



PATIENT

Benny Raasch

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

14 years

WEIGHT

6.25 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Mazmanie AH

REFERRING VET

Dr. Howlett

INVOICE

91621

DATE

9/1/21

PRESENTING CLINICAL SIGNS

History: Patient in hospital today for thyroidectomy - ultrasound offered since he was already anesthetized. Extensive medical history - 2018: History of GI dysfunction (triaditis diagnosed 5/2020 Abnormal PE/Chem/CBC/UA Results: -12/2018: diagnosed with diabetes - treated with low doses of insulin and canned food -- went into remission 3/2019 and insulin was discontinued. -CKD diagnosed in 2018 - worsening -5/2019 - diagnosed with presumed triaditis - empirically treated with budesonide and improved -CKD diagnosed in 2018 - worsening -5/2020 - diagnosed with hyperthyroidism -- allergic reaction to both oral and TD Methimazole -6/2021 - elevated ALK PHOS and ALT

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** were both thickened and irregular with pyelectasia and cortical infarcts. The cortices were thickened with loss of corticomedullary definition. Pelvic calculi were noted in both kidneys, yet were non-obstructive at the time of the sonogram. The left kidney measured 4.13 cm. The right kidney measured 3.47 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.

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** revealed coarse architecture with increased portal markings and heterogenous parenchymal changes. The heterogenous changes in the cranial liver may represent a neoplastic event such as carcinoma. Nodular changes are present. The gallbladder is deviated caudally. Transdiaphragmatic view revealed pleural effusion.



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Gastrointestinal

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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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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

Undefined heterogenous hepatic changes. Potential neoplastic event.

AGE

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Pleural effusion noted in the diaphragm.

Moderate, chronic degenerative renal changes with infarcts.

WEIGHT

6.25 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full echocardiogram is warranted. Pleurocentesis and cytospin is recommended to assess for underlying neoplasia.

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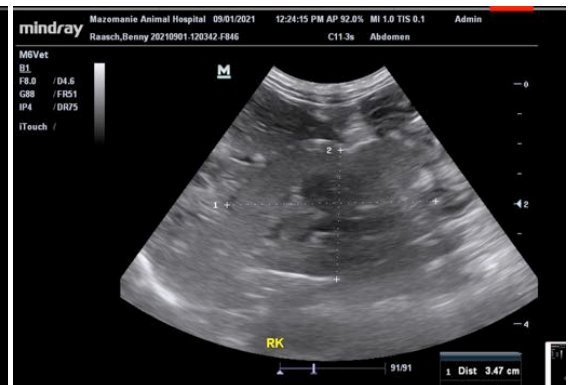
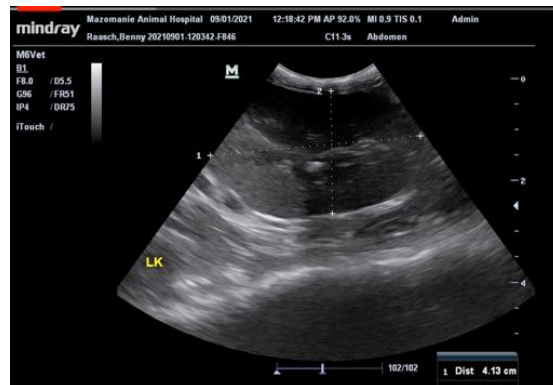
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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