



**PATIENT PRESENTING CLINICAL SIGNS**

Rayito Reyes

Presented to rDVm on 5-30-23 for evaluation of mouth. Pt has been salivating and drooling. PT was diagnosed with stomatitis. During the exam a FAST scan was done and showed Ultrasound fast scan: Abdomen palpates firm and distended. no free fluid noted. Multiple hyperechoic areas/nodules on organ in cranial portion of abdomen (suspect liver). urinary bladder WNL. PT was treated with depomedrol and convenia injection then.

**SPECIES**

Feline

**BREED**

DSH

Abnormal PE/Chem/CBC/UA Results: BW: CBC: WBC 18.28 2.87 - 17.02 K/ $\mu$ L Neutrophils 15.23 2.30 - 10.29 K/ $\mu$ L CHEM: Glucose 199 71 - 159 mg/dL Total Protein 9.0 5.7 - 8.9 g/dL Globulin 6.4 2.8 - 5.1 g/dL Amylase 1,565 500 - 1,500 U/L Rest was wnl Declined FIV/FELV test

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

12 Years

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.

**WEIGHT**

10 Pounds

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. Slight pinpoint mineralizations noted. The right kidney measured 4.56 cm. The left kidney measured 4.23 cm.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Adrenal Glands**

**IMAGING PERFORMED BY**

Dr. Gabriel Ferrer

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 right adrenal gland measured 0.40 cm. The left adrenal gland measured 0.40 cm.

**HOSPITAL NAME**

Pulse: Pet Ultrasound Services

**Spleen**

**REFERRING VET**

Dr. Rafael Lopez

The **spleen** was mildly enlarged (0.78 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**INVOICE**

44495

**Liver**

**DATE**

8/4/23

The **liver** revealed a hyperechoic nodule measuring 2.0 cm x 1.2 cm in the right medial liver with disruption of architecture. FNA indicated from a right intercostal approach. Increased portal markings and lobar biliary mineralizations noted, non-obstructive. The gallbladder presented a minor amount of debris.



**PATIENT**

**Gastrointestinal**

Rayito Reyes

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Hyperechoic reactive mesentery noted around the upper duodenum. Soft stool noted in the colon.

**SPECIES**

Feline

**Pancreas**

**BREED**

DSH

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.

**SEX**

Neutered Male

**Free Abdomen**

Reactive mesenteric lymph nodes noted, measuring 1.25 cm and 0.60 cm.

**AGE**

12 Years

- Liver nodule and biliary mineralizations, likely secondary to cholangitis, likely cystadenoma, possibility of carcinoma.
- Reactive spleen
- Reactive mesentery associated with the GI tract
- Mesenteric lymphadenopathy
- Age related renal changes

**WEIGHT**

10 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver indicated. No overt evidence of neoplasia. Inflammatory bowel likely. Given the patient history, underlying infectious agents such as bartonella should be considered.

**IMAGING PERFORMED BY**

Dr. Gabriel Ferrer

**HOSPITAL NAME**

Pulse: Pet Ultrasound Services

**REFERRING VET**

Dr. Rafael Lopez

**INVOICE**

44495

**DATE**

8/4/23





**PATIENT**

Rayito Reyes

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gabriel Ferrer

**HOSPITAL NAME**

Pulse: Pet Ultrasound Services

**REFERRING VET**

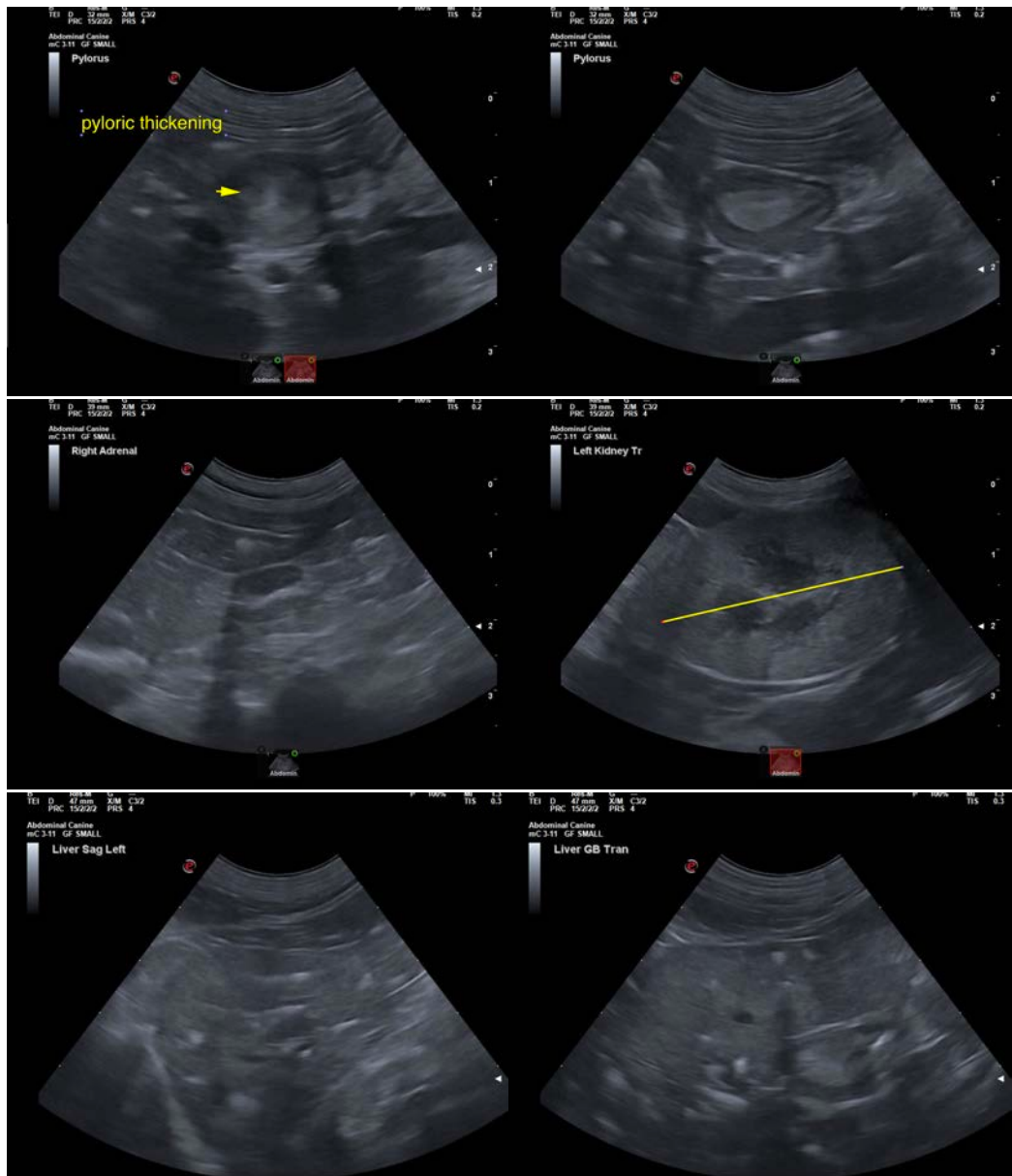
Dr. Rafael Lopez

**INVOICE**

44495

**DATE**

8/4/23





**PATIENT**

Rayito Reyes

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Gabriel Ferrer

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

Dr. Rafael Lopez

**INVOICE**

44495

**DATE**

8/4/23



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

[info@SonoPath.com](mailto:info@SonoPath.com)