



PATIENT

Spartacus Ravindra

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

11.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Vogler

INVOICE

31344

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: Pain in abdomen, increase in ALT
Abnormal PE/Chem/CBC/UA Results: ALT 579, BUN/Ure 15, lymphs 0.61, Neut 12.79, Eos 0.13, Plt 97

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 **right kidneys** revealed normal size and contour; however a minor amount of free fluid and enhanced fat was noted around the right kidney. This extended to the right limb of the pancreas. The changes are ill-defined and the exact origin of the pathology is unclear. The right kidney measured 4.23 cm. The left kidney measured 4.13 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 0.42 cm. The left adrenal gland measured 0.47 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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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. The mesenteric lymph nodes were reactive and measured up to 0.7 cm.

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Pancreas

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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

Heterogenous, irregular fat in the region of the right kidney and mid caudal abdomen. Steatitis, carcinomatosis, lymphomatosis or similar round cell neoplasia is possible, yet the exact origin is unclear.

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Reactive hepatopathy with structurally unremarkable liver.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided centesis of the pockets of fluid is recommended with cytospin and culture to assess for neoplasia and/or bacterial involvement. Sampling and cytology is indicated. CT of the abdomen would be ideal. The prognosis is guarded.

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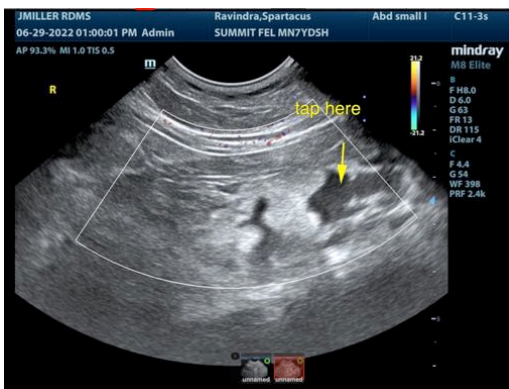
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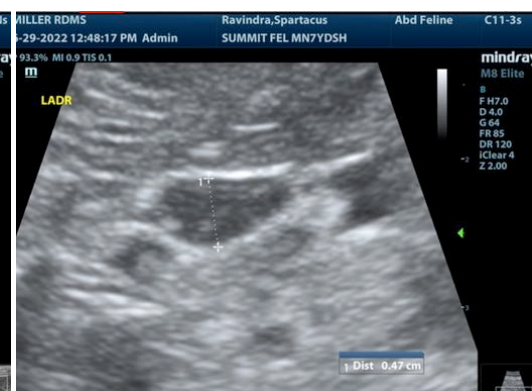
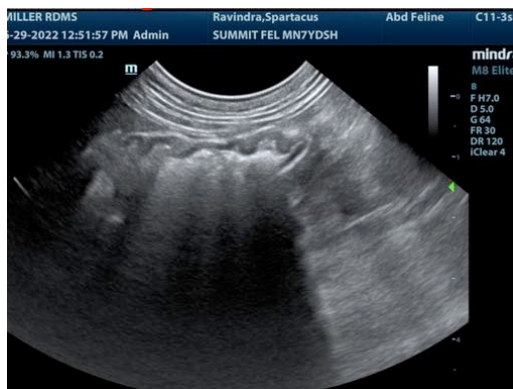
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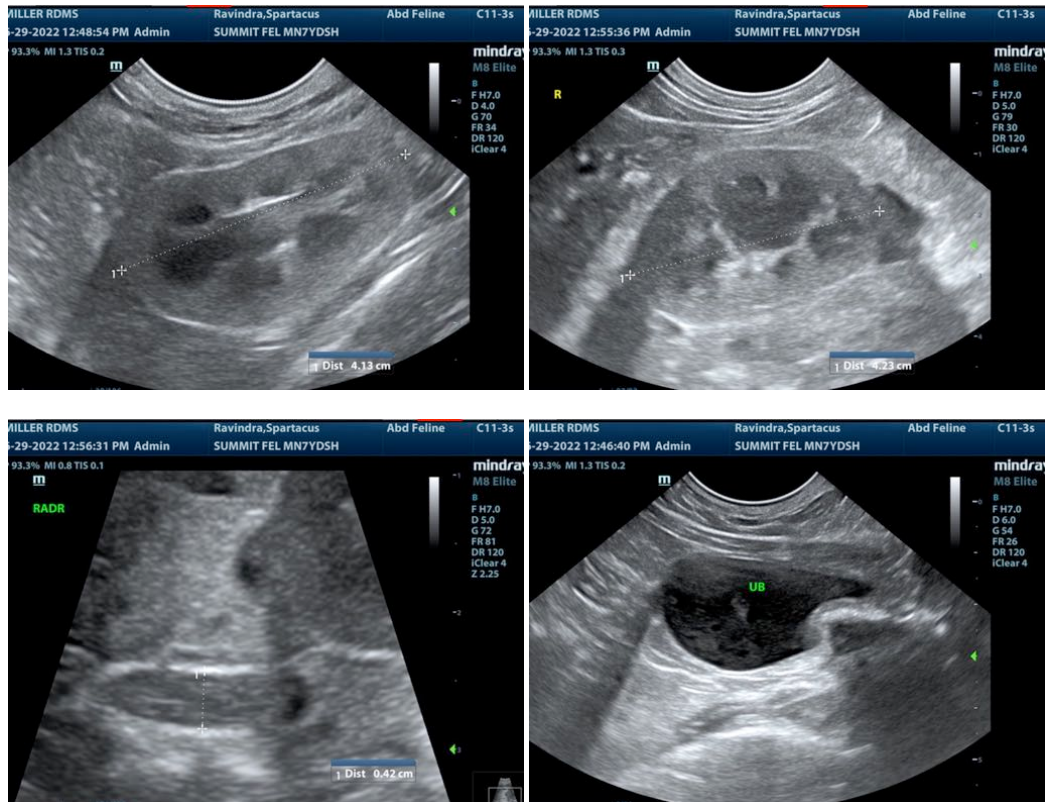
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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