



**PATIENT**

Alister Wetzel

**PRESENTING CLINICAL SIGNS**

History: Weight loss, inconsistent appetite, hx hyperthyroid, heart murmur Current meds: Tapazole 2.5 mg AM 5mg PM

**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 3.0 cm. The right kidney measured 3.53 cm.

**AGE**

13 years

**WEIGHT**

9.2 lbs

**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 0.32 cm. The right adrenal gland measured 0.4 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**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.

**HOSPITAL NAME**

Millburn VH

**Liver**

The **liver** revealed a hyperechoic, mixed hyperechoic and cystic nodule was noted in the left cranial liver measuring 2.2 cm. This is consistent with cystadenoma. Increased portal markings were noted in the liver parenchyma. The gallbladder and common bile duct were unremarkable. The gallbladder was slightly deviated by the cystic nodule/mass. This is likely biliary cystadenoma and not overtly pathological.

**REFERRING VET**

Dr. Rotsides

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43735

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4/6/23



**PATIENT**

**Gastrointestinal**

Alister Wetzel

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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Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**AGE**

13 years

**ULTRASONOGRAPHIC FINDINGS**

Cyst adenomatous gallbladder presentation.

Moderate, degenerative renal changes.

**WEIGHT**

9.2 lbs

Mild GI thickening.

Mild pancreatic remodeling.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no overt evidence of neoplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Millburn VH

**REFERRING VET**

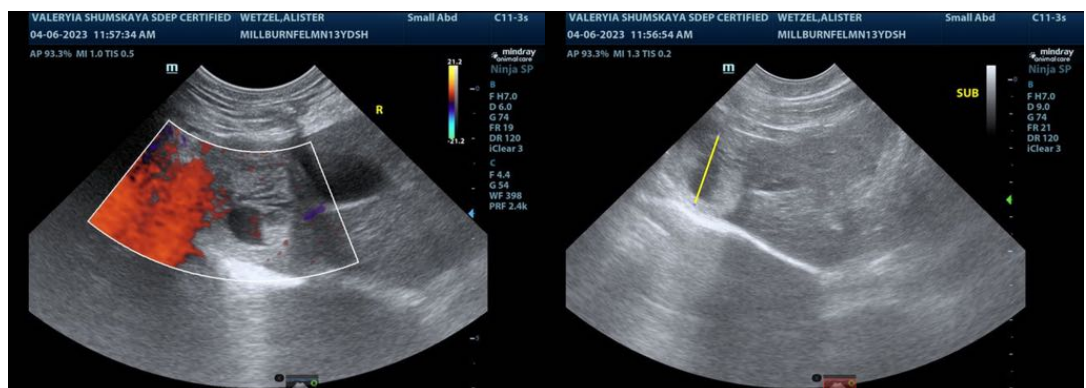
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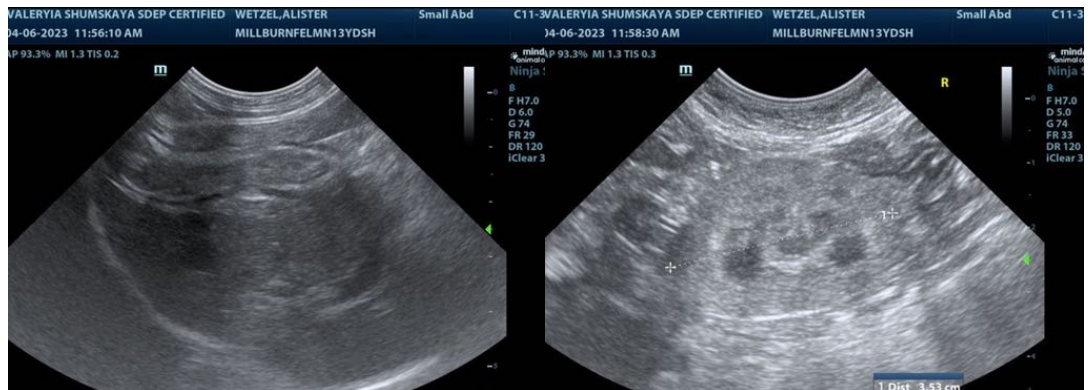
Neutered male

**AGE**

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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  
info@SonoPath.com