



**PATIENT**

Ollie Weinkauf

**PRESENTING CLINICAL SIGNS**

History: Persistent GI Symptoms - mainly diarrhea Long time diabetic Current meds: Insulin, flagyl

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

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.

**SEX**

Neutered male

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 4.74 cm. The right kidney measured 3.02 cm with slight pyelectasia.

**AGE**

12 years

**Adrenal Glands**

**WEIGHT**

9.6 lbs

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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Valeryia Shumskaya

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.

**HOSPITAL NAME**

GlenRock VH

**Liver**

**REFERRING VET**

Dr. Stekler

The **liver** was coarse in architecture with microcystic and parenchymal 2.0 cm mass noted in the mid cranial liver. This is most consistent with cystadenoma. Other nodular changes were noted in the liver. A cystic nodule was noted at the caudal aspect of the left lateral liver measuring 1.3 x 2.0 cm. The gallbladder and common bile duct were unremarkable.

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**Gastrointestinal**

**DATE**

4/19/23

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy



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guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia. The mesenteric lymph nodes were reactive.

**SPECIES**

Feline

**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.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered male

Reactive hepatopathy and multiple cyst adenomatous type, likely benign masses in liver. Mucosal fogging throughout the small intestine.

**AGE**

12 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No neoplastic criteria was met. Maldigestion/malassimilation along with hairball accumulation is likely the primary issue. Diet change to a diabetic friendly diet, compatible with potential maldigestion is recommended. Maldigestion panel is warranted as well as a fecal exam if not already performed.

**WEIGHT**

9.6 lbs

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

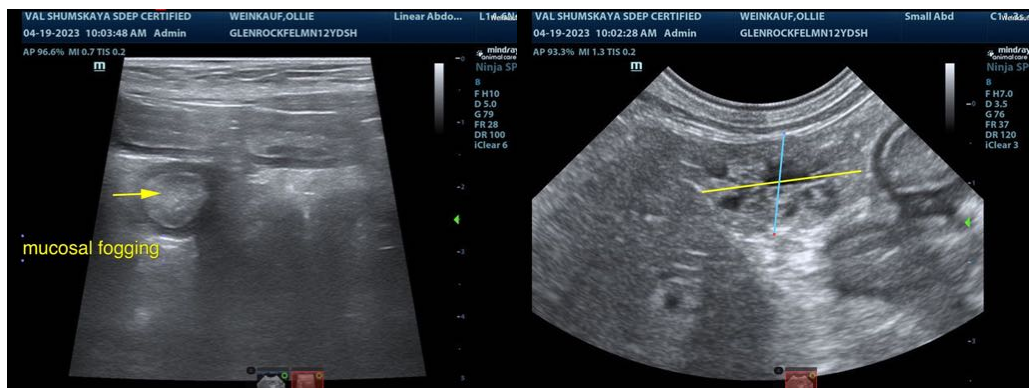
**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUS

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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**SPECIES**

