



PATIENT PRESENTING CLINICAL SIGNS

Whistle Elliott Weight loss 3# in 1y, decreased appetite.

SPECIES Abnormal PE/Chem/CBC/UA Results: cbc wnl; chem ALT 310 (10-100) ALP 126 (6-102) ALB 4.2 (2.5-3.9); t4 wnl Exam findings: severe dental dz, mm and weight loss, dull coat

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The **urinary bladder** revealed multiple polyps attached to the dorsal wall, measuring up to 1.9 cm. The remainder of the bladder appeared unremarkable other than minor polypoid changes. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Spayed Female

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 4.07 cm. The left kidney measured 3.51 cm.

AGE

9 Years

WEIGHT

9.0

Adrenal Glands

INTERPRETED BY

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 left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.50 cm.

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Spleen

IMAGING PERFORMED BY

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.

Dr. Jenny Parrish

HOSPITAL NAME

Liver

Local Mobile VS

The **liver** revealed a heterogeneous microcystic and parenchymal mass measuring 4.0 cm in the right medial liver. The gallbladder was unremarkable, mildly deviated

REFERRING VET

Dr. Jenny Parrish

Gastrointestinal

INVOICE

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.

44647

DATE

8/3/23



PATIENT

Pancreas

Whistle Elliott

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Right cranial liver mass – suspect carcinoma
- Bladder polyps - strong potential for bladder carcinoma
- Age related renal changes

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ultrasound guided FNA of the parenchymal component of the liver mass. CT evaluation could be considered for potential surgical planning, however resection is unlikely, given the position of the mass. Cytospin of a free catch urine sample recommended to assess for abnormal transitional cells. BRAF testing would be appropriate. Guarded prognosis.

AGE

9 Years

WEIGHT

9.0

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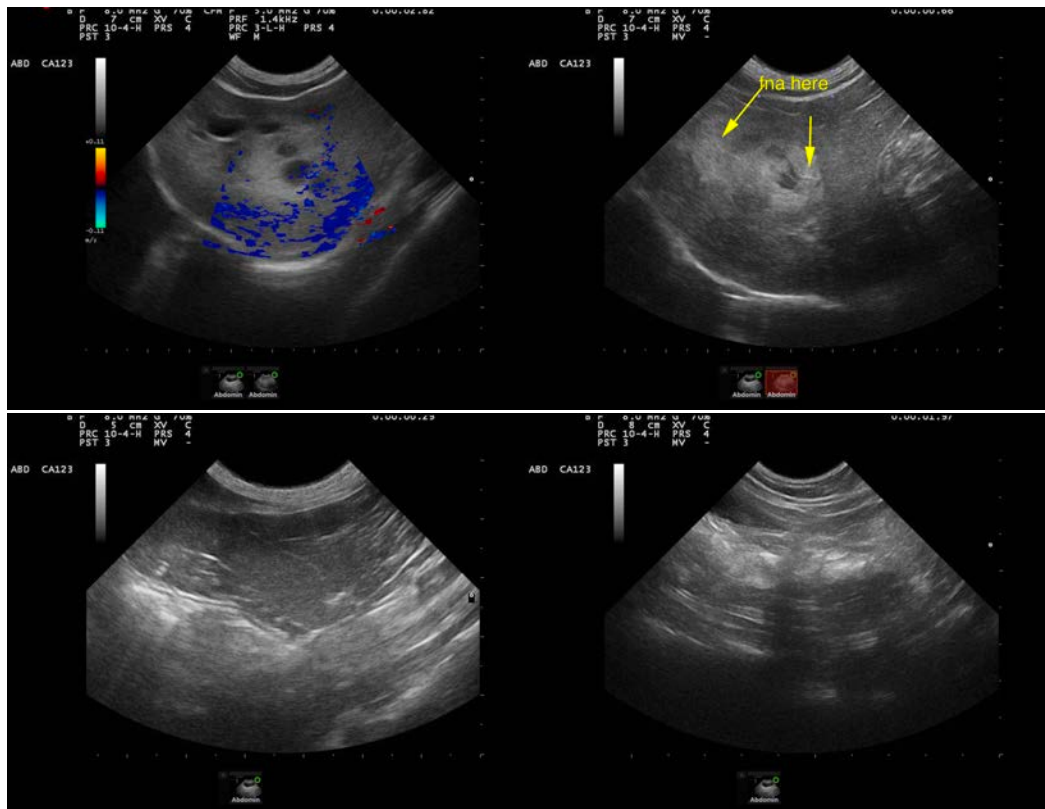
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PATIENT

