



**PATIENT**

Smokey Gibbs

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gallick

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Aldrich

**INVOICE**

39449

**DATE**

9/16/22

**PRESENTING CLINICAL SIGNS**

Elevated APTT, SDMA 17, creatinin 2.5, BUN 54, ALT 307, AST 119, ALKP 282, WBC 20000, elevated bilirubin 5.4, urine specific gravity 1.016.

**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 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 and right kidney measured 4.0 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 right adrenal gland measured 0.4 cm and the left adrenal gland measured 0.4 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** revealed increased portal markings, coarse architecture and occasional hyperechoic nodule. The liver had swollen, irregular contour. Moderate to severe hepatomegaly was noted. This is suggestive for infiltrative disease. The gallbladder was deviated ventral caudally. The common bile duct was normal with no evidence of post hepatic obstruction.

**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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

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The **pancreas** was heterogenous with parenchymal changes with remodeling.

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**ULTRASONOGRAPHIC FINDINGS**

Diffuse hepatic infiltrative disease with increased portal markings, nodular changes and irregular swelling.

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Chronic pancreatic changes.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatic lymph nodes are slightly enlarged and cystic measuring up to 1.0 cm. Ultrasound-guided FNA of the liver is strongly recommended. Inflammatory hepatopathy owing to toxic or infectious agents are possible; however, FNA is essential in this patient. The prognosis is guarded.

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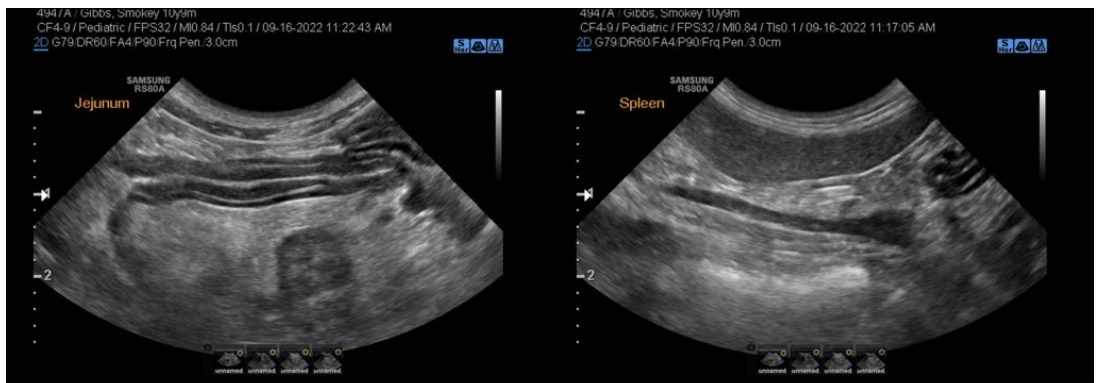


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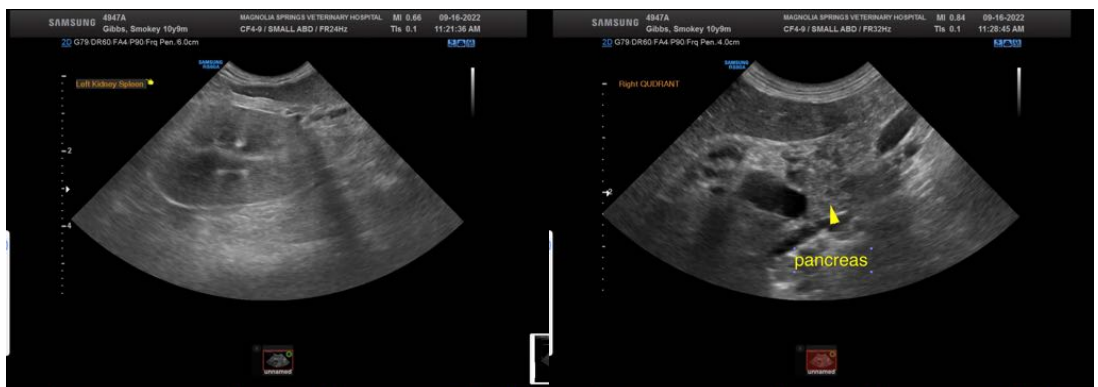
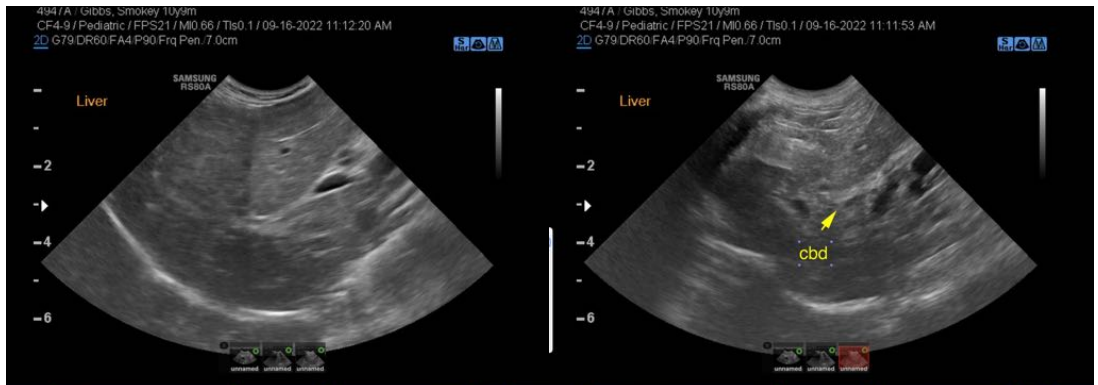
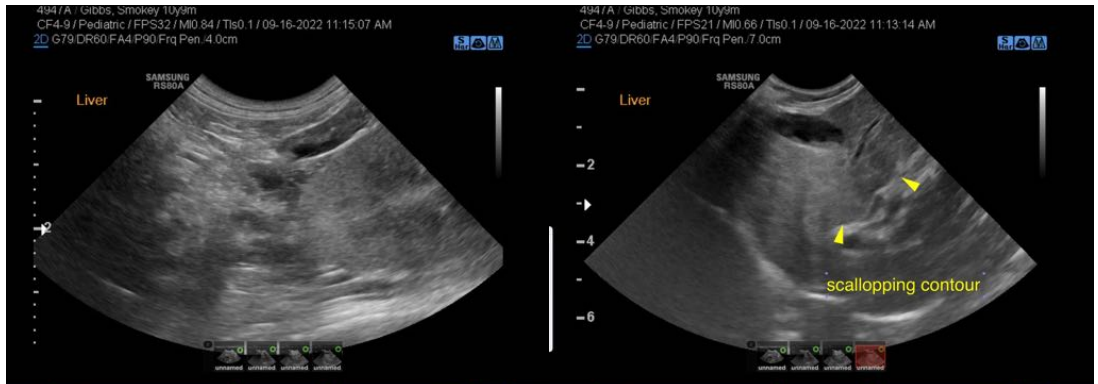
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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