



**PATIENT**

Cesar McDaniel

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

4.56 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Trudeau

**HOSPITAL NAME**

Petworks VH

**REFERRING VET**

Dr. Trudeau

**INVOICE**

32245

**DATE**

8/9/22

**PRESENTING CLINICAL SIGNS**

History: End of July started vomiting daily, lethargic, decreased appetite and becoming distant from the owner ( atypical) controlled hyperthyroid disease; was started on cerenia, mirtazipine and GI diet; after about 10 days there was little response; proceeded to an u/s  
Abnormal PE/Chem/CBC/UA Results: CBC - NSF Chem - mild increase ALP but this has been persistent and no change, otherwise NSF fpl - abnormal TT4 - WNL

**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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.42 cm. The right kidney measured 3.55 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 0.41 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.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was unremarkable with a slightly tortuous cystic duct. The gallbladder wall was slightly echogenic.



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**Gastrointestinal**

The **stomach** was mildly thickened with mild concentric thickening. There was mild loss of mural detail noted. The gastric wall measured up to 0.8 cm with pericapsular inflammatory pattern. The distal small intestine revealed slight muscularis hypertrophy without loss of mural detail. The colon was unremarkable. Epigastric lymph node was mildly enlarged.

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**Pancreas**

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.

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**ULTRASONOGRAPHIC FINDINGS**

Gastritis pattern with slight epigastric lymphadenopathy. There is a strong potential for emerging gastric neoplasia/lymphoma.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

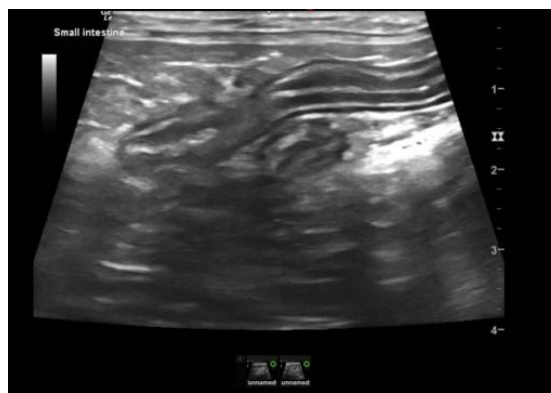
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Full thickness gastric and lymph node biopsies are ideal. Endoscopy can be considered; however, mucosal biopsies may not reflect the entire underlying pathology. The prognosis is guarded.

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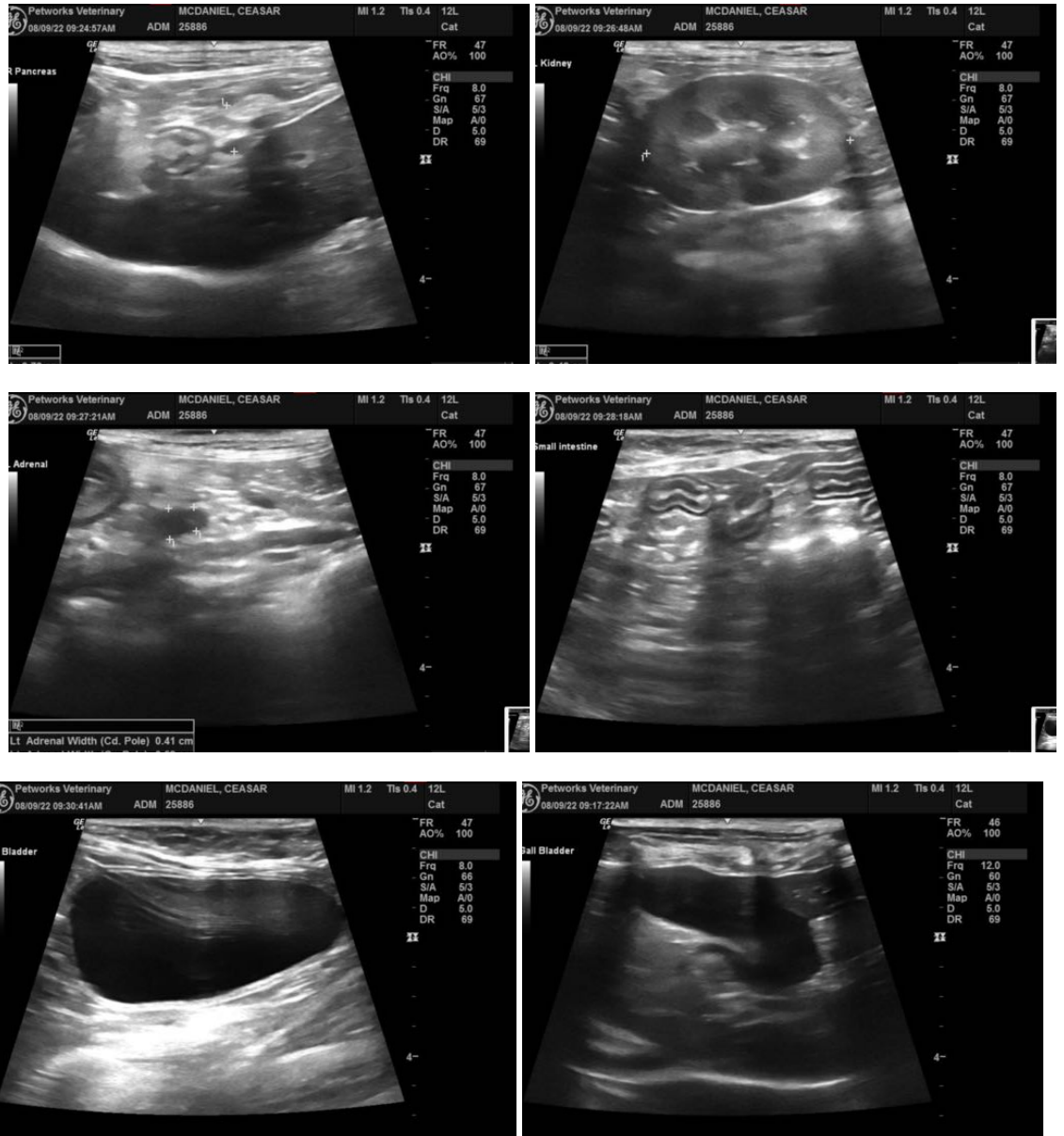
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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