



PATIENT

Ernie Sanderson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years 1 Month

WEIGHT

9.0 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa DaSilva

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Christine Coyle

INVOICE

41215

DATE

9/9/22

PRESENTING CLINICAL SIGNS

Patient presented for weight loss, 2.5lb since March 2022. Owner states pt having on/off decreased appetite, not defecating as often, urinates larger volumes- per owner this is normal. Patient dx with hyperthyroidism in 2019, O is purchasing medication regularly, however recheck bloodwork is not regular. O also administers current medications (all liquid form) in food. (Patient does not always eat or eat all of meal). Current medications: Gabapentin 50mg BID, Methimazole 3mg BID, Buprenorphine 0.06mg BID.

Abnormal PE/Chem/CBC/UA Results: Elevation: SDMA 17, ALT 246, ALP 84

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 were noted. Ureteral papillae were normal.

The **right kidney** presented disrupted architecture with infarcts, pyelectasia, and disrupted renal pelvis with echogenic debris. The right kidney measured 2.3 cm.

The **left kidney** was largely unremarkable and measured 3.5 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.57 cm. The left adrenal gland measured 0.58 cm.

Spleen

The **spleen** was enlarged (1.2 cm). Subtle heterogeneous parenchymal changes noted with slight scalloping contour.

Liver

The **liver** was enlarged with swollen contour. Nodular changes noted in the right liver and caudate process. Nodules measured up to 1.5 cm. The gallbladder was unremarkable.

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

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.

ULTRASONOGRAPHIC FINDINGS

- Dystrophic right kidney with infarcts and pyelectasia, probable pyelonephritis



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- Stress adrenal glands
- Swollen liver with nodular changes
- Splenic enlargement

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend FNA of the general spleen and liver as well as a hyperechoic lesion in the left cranial liver. I'm concerned for underlying round cell neoplasia of the spleen and liver. Possibility of concurrent cystadenoma or carcinoma in the left cranial liver. Full urinary workup indicated. Reactive spleen and non-specific inflammatory hepatopathy possible.

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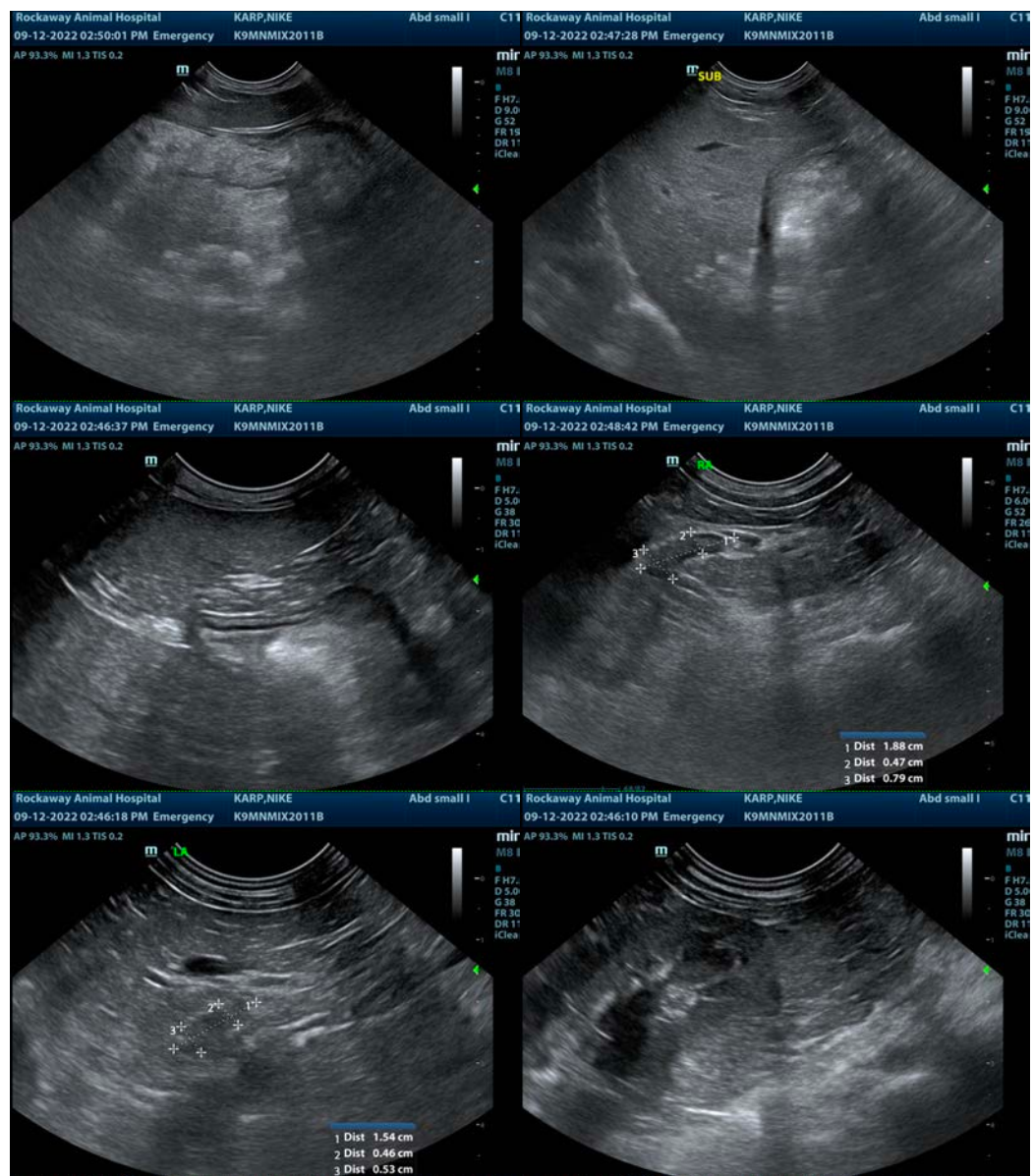
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

info@SonoPath.com

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