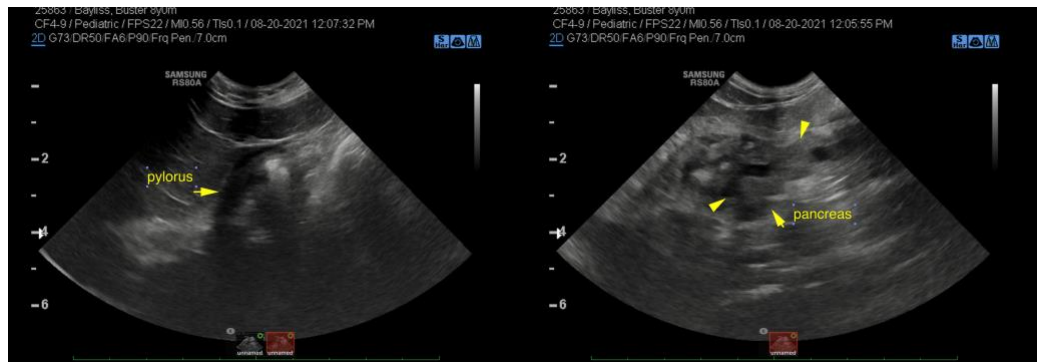
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Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No obvious neoplasia, however, FNA of the spleen and liver warranted. Toxoplasmosis and bartonella should be considered as potentials.

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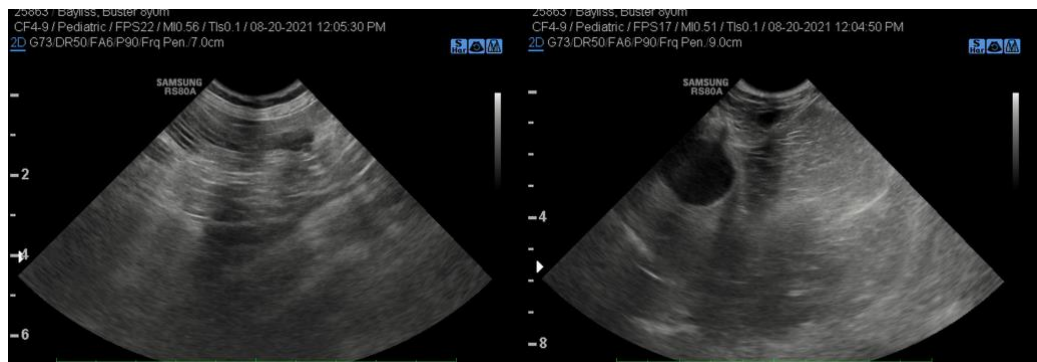


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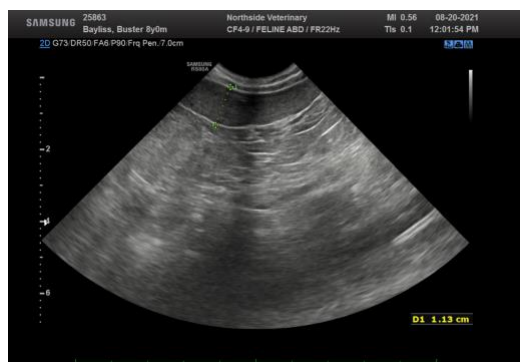


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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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

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