



PATIENT

Tiger Franklin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

8.74 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Murphy

INVOICE

91069

DATE

8/9/21

PRESENTING CLINICAL SIGNS

History: Inappetence for the past week. Current meds: Convenia inj on 8/6/21, Gabapentin (hard to medicate)
Glu 161, Crea 3.2, Bun 34, Glob 5.2, HCT 27.1, HGB 9.2, USG 1.015. rods

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted. Ureteral papillae were normal.

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 3.37 cm. The right kidney measured 3.46 cm.

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 0.33 cm. The right adrenal gland measured 0.33 cm.

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 was noted. The spleen measured 0.84 cm.

Liver

The right **liver** revealed a microcystic, mildly complex mass that measured 3.8 x 2.08 cm. The mass is expansive and is most consistent with cystadenoma, which is benign. The tumor is expansive. A separate cystic structure was noted in the left cranial liver and measured 1.25 cm adjacent to the diaphragm. The remainder of the liver revealed mild remodeling. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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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.

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Pancreas

The **pancreas** was hypoechoic and irregular with undulating contour and enhanced surrounding mesentery. This is suggestive for chronic active inflammation.

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ULTRASONOGRAPHIC FINDINGS

Cystadenoma type liver masses, not likely pathological issue.

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Mild chronic interstitial nephrosis renal pattern. Complicating factors such as urinary tract infection, hypertension, dehydration and prerenal disease is likely playing a role in this patient such as pancreatitis.

Chronic active pancreatitis presentation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol, urine culture and blood pressure measurements are warranted with reassessment of the clinical profile.

INTERPRETED BY

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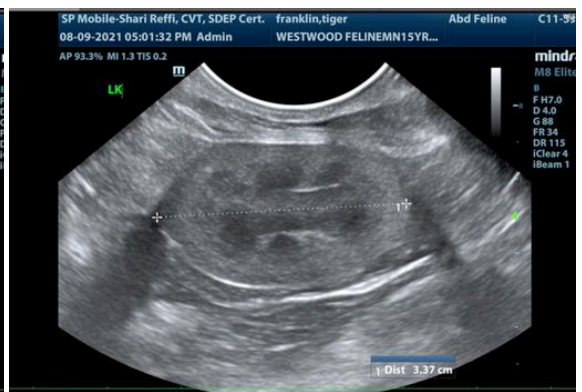
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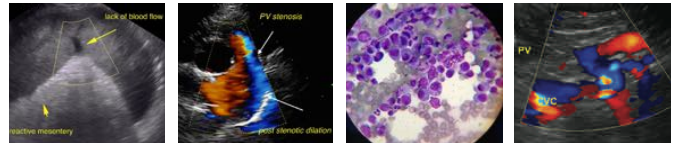


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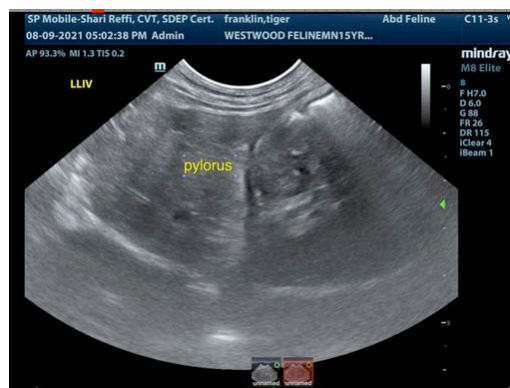
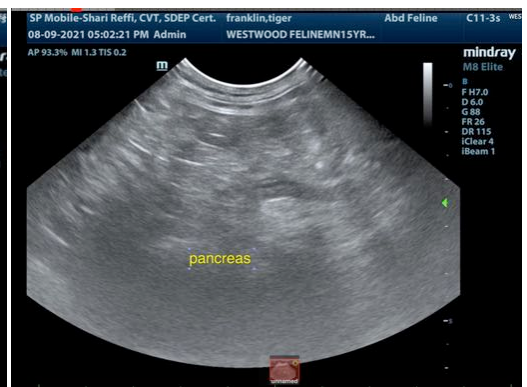
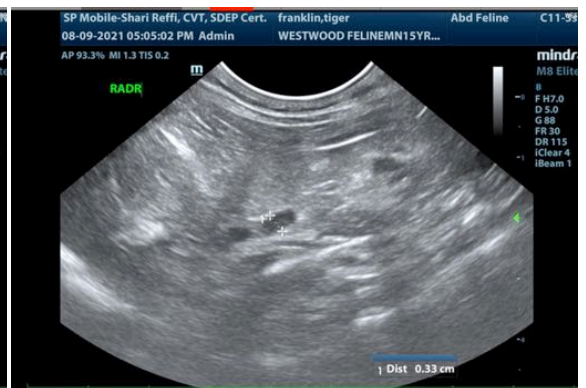
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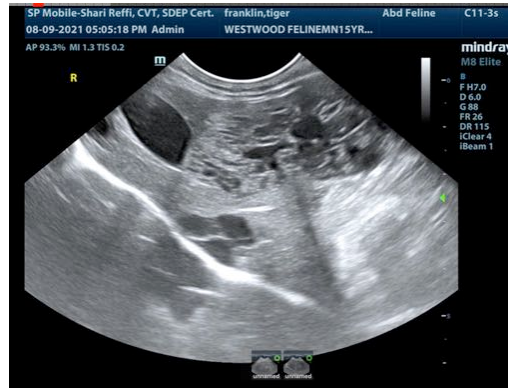
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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