



PATIENT

Toby Tozer

PRESENTING CLINICAL SIGNS

History: suspicious liver/spleen on u/s in June. weight loss despite well controlled thyroid, 2 nights ago in ER for blood clots in urine, previous PU surgery.
Abnormal PE/Chem/CBC/UA Results: weight loss, small very firm bladder

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The **urinary bladder** presented severe concentric wall thickening that measured 1.7 cm. A minimal amount of anechoic urine was noted. The bladder wall thickening continued into the cystourethral junction. Enhanced periserosal fat was noted owing to transmural pathology.

SEX

Neutered male

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 left kidney measured 4.04 cm. The right kidney measured 4.0 cm.

AGE

14 years

WEIGHT

9.9 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was enlarged with subtle, micronodular changes with irregular contour.

IMAGING PERFORMED BY

Michelle Roche

Liver

The **liver** was mildly swollen with slightly increased portal markings. Transdiaphragmatic view revealed minor comet tail lung pattern. 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.

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

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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.

DATE

8/30/22



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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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SPECIES

Feline

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

Severe concentric bladder wall thickening and micronodular spleen.

Mildly swollen liver.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

14 years

I am strongly concerned for bladder neoplasia in this patient. Traumatic catheterization could be considered. Bladder lymphoma versus carcinoma or severe interstitial cystitis is still possible. FNA of the spleen is warranted at the time of traumatic catheterization. The prognosis is guarded.

WEIGHT

9.9 lbs

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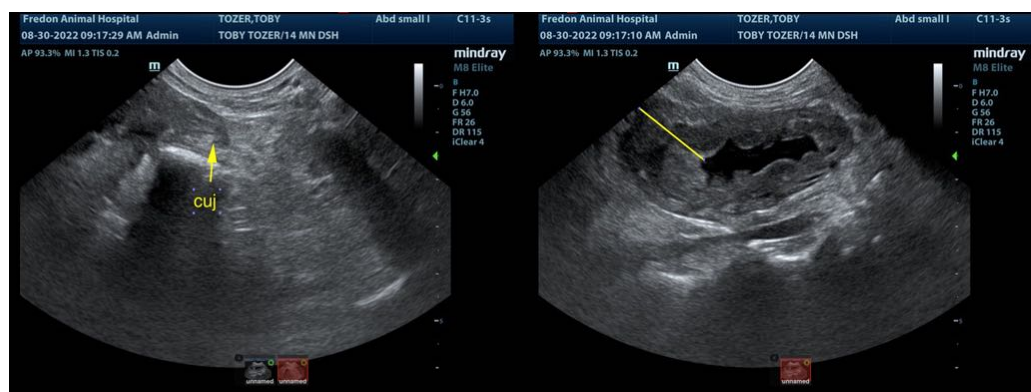
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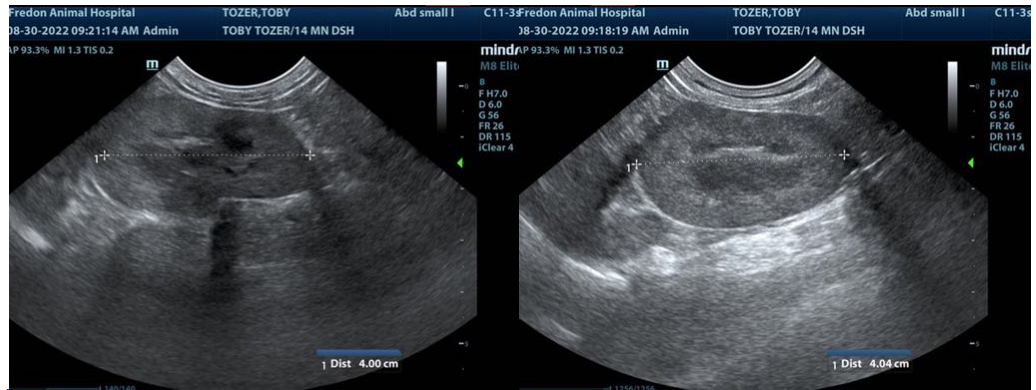
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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