

**DATE PRESENTING CLINICAL SIGNS**

8/3/23 Decreasing appetite in last ~3 weeks, Nov 2022 diagnosed hyperthyroid - due to miscommunication w/ husband/wife meds were discontinued after 30 days; Exam on 7/21 was concerning for mid-abdominal smooth oval ~3cm x 2cm mass, elevated liver enzymes.

PATIENT

Cupcake Gibbons

Current Medications: Methimazole.

Lab Results: See attached.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Torbugesic.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

DMH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

8/26/11

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. Minor mineralization noted in the left kidney. The left kidney measured 3.62 cm. The right kidney measured 3.93 cm.

WEIGHT

7.1 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**The regions of the **adrenal glands** were unremarkable.**HOSPITAL NAME**

Bayside AMC

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.

REFERRING VET

Dr. DeLozier

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.

INVOICE

44650

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Some of the density within the stomach was consistent with possible hairball. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Pancreas

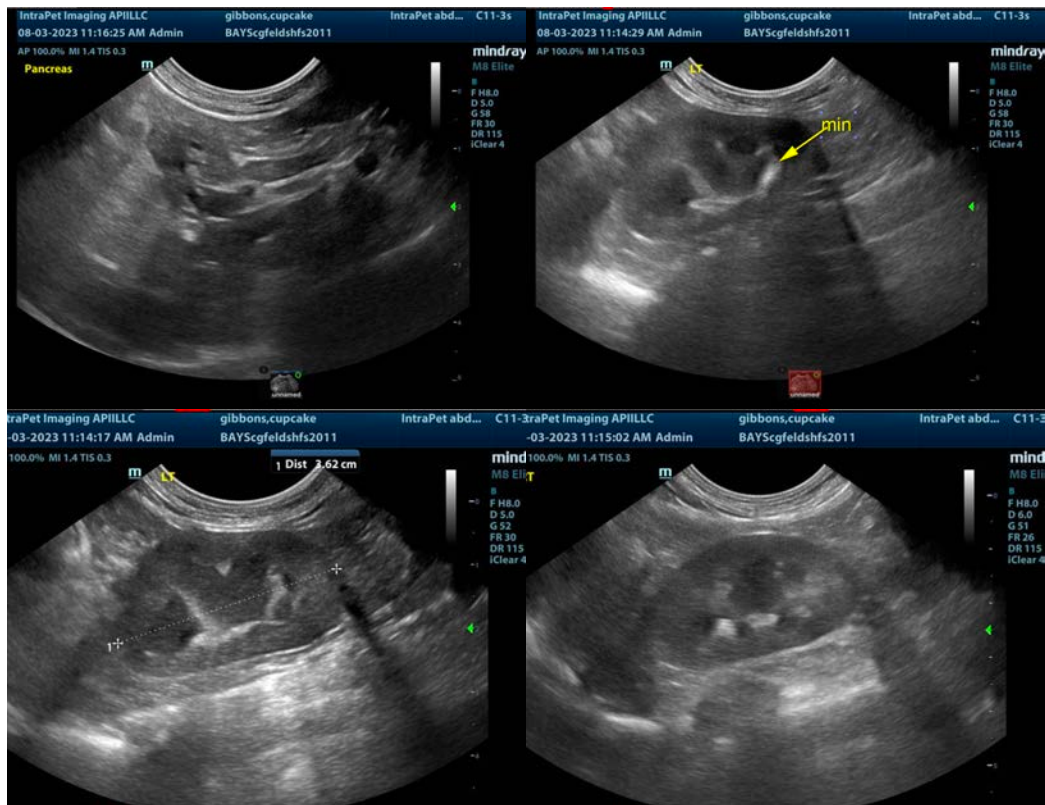
The left **pancreatic** limb was slightly hypoechoic and mildly irregular.

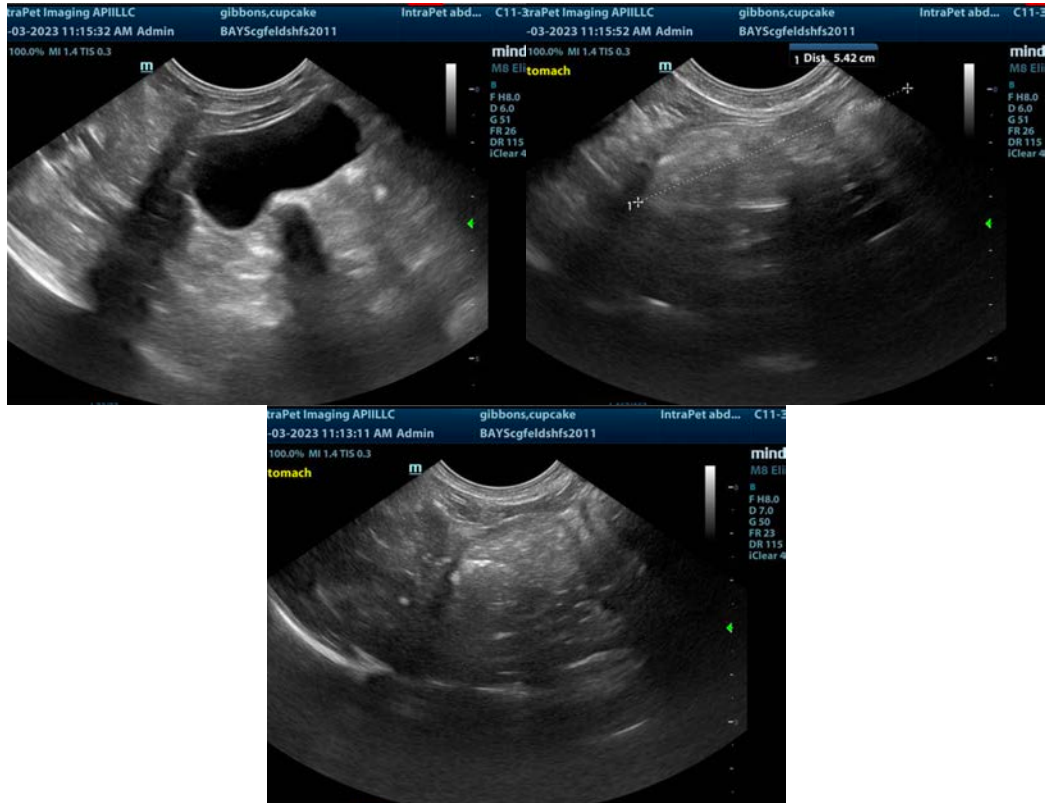
ULTRASONOGRAPHIC FINDINGS

- Full stomach with possible hair density along with ingesta
- Slight pinpoint mineralizations in the left kidney, non-obstructive.
- Slightly hypoechoic, mildly irregular left pancreatic limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hairball preventative recommended. Left subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.





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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