



PATIENT PRESENTING CLINICAL SIGNS

Socks Eckstrom lethargy, decrease appetite, vomiting Current Medications Prednisolone, Gabapentin, revolution +, Solensia inj prev
Abnormal PE/Chem/CBC/UA Results: crea 0.6, rest WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Neutered Male

AGE

15 Years

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 left kidney measured 4.12 cm. The right kidney measured 4.68 cm.

WEIGHT

8.75 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 left adrenal gland measured 0.30 cm. The right adrenal gland measured 0.30 cm.

IMAGING PERFORMED BY

Jenna Walsh, CVT

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.

HOSPITAL NAME

Companion Pet Clinic

Liver

REFERRING VET

Dr. Mills

The **liver** presented coarse architecture and mild increased portal markings. The gallbladder wall was slightly echogenic and thickened.

Gastrointestinal

INVOICE

40873

The **stomach** presented progressively shadowing material, non-obstructive. A mesenteric lymph node mass was noted measuring approximately 5.0 cm with a concurrent intestinal mass measuring approximately 3.0 cm. The intestinal mass appeared to involve the ileocecal junction and proximal colon.

DATE

8/30/22



PATIENT *Pancreas*

Socks Eckstrom

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

8.75 Pounds

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Ileocecolic mass with regional lymphadenopathy
- Geriatric abdomen otherwise
- Hairball type density in the stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia versus carcinoma. This is not a surgical presentation. Chemotherapy based on FNA results indicated. Chest radiographs recommended if not already performed.





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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.

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

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