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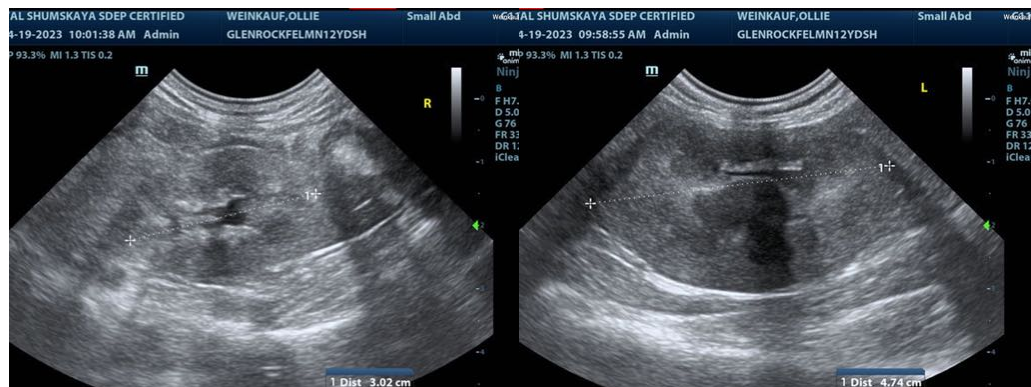
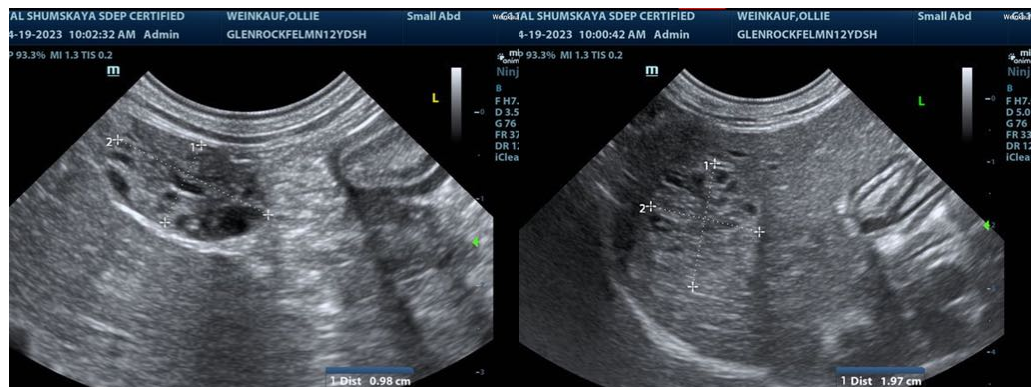
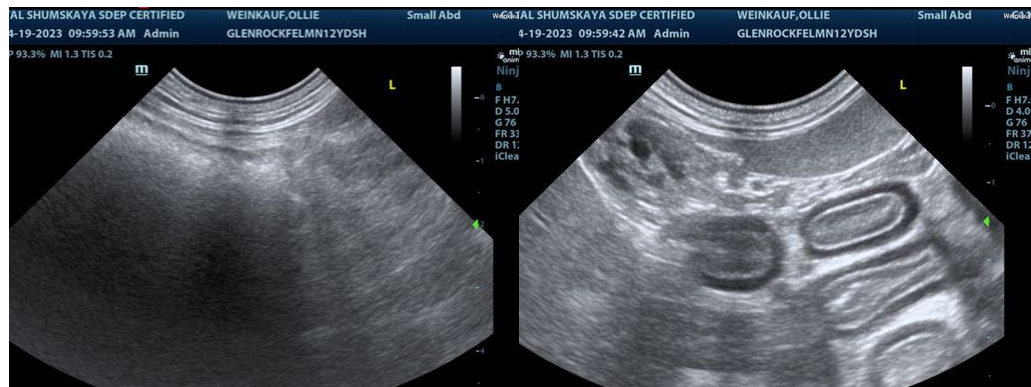
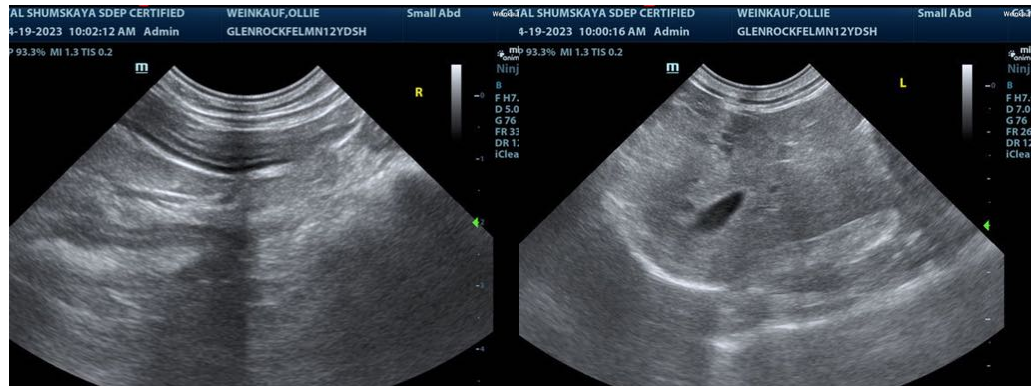
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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.

**BREED**

Domestic Shorthair

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

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**AGE**

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