Whistle Elliott

SPECIES

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BREED

DSH

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Spayed Female

AGE

9 Years

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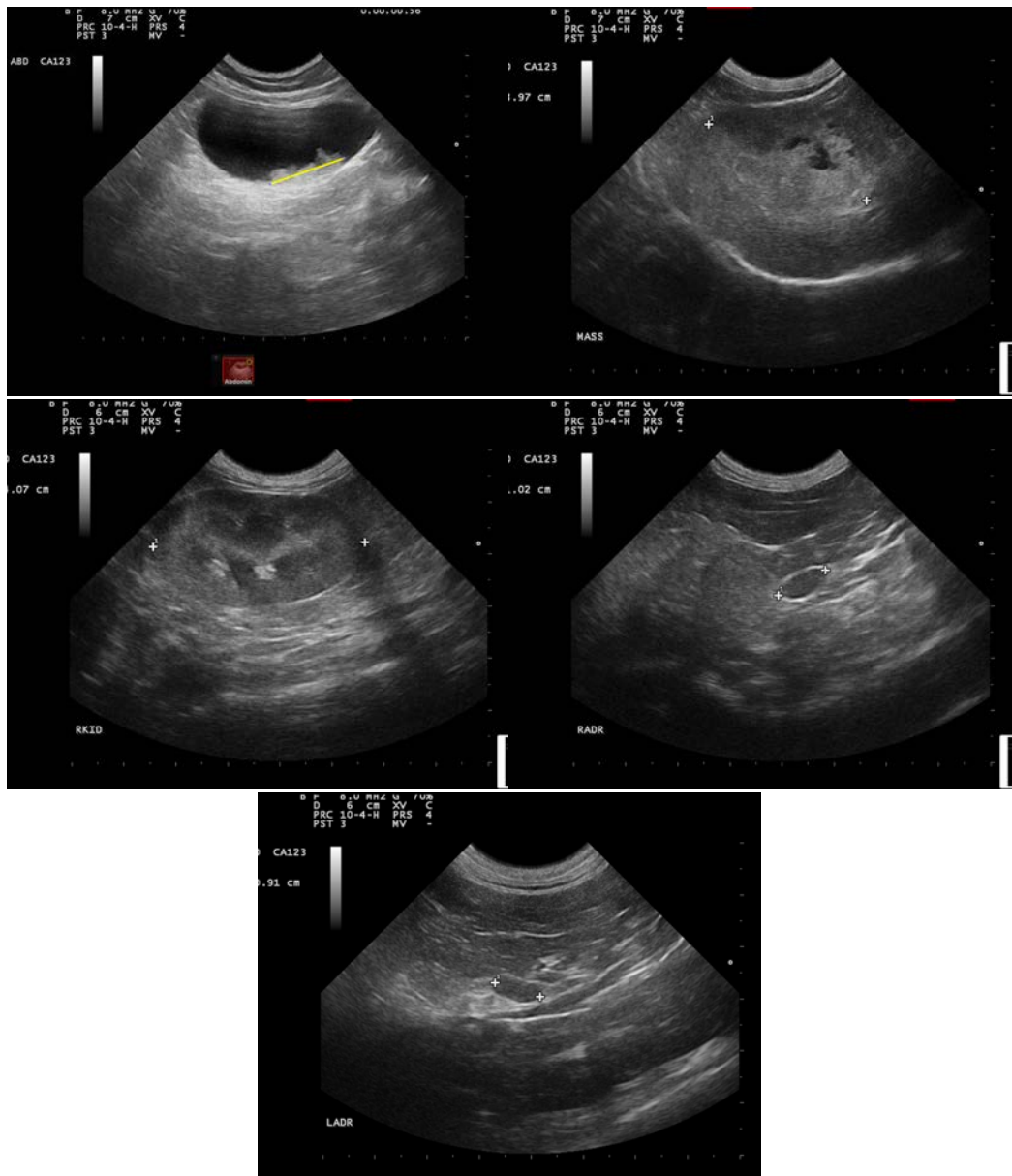
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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